

IC&RC ADC - Quiz Questions with Answers

Domain I: Scientific Principles of Substance Use and Co-Occurring Disorders

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1.

What does *rush* refer to in the context of opioid use?

Opioid-induced euphoria

Opioid-induced withdrawal

Opioid-induced psychosis

Opioid-induced anhedonia

Correct answer: Opioid-induced euphoria

Specialized terminology is often used to describe various kinds of substance use. In the context of opioid use, the rush is the initial euphoria brought about by use of the opioid and is highly relative to various factors, such as the route of drug administration. Intravenous administration and smoking are considered the fastest routes, while intranasal and oral administration take longer.

Withdrawal is the body's adjustment to not having the substance, psychosis is a lack of reality testing, and anhedonia is a lack of pleasure.

2.

What happens to the buoyant mood of alcohol use as dosage increases?

As dosage increases, buoyant mood decreases

As dosage increases, buoyant mood increases

As dosage increases, buoyant mood remains the same

Buoyant mood is not relative to alcohol dosage

Correct answer: As dosage increases, buoyant mood decreases

A well-known use of alcohol is to lift one's mood. However, as dosage increases, the buoyant mood of the user decreases as psychomotor functioning becomes more and more impaired. A hallmark of alcohol dependence is continued use after the positive effects have ceased.

3.

How do the sexual side effects of methamphetamine compare to those of cocaine?

They are more intense and longer lasting

They are less intense and of shorter duration

They are generally the same as those of cocaine

In contrast to cocaine, methamphetamine depresses overall sexual desire

Correct answer: They are more intense and longer lasting

Both cocaine and methamphetamine often produce hypersexual side effects in users. In both cases, users engage in sexual practices that are much more high-risk than they would normally, in addition to potentially engaging in binges of sex and drug use together. However, in contrast to those of cocaine, the sexual side effects of methamphetamine tend to be more intense and longer lasting. The scope of these behaviors is also broader than those associated with cocaine.

4.

Which of the following is FALSE about cravings?

They show that treatment is ineffective

They are a natural effect of substance use

They are not a sign of weakness

Cravings can continue indefinitely

Correct answer: They show that treatment is ineffective

Cravings are thought to be a natural feature of substance use in an individual, as the brain's reward system reacts to not having its main reinforcer. They are not a sign of weakness because they are not actually under the control of the individual. Cravings can continue long after the person has stopped using, an effect that is highly variable by individual.

Cravings are not a sign that treatment is ineffective; they are an expected, natural part of substance-use treatment.

5.

Which of the following would be a cognitive warning sign of relapse?

Justifying a relapse

Chronic pain

Unremitting post-acute withdrawal syndrome

Intense cravings and urges

Correct answer: Justifying a relapse

In considering how relapse occurs, it is possible to outline various risk factors just as it is possible to do so in the case of initial development of drug or alcohol problems. These risk factors can be physiological, as in the case of chronic pain, unremitting post-acute withdrawal syndrome, or intense cravings and urges. Cognitive risk factors, on the other hand, arise from the internal mental process of a person with these problems, such as justifying a relapse or rationalizing use.

6.

Which of the following MOST accurately reflects the withdrawal effects of cannabis?

Insomnia, irritability, and restlessness among chronic users

Euphoria and relaxation among chronic users

Insomnia, irritability, and restlessness among most users

Euphoria and relaxation among most users

Correct answer: Insomnia, irritability, and restlessness among chronic users

Though studies are ongoing, the most vivid withdrawal effects among cannabis users are noted in chronic users. These effects include irritability, insomnia, and restlessness. The research shows they occur in a relatively small number of chronic users and are much less common among users whose use is less chronic.

Euphoria and relaxation are effects of cannabis more common in the acute phase of intoxication rather than in withdrawal.

7.

How is LSD generally administered?

Ingestion

Inhalation

Injection

Skin contact

Correct answer: Ingestion

LSD is usually administered through ingestion of a small tab of paper on which a small amount (50 micrograms or less) of the drug has been sprayed or dropped. The drug can be absorbed through the skin, inhaled, or injected, though these are not generally the preferred modes of entry into the body, as they seem less effective as administration mechanisms.

8.

Which of the following describes the main effect profile of LSD?

Perceptual distortions, mild sedation, labile mood

Perceptual distortions, hostile toxicity, overall stimulation

Perceptual distortions, hallucinations, and mild sedation

Perceptual distortions, hallucinations, labile mood

Correct answer: Perceptual distortions, mild sedation, labile mood

The effects of LSD are relatively constant among users. They include perceptual distortions having to do with shapes and colors, time sense, and stimuli focus. LSD also generally causes mild sedation and a labile mood. Contrary to the general belief about LSD, novel hallucinations in the manner of schizophrenia are not common; perceptual distortions take an aspect of the existing environment and change it rather than producing novel content unrelated to the environment. Hostile toxicity is not generally known among users of LSD as it is among users of other substances, such as methamphetamine or cocaine.

9.

Which of the following is NOT a common effect of cannabis ingestion?

Violent hostility

Tachycardia

Dry mouth

Elevated blood pressure

Correct answer: Violent hostility

Cannabis ingestion has many idiosyncratic side effects in the user. These may appear in differential proportion or not at all depending on a multiplicity of factors, including the type of cannabis smoked, its THC concentration, and the experience of the user. Physical side effects can include tachycardia (rapid heartbeat), dry mouth, and elevated blood pressure.

Violent hostility is relatively unknown among users of cannabis, though it can appear as a side effect of toxic psychosis among stimulant users.

10.

What is the difference between a slip and a relapse?

A slip is a single-use event, while a relapse is a series of uses with associated consequences

A relapse is a single-use event, while a slip is a short series of uses

A slip involves greater consequences than a relapse

A relapse takes place early in treatment, while a slip occurs after the client has recovered from substance use

Correct answer: A slip is a single-use event

In the terminology of substance-use treatment, a slip is distinguished from a full-on relapse. A slip is a single-use event whose consequences are minimal. A relapse is the full course of multiple uses in addition to the array of associated consequences for the client's functioning and status. Both relapses and slips can take place early in treatment.

11.

Which of the following has the shortest half-life?

Heroin

Methadone

Methamphetamine

Diazepam

Correct answer: Heroin

Half-life is the time it takes for a drug's concentration in the bloodstream to drop below 50% from peak concentration. Substances such as heroin have a relatively short half-life (measured in minutes), while methadone, methamphetamine, and diazepam (Valium) persist for hours.

12.

Which of the following is TRUE regarding transference and countertransference in substance-use treatment?

Both transference and countertransference are common in early treatment

Transference is common in early treatment

Countertransference is common in early treatment

Transference indicates an ethical violation at any time in treatment

Correct answer: Both transference and countertransference are common in early treatment

First discussed by Sigmund Freud in psychodynamic therapy, transference and countertransference are very common in the early phase of treatment. They do not represent an ethical violation by themselves or in combination, and they are somewhat natural and expected in any kind of counseling. Transference refers to the "extra" feelings that a client brings to treatment, and countertransference is the same on the part of the therapist. In both cases, the extra feelings can be useful if openly examined, though transference is much more often discussed openly than countertransference.

13.

Which of the following is generally TRUE about the family relationships of those who have substance-use problems?

Their family relationships tend to be characterized by poor boundaries

Their family relationships tend to be characterized by abandonment

Their family relationships tend to be characterized by wide age gaps between siblings

Their family relationships tend to be characterized by absent parenting

Correct answer: Their family relationships tend to be characterized by poor boundaries

Generally speaking, persons who develop substance-use issues tend to come from families in which boundaries are poor. Often this is reflected in enmeshment, which spills over into other relationships in their lives. Boundary and dependency issues tend to pursue persons with substance-use issues throughout their lives based on their experiences in their family of origin.

Though abandonment and absent parenting can definitely contribute to poor development and to the onset of substance-use issues, overall a more accurate characterization relates to poor boundaries in the families of origin of those with substance-use issues. There is no generally accurate characterization of substance-using persons based on the timing of sibling birth.

14.

Which of the following is the BEST way to manage relapse triggers?

Inventory the triggers and develop a specific action plan

Record the triggers after they have resulted in a relapse

Avoid any identified triggers

Change one's life to rule out any potential triggers

Correct answer: Inventory the triggers and develop a specific action plan

Nearly every patient seeking support for a substance-use issue is prone to relapse, particularly at the beginning of their treatment, when abstinence is a new endeavor. The best overall strategy for dealing with triggers is first to identify them in detail before a relapse occurs and then to develop a specific action plan to deal with each trigger. In this way, a client does not feel helpless in the face of overwhelming desire to use.

It is likely not possible to avoid all identified triggers, even at the cost of overturning one's life to rule out any potential triggers. Identifying triggers after they have resulted in a relapse is too late to help the client avoid relapse.

15.

Which of the following is a "speedball"?

Mixing cocaine and heroin in the same syringe

Mixing cocaine and methamphetamine in the same syringe

Smoking cocaine and cannabis together

Smoking cocaine and methamphetamine together

Correct answer: Mixing cocaine and heroin in the same syringe

A "speedball" is a method of administering cocaine and heroin at the same time intravenously. The goal is to mitigate the effects of one drug with the other and to enhance the euphoria of both drugs by combined administration. The practice is dangerous for a variety of reasons, mostly having to do with dose concentration, the possible presence of additives in one or both drugs, and the risk associated with IV drug use in general.

While the other combinations may have street names, they are not as well known and are not called a speedball.

16.

Which of the following corresponds to the progress of cravings?

They build to a peak, stay at peak for a short time, and drop off

They build to a peak and stay at peak until use occurs

They build to a peak and quickly drop off

They build to a peak, recede, and immediately begin again until use occurs

Correct answer: They build to a peak, stay at peak for a short time, and drop off

Cravings are a natural and expected part of treatment for substance use. The normal course of a craving is a build to a peak, a short stay in the peak craving state, then a drop in intensity. There is some variability by individual, but the expected course as described means that, if properly managed, cravings can be waited out. Cravings do not inevitably have to end in use; in fact, the more they do not end in use, the easier the next craving will be to handle.

17.

Which of the following MOST accurately describes the harm reduction approach to abstinence?

Abstinence is one of many possible goals

Abstinence is not necessary in any case

Abstinence is essential in early treatment

Abstinence is essential throughout treatment

Correct answer: Abstinence is one of many possible goals

The harm reduction approach to substance-use treatment does not identify abstinence from substance use as essential at any stage of treatment but as one of many possible ways to reduce the overall impact of substance use on a client's life. This is in contrast to the disease model and others, which generally call for abstinence as a condition of treatment, particularly in the early stages of recovery.

18.

Which of the following markedly increases the possibility of death in users of GHB?

Alcohol

Cannabis

Stimulants

Hallucinogens

Correct answer: Alcohol

GHB (gamma-hydroxybutyrate) is a "club drug" often used to enhance social effects among users in entertainment environments. Used alone, it can be toxic in large enough doses, leading to sedation including sleep and even to coma and death. But when it's mixed with alcohol, the danger of death by fatal sedation increases dramatically.

Cannabis, stimulants, and hallucinogens do not enhance the potentially fatal sedation effects of GHB.

19.

Generally speaking, what is the first treatment goal for patients with concurrent substance use and another psychiatric disorder?

Remission of both problem areas

Remission of the substance-use problem

Remission of the non-substance problem

Stabilization on psychotropic medication

Correct answer: Remission of both problem areas

Clients often present with concurrent substance use and another psychiatric problem at the same time. In these cases, it is best to establish treatment goals that seek remission of both problem areas to restore stability of function. Leaving one problem out of the initial goal-setting process runs counter to the general clinical understanding at this time that to treat the substance use problem, one should also take on any other major issue at the same time to prevent partial and fragile remission.

Stabilization on psychotropic medication may or may not be necessary; goal-setting still calls for the treatment of both major issues simultaneously.

20.

When does relapse start?

Long before use occurs

When use occurs

After use occurs

When treatment begins

Correct answer: Long before use occurs

It is a misconception that relapse occurs when use occurs. Relapse is best understood as a process that starts long before use, with unmanageable thoughts and failed coping strategies. Relapse is a process in which use is the end rather than the beginning.

Treatment is not the beginning of relapse but of recovery.

21.

Which of the following corresponds to the way substance-use clients have historically been perceived by providers?

Resistant, impulsive, and noncompliant

Assertive, knowledgeable, and reliable

Violent, disruptive, and hostile

Balanced, forgiving, and idiosyncratic

Correct answer: Resistant, impulsive, and noncompliant

Historically, many providers have been reluctant to serve substance-using clients due to their perceived resistance, impulsiveness, and noncompliance. This has resulted in the population being underserved by providers who have much of the basic skill set necessary to assist them. The negative stereotypes tend to be self-fulfilling in clients.

The other answers do not describe the major historical bias against substance-using clients.

22.

Which of the following is TRUE about the similarity between a lifelong health condition such as diabetes and chronic substance use?

The client must take ownership of their disease

Consequences of noncompliance with treatment are usually fatal

Health providers are responsible for condition management

No long-term health management skills are necessary

Correct answer: The client must take ownership of their disease

Recovery from and management of chronic, long-term substance use is often likened to the management of a chronic disease condition, such as diabetes. Though health professionals have a role to play in guiding and shaping recovery plans and providing clinical information to support the client, the client themselves must take ownership of their disease. As in the case of conditions such as diabetes, consequences for noncompliance with treatment plans may or may not be fatal, but the client will have to develop long-term skills to manage their condition and its consequences.

23.

Compulsive masturbation is MOST associated with which of the following drugs?

Stimulants

Cannabis

LSD

Alcohol

Correct answer: Stimulants

An array of hypersexual behaviors is associated with stimulant use, among which is compulsive masturbation. It is often experienced in relation to an obsessive interest in pornography. Users of stimulants often report high-risk sexual behavior of various kinds.

Cannabis, LSD, and alcohol do not seem to produce the hypersexual behavior associated with the use of stimulants.

24.

Which of the following best summarizes the idea of the "pink cloud"?

A drug treatment honeymoon period

A relapse into controlled use

A period of intoxication during recovery

A delusional matrix caused by substance use

Correct answer: A drug treatment honeymoon period

One of the dangers of early recovery is the "pink cloud," or the sense of being cured that comes to many people in substance-use treatment as they begin to reap the benefits to body and mind from early abstinence. It may lead clients to believe they no longer need treatment or to engage in risky behavior related to use because of the mistaken belief that such use would not be risky in light of their recovery.

Definitionally, a relapse is not controlled use; a period of intoxication during recovery is a separate matter to deal with in treatment. The pink cloud is not a delusion per se, nor is it caused by substance use.

25.

What was the initial clinical purpose of barbiturates?

To treat anxiety and insomnia

To treat complications in childbirth

To treat depression

To block homicidal thoughts

Correct answer: To treat anxiety and insomnia

Barbiturates were first clinically introduced in the early part of the last century. At that time, their intended clinical purpose was to aid in the management of anxiety and insomnia. Over time, indications for use became highly complicated as users often paired them dangerously with alcohol, which is often lethal.

To treat complications in childbirth, address depression, or block homicidal thinking, other drugs have been used, such as hormone therapy, antidepressants, and antipsychotics.

26.

Which of the following is NOT an effect of high doses of cocaine and/or methamphetamine?

Anhedonia

Seizure

Death

Respiratory failure

Correct answer: Anhedonia

The use of high doses of cocaine and/or methamphetamine is associated with seizure, respiratory failure, heart arrhythmia, and death.

Anhedonia, the loss of ability to feel pleasure, is more closely associated with the use of opioids.

27.

Which of the following correctly describes the harm reduction approach to abstinence?

Abstinence is the eventual goal

Abstinence is impossible

Abstinence is unreachable by most users

Abstinence does not work

Correct answer: Abstinence is the eventual goal

Harm reduction approaches to abstinence identify abstinence as the eventual preferred goal of treatment; however, these approaches recognize that the path to abstinence may be differently timed for different users. Harm reduction in general suggests that abstinence should not be an all-or-nothing equation, meaning many users who cannot currently achieve full abstinence can get there through a staged process that mitigates the worst consequences of substance use.

The harm reduction approach does not identify abstinence as impossible or unattainable by most users.

28.

How important are genetic factors to the experience of substance-use problems?

The influence of genetic factors varies by substance used

The influence of genetic factors is constant across substances

The influence of genetic factors is negligible across substances

The influence of genetic factors is less important than the influence of social factors

Correct answer: The influence of genetic factors varies by substance used

Genetic factors definitely influence various aspects of substance-use problems. The literature suggests that genetics play a role in the formation of substance-use problems and the nature of their course, though this influence varies by substance used. As an example, genetics appear to play different roles in alcohol than in other kinds of substance-use problems. Genetic factors alone will never fully explain a substance-use problem, but social factors are similarly variable across substances in their level of influence.

29.

Which of the following is TRUE about diagnosis of patients who engage in risky substance use?

Most do not meet clinical criteria for diagnosis of a substance-use disorder

They definitionally meet clinical criteria for diagnosis of a substance-use disorder

They most often meet clinical criteria for diagnosis of a substance-use disorder

Most never seek treatment for their substance-use disorder

Correct answer: Most do not meet clinical criteria for diagnosis of a substance-use disorder

Diagnosis of substance-use disorders according to clinical criteria does not capture the whole picture of use. In fact, most people who engage in problematic or risky use do not meet the criteria for clinical diagnosis of substance-use disorder. This insight has led to treatment options that meet the client and the problem where they currently are, as many people who do not meet clinical criteria for substance-use disorder still need help that clinicians can provide in structured ways.

30.

Which of the following is NOT a category of pharmaceutical action for opioids?

Partial antagonist

Pure agonist

Pure antagonist

Partial agonist

Correct answer: Partial antagonist

In terms of pharmaceutical action, an agonist is a substance that initiates action when encountering a receptor. An antagonist, conversely, blocks the activation of a receptor site. Opiates are classified as pure agonists (heroin, methadone), pure antagonists (naloxone, naltrexone), or partial agonists (buprenorphine). These classifications are significant for the treatment of pure agonist addiction through the use of antagonist or partial agonist medication.

Partial antagonist is not a recognized category of pharmaceutical action in this regard.

31.

What does it mean for a user to become refractory to euphoria and other pleasurable psychoactive effects of a drug?

The user no longer feels these effects

The user feels these effects at a heightened level

The user's experience of these effects reverses

The user no longer cares about these effects

Correct answer: The user no longer feels these effects

Becoming refractory to euphoria and other pleasurable psychoactive effects of a drug indicates that the user no longer feels these effects. For example, becoming refractory to positive effects often takes place in the context of high-dose, chronic methamphetamine or cocaine use, which does not change no matter how much of the drug is then used to compensate for the loss of effects.

The user may or may not care about the effects of the drug.

32.

How is PCP most commonly administered?

Smoking

Injection

Eating

Snorting

Correct answer: Smoking

Though it has a variety of possible ways to enter the body, PCP is usually created in the form of a powder, which is then sprinkled on tobacco cigarettes or cannabis and smoked to experience its effects. It can be swallowed in pill form or snorted, though these are far less common. PCP is not generally administered intravenously.

33.

Which of the following is FALSE about the use of ketamine to treat depression?

Ketamine can be used to treat any depression lasting longer than six months

Ketamine is administered intranasally under medical supervision

Ketamine acts within hours to relieve depressive symptoms

Ketamine was approved to treat depression in 2019

Correct answer: Ketamine can be used to treat any depression lasting longer than six months

In March 2019, ketamine was approved for use in treating treatment-resistant depression. If at least two antidepressant therapies have been tried and have failed, ketamine can be administered intranasally under close medical supervision. Ketamine acts quickly, within a matter of hours, to relieve symptoms.

This newly approved use is in addition to ketamine's established use as a pain reliever in humans and animals.

34.

What is the legitimate medical use of ketamine?

Anesthetic

Eye medication

Immunosuppressant

Antihistamine

Correct answer: Anesthetic

Ketamine is often used illicitly as a "club drug" in the same way as GHB and MDMA: to enhance the pleasurable feeling of activities in entertainment venues. However, unlike other club drugs, ketamine has been prescribed as an anesthetic, particularly for animals, since the 1970s and is still indicated for this use. In 2019, ketamine was approved for use to resolve treatment-resistant depression.

Ketamine is not used as an eye medication, an immunosuppressant, or an antihistamine.

35.

Is "all or none" thinking useful to clients in recovery?

Yes, in early recovery

No, under no circumstances

Yes, in late recovery

No, unless the client has a co-occurring disorder

Correct answer: Yes, in early recovery

Substance using clients often present an "all or nothing" attitude in recovery, meaning they express an ironclad, no-compromise, fairly rigid perspective on their recovery. In early recovery, this can be useful because it can help a client maintain focus and dedication to abstinence. However, as time goes on, they will need a greater tolerance of ambiguity as life presents complexity and challenges that cannot be well managed by such a perspective.

The presence of a co-occurring disorder is not necessarily a factor in this perspective; it is still more useful in early treatment and recovery.

36.

What is the difference between *abstinence* and *recovery* in substance-use treatment?

Recovery refers to overall progress, while *abstinence* has a more specific definition

Abstinence refers to overall progress, while *recovery* has a more specific definition

The terms are interchangeable

Neither term is part of current terminology in substance-use treatment

Correct answer: Recovery refers to overall progress, while abstinence has a more specific definition

Generally speaking, recovery is the more general progress made in substance-use treatment, including aspects such as quality of life, mood, and affect. Abstinence is specifically not using alcohol or drugs for a determined length of time. Both terms are currently used in substance-use treatment.

37.

To which two substances is MDMA most chemically similar?

Methamphetamine and mescaline

Methamphetamine and alcohol

Cannabis and alcohol

Cannabis and benzodiazepines

Correct answer: Methamphetamine and mescaline

MDMA (3, 4 methylenedioxymethamphetamine) is similar in its chemical structure to methamphetamine and mescaline. As one might expect from this similarity, MDMA produces a combination of stimulant and hallucinogenic effects in most users. The hallucinogenic effects usually seem much more mild than those experienced when using pure hallucinogens, such as LSD and mescaline.

MDMA is not chemically similar to alcohol, cannabis, or benzodiazepines, so it does not produce the same range of effects as these substances.

38.

Which of the following is the major contributing factor to worsening substance-use problems worldwide?

Purified and artificially synthesized drugs

Changes in societal attitudes toward drugs

Lack of appropriate legislation and enforcement

Media representations of substance use

Correct answer: Purified and artificially synthesized drugs

Though substance use has been known since the beginning of human history, its worsening in modern times can be attributed to modern processes of purification and synthesis, which have produced much more potent substances and made them far more generally available. While no doubt significant, the problems of societal attitudes, appropriate legislation and enforcement, and media representation are not as significant as advances in purification and synthesis of addictive chemicals.

39.

Which of the following MOST accurately represents the modern view of substance-use disorders?

They exist on a continuum in individuals

They are either "on" or "off" in individuals

They are single-episode, short-term problems

They are multiple-episode, long-term problems

Correct answer: They exist on a continuum in individuals

The modern thinking about substance-use disorders, as opposed to the previous common view, is that substance-use disorders exist in various dimensions along continua in individuals. Such things as control, risky use, and severity of consequences are highly variable in individuals during the span of a person's substance-use involvement. This is contrary to earlier opinion that held substance-use disorders are either "on" or "off" in individuals.

Among the variable areas are the duration and timing of disorders. Substance-use disorders in individuals can be single-episode, short-term, multiple-episode, long-term, or lifelong issues.

40.

Why is impulse control so important for substance-use clients in recovery?

Relapse is often a function of impulse

Lack of impulse control implies psychosis

Medication is usually needed to manage impulse control

Lack of impulse control leads to violence

Correct answer: Relapse is often a function of impulse

Impulse control is a diagnostic matter all its own, in which the counselor should assess and understand the client's tendency to act impulsively. It is much more important for the client themselves to understand, as relapse is often a function of failed impulse control. For example, a client may suddenly feel the urge to have a drink after a bad day and in so doing take a step backward in their substance-use treatment.

Lack of impulse control does not generally imply psychosis or lead to violence on its own, nor is medication usually needed to manage impulses to use.

41.

Why is GHB difficult to detect in urine?

It is cleared rapidly from the body

It has no elements detectable in standard urine tests

It appears in urine test results as alcohol

It appears in urine test results as cannabis

Correct answer: It is cleared rapidly from the body

GHB (gamma-hydroxybutyrate), also known as G or liquid Ecstasy, is difficult to detect in standard urine panels because it is eliminated from the body rapidly (within two to five hours), so by the time testing is done, there is likely no substance left to be detected.

GHB can be detected in urine tests if the test is done inside its detectable window. It does not appear in urine tests as another substance.

42.

What is the general recommendation by providers to people with stimulant abuse problems related to caffeine consumption?

Use of caffeine is generally discouraged

Use of caffeine is generally encouraged

There is no special guidance for caffeine in this circumstance

Caffeine is prescribed in clinically measured doses

Correct answer: Use of caffeine is generally discouraged

Providers generally discourage users of stimulants from ingesting caffeine if their use has proceeded to a pathological level. This recommendation is usually given out of consideration that the effects of caffeine are similar to the effects of the stimulant and may trigger relapse; however, there is little research to support this advice.

Caffeine is sometimes prescribed, but not for substance-use issues; it can help manage symptoms of panic disorder and bipolar disorder.

43.

How many users of cannabis seek treatment for dependence?

Relatively few users of cannabis seek treatment

A high proportion of cannabis users seek treatment

Chronic users of cannabis often seek treatment for dependence

Casual users of cannabis often seek treatment for lingering psychoactive effects

Correct answer: Relatively few users of cannabis seek treatment

In proportion to users of other drugs, such as alcohol, users of cannabis who are dependent on the substance rarely seek treatment. There does seem to be a relatively long period of time between a pattern of cannabis use and the disruption of life in functional areas that would lead to seeking help, which is a likely partial cause. Many people use cannabis for decades with no visible evidence of life impairment.

When people seek help for cannabis dependence, it is generally not due to the drug's psychoactive effects but a result of unmanageable life circumstances.

44.

Which of the following is the MOST common initial cause of relapse?

Negative feelings and/or stressors

Positive feelings and/or situations

Residual guilt about substance use

Conflicted feelings about substance use

Correct answer: Negative feelings and/or stressors

The most common initial cause of relapse among substance-use-disordered clients is negative feelings and/or stressors. In many cases, these were managed by the substance of choice, which prompts the relapse in the client's attempt to manage those states.

Positive feelings and residual guilt about substance use might function as triggers; however, they are less common causes of relapse than negative feelings and/or stressors. Conflicted feelings about substance use are less a trigger than a factor in enrolling in substance-use treatment.

45.

Is simple delay an effective way of dealing with cravings?

Yes, as cravings are temporary

No, as the cravings will only worsen

Yes, if accompanied by proper medication

No, as the only way to deal with a craving is to use

Correct answer: Yes, as cravings are temporary

Cravings are a natural and expected part of substance-use treatment. They can seem overwhelming, especially in the earliest phases of treatment. There are many ways of managing cravings, but simple delay can be very effective. Most cravings will recede within 20–30 minutes if the client can find some means of delaying use.

Cravings will not worsen if gratification is delayed, but resistance to cravings may improve. Medication is not necessary to manage craving delay. Using to deal with cravings will make subsequent cravings harder to manage and compromise treatment.

46.

Why are negative affect states triggers for relapse?

The substance of choice promises relief

The negative affect states become psychotic

The substance of choice increases sensitivity

The negative affect states create suicidality

Correct answer: The substance of choice promises relief

Relapse is a complicated phenomenon that rests on the idea of "triggers," which in the case of substance use are environmental factors, situations, or people that provoke use. Negative internal affect states, such as depression or anxiety, can be triggers because the client has likely used the substance of choice to achieve relief from these same affect states in the past. Thus, a relapse promises to relieve the intolerable internal affective world.

Negative affect does not usually result in psychosis on its own. Suicidality is a common feature of substance-using clients and should be regularly assessed, but it is not a trigger for relapse. The substance of choice, if used in these situations, will likely not increase sensitivity to negative internal affect but may numb the affective states.

47.

What is the difference between relapse and recurrence in substance-use treatment?

Relapse means returning to use before recovery; recurrence describes symptoms reemerging after sustained recovery

Recurrence means returning to use before recovery; relapse describes symptoms reemerging after sustained recovery

The terms are used interchangeably to describe the restart of drug use

Relapse means returning to use; recurrence is a return to non-pathological use

Correct answer: Relapse means returning to use; recurrence describes symptoms reemerging after sustained recovery

In the terminology of substance-use treatment, relapse indicates a return to use before recovery has been established. Recurrence is a return to symptoms, including use, after a period of sustained recovery has been established. The two phenomena are clinically different, and the treatment style will change depending on the client's recovery status. A return to non-pathological use does not require a clinical term for definition.

48.

Which of the following is TRUE about the effects of opioids?

Opioids can have opposite effects on energy level and mental state in different users

Opioids generally have the same effect on energy level and mental state in different users

Opioids appear to have random effects on energy level and mental state in different users

Opioids, except for heroin, have virtually identical effects on energy level and mental state in different users

Correct answer: Opioids can have opposite effects on energy level and mental state in different users

Though the acute physiological effects of opioids (pupillary constriction, slowed respiration, constipation) are relatively constant among users, opioids can have opposite effects on energy level and mental state in different users. Some users report drowsiness, confusion, and lethargy, while others report increased energy and productivity.

These effects are not random, and there is no special exception in this regard for heroin.

49.

Which of the following is the MOST common way cocaine binges end?

Physical exhaustion

Death

Unconsciousness due to hypoxia

Violent outbursts

Correct answer: Physical exhaustion

Among chronic users, cocaine binges can last for an indefinite amount of time. These binges can cost hundreds of thousands of dollars, involve a multitude of ancillary risks, and usually end with either physical exhaustion or the simple inability to pay for more cocaine.

Cocaine binges usually do not result in the death of participants or their unconsciousness due to hypoxia (as opioid binges can). Though violent outbursts can be part of cocaine intoxication and binges, they are not the way binges end.

50.

Which of the following are considered psychoactive substances?

Alcohol, cannabis, cocaine, and LSD

Alcohol, cannabis, and cocaine

Cannabis, cocaine, and LSD

Cocaine and cannabis

Correct answer: Alcohol, cannabis, cocaine, and LSD

A psychoactive substance is any substance a human being can ingest or otherwise use to acutely alter mood and mental state. Thus, the definition includes everything from alcohol (induces mood changes in idiosyncratic ways) to cannabis (alterations in mood and sensorium) to cocaine (alterations in mood and activity) and LSD (alterations in mood and sensorium). Psychoactive substances are the most prone to abuse and misuse of all substances known to man.

51.

Which of the following describes the addictive potential of MDMA?

Physical dependence does not develop with repeated use

Physical dependence develops with repeated use

Physical dependence occurs instantly

Physical dependence is a function of individual body chemistry

Correct answer: Physical dependence does not develop with repeated use

MDMA (3, 4 methylenedioxymethamphetamine) is a "club drug" most commonly used by adolescents and young adults in environments such as dance clubs, raves, and concerts. It produces effects that are stimulant as well as mildly hallucinogenic. The usual usage pattern of MDMA is occasional and event-driven and rarely seems to result in compulsive daily use. Though its effects on any individual person are no doubt related to that person's individual body chemistry, physical dependence does not appear to develop with repeated use of MDMA.

52.

What is meant by saying "all opioids exhibit cross-tolerance"?

Opioids can be substituted for other opioids to prevent withdrawal symptoms

People who use other substances are more susceptible to opioid problems

People who use alcohol are more susceptible to opioid problems

Opioids are so similar chemically that they have identical effects

Correct answer: Opioids can be substituted for other opioids to prevent withdrawal symptoms

Cross-tolerance means that one drug, such as an opioid, is similar to another drug in its tolerance effect, usually within the same class. As a result, tolerance is similar in one individual to such cross-tolerant drugs; i.e., if an opioid user is threatened by withdrawal symptoms, they can most likely use another opioid to avoid withdrawal symptoms.

People who use one substance may or may not be more susceptible to problems with other drugs, and effects in cross-tolerant substances are not necessarily identical.

53.

Which of the following is the BEST overall definition of *half-life* as it relates to substance use?

The time it takes for a substance's concentration in the blood to drop 50% from peak

The time it takes for a substance's concentration in the brain to drop 50% from peak

The time it takes for a substance's concentration in the blood to drop 25% from peak

The time it takes for a substance's concentration in the brain to drop 25% from peak

Correct answer: The time it takes for a substance's concentration in the blood to drop 50% from peak

Half-life as it relates to substance use is a critical issue to understand because it directly relates to how behavior and physiology can be affected by various concentrations of a substance in the body. Strictly speaking, half-life in a substance-use context refers to the time it takes for a substance's concentration in the blood to drop 50% from peak, usually based on the initial concentration in the blood.

54.

How do substance-using clients compare with clients of other types?

Substance-using clients tend to have more problems with suicide, serious medical conditions, and other consequences

Substance-using clients tend to have fewer problems with suicide, serious medical conditions, and other consequences

Substance-using clients tend to have about the same number of problems with suicide, serious medical conditions, and other consequences

Substance-using clients cannot be reliably compared with other clients due to the nature of substance use as a brain disease

Correct answer: Substance-using clients tend to have more suicidal thoughts or attempts, serious medical conditions, and other consequences

One of the factors contributing to the historical reliance on substance-use providers to serve patients with substance-use issues has been that users tend to have more problems with suicide, serious medical conditions, and other consequences than other clients these providers might serve. Serving substance-using clients means engaging on some level with most of their complicated history and presentation and helping them maneuver through the consequences while doing the hard work of treating the substance-use issues themselves.

Substance use is a complicated brain disease, but this does not preclude it from being compared with other types of mental illness.

55.

Which of the following is MOST accurate with respect to the hallucinations brought on by the use of LSD?

The hallucinations rarely manifest unrelated to the environment

The hallucinations manifest without reference to the environment

The hallucinations are a result of increased blood pressure

The hallucinations are a direct result of a stress response

Correct answer: The hallucinations rarely manifest unrelated to the environment

The hallucinations brought on by the use of LSD usually form in reference to objects, people, or other environmental factors. These hallucinations are rarely wholly original, without reference to environmental factors.

Hallucinations due to the use of LSD are not the result of increased blood pressure or specifically of stress; they are instead the product of abnormal connections between different regions of the brain.

56.

Which of the following is clients' MAIN worry about abstinence in treatment?

They will experience intolerable feelings

They will lose a social/recreational outlet

They will experience toxic reactions

They will jeopardize relationships

Correct answer: They will experience intolerable feelings

Clients who seek substance-use treatment have many fears about treatment in general; these fears can become acute when abstinence is suggested. Many clients fear abstinence because they believe the feelings that they have been medicating by using substances will be intolerable and painful. Though there is some onset of deferred feelings when abstinence has begun, these feelings tend to recede rapidly.

Clients also fear that they will lose social/recreational outlets, though not as much as they fear not being able to tolerate their emotions. The fear of toxic reaction may be present, but abstinence is unlikely to produce toxicity. A bit further down the list of concerns is the jeopardy to relationships that have substance use as a centerpiece. Most clients are more fearful of their own internal affective state.

57.

What is the main reason to establish abstinence immediately in treatment?

To prevent further harm

One should not establish abstinence immediately in treatment

To enhance rapport

To test readiness for treatment

Correct answer: To prevent further harm

As a first direction in the treatment of substance-use problems, establishing abstinence is essential to prevent further harm of the kind that caused the client to seek help in the first place, as well as to give a real diagnosis of possible non-substance-use issues. Establishing abstinence is not meant as a test of treatment readiness, nor is it expressly meant to enhance rapport.

58.

Which of the following has effects MOST similar to those of PCP?

Ketamine

Cannabis

LSD

Alcohol

Correct answer: Ketamine

PCP (phencyclidine) is similar in its effects to ketamine, though PCP lasts longer and is much more powerful. PCP produces a sense of dissociation and a trancelike state. It has other effects as well, including agitation and dysphoria.

The effects of PCP are not like those of cannabis, LSD, and alcohol, which do not produce dissociation or the same kind of trancelike effects.

59.

In the disease model, where is the locus of control?

With the client

With the clinician

With the substance being abused

Inside the therapeutic relationship

Correct answer: With the client

Locus of control is a term describing where the power to change comes from. In the disease model of substance-use treatment, the locus of control is assumed to be with the client, as they can choose abstinence. Ultimately, the disease model credits the client with the power to change their own situation.

The locus of control in the disease model does not rest with the clinician or the counseling relationship, though both are significant in establishing a framework for treatment. Though we might refer to a person as having lost control over their lives, it is not the substance itself that takes that control.

60.

Are nonspecific treatments for substance-use disorders effective?

Not according to the available research

Many modalities of nonspecific treatment are effective

Clients always need specific substance-use treatment

Psychoanalysis alone can help many people with substance-use issues

Correct answer: Not according to the available research

There is no research to suggest that nonspecific substance-use treatment is effective in treating substance-use disorders. The current thinking is that when a substance-use issue is identified and current in a clinical presentation, the issue gets specific treatment regardless of whether other issues are addressed. The research that does exist suggests that specific treatment for substance-use disorders is far more effective than a general therapeutic approach that might help with any issue.

However, depending on the specific nature of the client's presentation, they may or may not need specific substance-use treatment, as people who seek treatment are highly idiosyncratic. There is no research to suggest that psychoanalysis alone would be an effective treatment for substance-use issues.

61.

According to Kaufman (1994), what is the most important objective of recovery?

Achieving healthy intimate relationships

Achieving personal safety

Achieving recognition of past trauma

Achieving healthy life balance

Correct answer: Achieving healthy intimate relationships

Edward Kaufman, one of the better-known writers in the field of substance use, proposed in 1994 that the most important objective of recovery was achieving healthy relationships. This is partially due to the prophylactic nature of healthy relationships due to substance-use recovery. However, he found exploring the benefits of healthy relationships worthwhile in its own right as an avenue for making substance use obsolete for individuals.

Achieving personal safety, recognizing past trauma, and achieving life balance are all important in recovery, but Kaufman recognized the importance of intimate relationships as the paramount recovery objective.

62.

According to the disease model, which of the following is true about return to "normal" use?

Once use has become uncontrolled, there can be no return to "normal" use

There is no such thing as "normal" use of addictive substances

"Normal" use can be reestablished through proper clinical intervention

"Normal" use is defined according to the client's current circumstances

Correct answer: Once use has become uncontrolled, there can be no return to "normal" use

The disease model is one way of looking at substance use as a complicated brain disease. It states that using drugs changes the brain in many ways with respect to substances. Thus, one of the main tenets of the disease model is the idea that once the border has been crossed between controlled and uncontrolled use, there can be no return to "normal" use.

"Normal" use can be defined variously for each individual but is not defined by current circumstances. The disease model does not state that "normal" substance use does not exist; rather, it states that a return to such use is not possible once a person's use has become uncontrolled.

63.

What is the effect of cannabis on sex hormones?

There is conflicting evidence

Cannabis depresses sex hormone function

Cannabis increases sex hormone function

There is no measurable effect on sex hormones due to cannabis use

Correct answer: There is conflicting evidence

More research is needed, as there is conflicting evidence about the effect of cannabis on sex hormones, sperm count/motility in males, and fertility in females.

The body of research has not yet arrived at a single non-conflicting statement regarding the effect of cannabis on sex hormones.

64.

When are cravings strongest and most frequent?

In the first few days and weeks after stopping use

After abstinence has been firmly established

When environmental triggers are strongest

About six months after stopping use

Correct answer: In the first few days and weeks after stopping use

Cravings are a natural and expected part of substance-use treatment that should be directly engaged with, planned for, and used in the context of treatment. Cravings tend to be strongest in the first few days and weeks after stopping use as the body and mind adjust to not having the main reinforcer constantly present. They occur less after abstinence has been firmly established but are always a risk to some degree when environmental triggers are strongest.

65.

Does alcohol require digestion to take effect?

No

Yes

No, except in chronic alcoholism

Yes, except in chronic alcoholism

Correct answer: No

Alcohol operates directly from the GI tract and does not require digestion to have an effect. It is absorbed directly into the bloodstream, which is as true in chronic alcoholism as it is in naive use.

66.

What does *reciprocal relapse* mean in substance-use treatment?

Relapse in one issue provokes relapse in another

Two issues relapse at the same time

Improvement in one issue provokes relapse in another

Improvement in two issues spontaneously changes to relapse

Correct answer: Relapse in one issue provokes relapse in another

Often clients who have two or more co-occurring psychiatric conditions, including substance use, experience reciprocal relapse. No matter what drives the initial relapse in one of their issues, reciprocal relapse means the relapse continues into other psychiatric issues under treatment. For example, a person who is taking antidepressants and recovering from cocaine use might decide to stop pursuing antidepressant treatment and then relapse into cocaine use.

If two issues relapse at the same time, this is not reciprocal. The important point about reciprocal relapse is not what causes it but the pattern of successive relapse. Improvement can spontaneously change to relapse, but this is not reciprocal.

67.

Which of the following is FALSE about the progression of alcohol and/or drug problems?

Progression to a worse stage is inevitable in the case of both alcohol and drug problems

Progression to a worse stage is inevitable in the case of alcohol problems

Progression to a worse stage is inevitable in the case of drug problems

Progression to a worse stage is not inevitable in the case of both alcohol and drug problems

Correct answer: Progression to a worse stage is inevitable in the case of both alcohol and drug problems

A mistaken impression exists that the progression of drug and alcohol problems is inevitable to the point of crisis. The reality is that many people with these problems either remit on their own without treatment or stay at a functional stage of use for years or even decades without progression to the point of crisis, if such a progression ever happens at all.

This lack of definite progression is similar in both alcohol and drug problems.

68.

What is the neurochemical transmitter most associated with methamphetamine intoxication?

Dopamine

Serotonin

GABA

Oxytocin

Correct answer: Dopamine

Methamphetamine creates an accumulation of dopamine in certain areas of the brain, which manifests to the user as euphoria and increased stimulation.

Serotonin and GABA do not appear to have a role in methamphetamine intoxication. Oxytocin does play a more oblique role in addiction by reinforcing social affiliation of use, learning, and memory associated with drug and alcohol use in general but is not the specific means by which the pleasurable effects of the drug are felt.

69.

What does the National Institute on Alcohol Abuse and Alcoholism (NIAAA) define as low-risk drinking?

Two drinks a day for men and one drink a day for women

Five drinks a day for men and three drinks a day for women

There is no such thing as "low-risk" drinking according to the NIAAA

One drink a day for men or women

Correct answer: Two drinks a day for men and one drink a day for women

The NIAAA recognizes that the established clinical definitions of alcohol dependence and misuse are shifting and do not capture the detail necessary to correctly describe many categories of drinking that do not rise to the level of clinical diagnosis. For example, the NIAAA defines "low-risk" drinking as two drinks a day for men and one drink a day for women (owing to physiological differences).

The NIAAA recognizes that there is such a thing as moderation and that all drinking is not inherently risky or pathological.

70.

Neurochemically speaking, how does Ecstasy work?

It stimulates the release of serotonin

It stimulates the release of dopamine

It stimulates the release of endorphins

It stimulates the release of adrenaline

Correct answer: It stimulates the release of serotonin

MDMA, also known as Molly or Ecstasy, induces a high that can last from minutes to hours. The neurochemical action of Ecstasy is to stimulate the release of serotonin. Its psychoactive effects are highly variable and have much to do with the dose, purity, and environment in which the drug is taken.

MDMA does not stimulate the release of dopamine, endorphins, or adrenaline as its main action. Dopamine can be produced by engaging in pleasurable activity, as can endorphins. The release of adrenaline is more tied to perceived threat states.

71.

What is meant by the concept of drug substitution?

Substituting the use of a secondary drug for the primary drug of choice

Substituting the use of a drug for a relationship

Using the drug of choice as a proxy for family issues

Using the drug of choice to assume a "sick role"

Correct answer: Substituting the use of a secondary drug for the primary drug of choice

In substance use treatment, drug substitution is the substitution of one drug for another, usually because one drug is the issue of organized treatment. For instance, a user of alcohol may indeed stop using alcohol while being treated for an alcohol problem, only to use heroin or another substance as a substitute.

The term does not refer to use of a drug to substitute for a relationship, as a proxy for family issues, or to assume a "sick role," though these are behavioral phenomena known to occur in many types of substance use.

72.

How is the "club drug" GHB classified?

CNS depressant

Hallucinogen

Stimulant

Sedative

GHB (gamma-hydroxybutyrate), also called G or liquid Ecstasy, is a club drug often used in party environments to relieve anxiety, create relaxation, and deal with social anxiety. It is classified as a CNS depressant and can be produced as a liquid, powder, tablet, or capsule.

GHB is not a hallucinogen like LSD, a stimulant like methamphetamine, or a sedative like some opioids.

73.

From what does the panic anxiety experienced by many LSD users originate?

Fear that one will not return to a normal state

Normal neuropsychiatric stress adjustment

Adaption to frank hallucinations

Social anxiety exacerbated by psychoactive effects

Correct answer: Fear that one will not return to a normal state

In many users of LSD, a panic anxiety can occur in which a person fears that they will not return to their normal, pre-intoxication state of mind. This is an unfounded fear, as effects generally dissipate within eight to 12 hours and there is no withdrawal syndrome to speak of.

This effect is not part of a normal stress adjustment of any kind, as it is due to the ongoing effects of the drug. Frank hallucinations are typically not a feature of LSD intoxication, the psychoactive effects being more distortive than original. Social anxiety and sensitivity may be present in users, as substantial parts of their environment may undergo distortion, but the main source of panic anxiety among LSD users is the fear that they will never be free of the drug's effects after starting to feel them.

74.

What does *extinction* mean in the context of substance use and cravings?

With each successful resistance of cravings, resistance increases

Cravings diminish and disappear entirely with abstinence

With each indulgence of cravings, resistance increases

With each successful resistance of cravings, resistance decreases

Correct answer: With each successful resistance of cravings, resistance increases

Extinction is a term from the behaviorist school of psychology that refers to the fact that an undesirable behavior tends to slowly diminish and disappear if not reinforced. In the world of substance use, this means that if a specific instance of craving is not indulged and a pattern of non-indulgence is realized, cravings themselves will diminish and resistance to all cravings will increase.

Cravings may or may not disappear entirely when abstinence is established. Resistance to a craving does not usually lead to worse cravings.

75.

What is the correlation, if any, between route of administration and tolerance?

The more rapid the route, the more rapid the development of tolerance

The less rapid the route, the more rapid the development of tolerance

The more rapid the route, the less rapid the development of tolerance

There is no explicit relationship between route and tolerance

Correct answer: The more rapid the route, the more rapid the development of tolerance

In general, for any substance of concern, the more rapid the route, the more quickly tolerance and compulsive use develop. For instance, smoking is a very fast route to the brain and is associated with more rapid tolerance than absorption through the skin.

76.

Why is the use of stimulants to treat depression and obesity controversial?

Stimulants are not effective long-term treatments for either problem

Stimulants are known to make both problems meaningfully worse in some individuals

Stimulants have a worse side-effect profile than other medications used for these conditions

Stimulants cannot be safely administered in the quantities needed

Correct answer: Stimulants are not effective long-term treatments for either problem

It has been a practice to attempt the treatment of obesity and depression with stimulant medications such as Provigil. Though the addiction potential of these substances can be mitigated with proper clinical supervision, they do not appear to be effective long-term treatments for either depression or obesity. These drugs do not appear to make the issues worse, as they can provide stimulation in the case of depression or appetite suppression in the case of obesity; however, the most effective treatments for either problem seem to be a combination of pharmaceutical and behavioral interventions.

77.

Why does it take THC up to 40 days to be eliminated from the body in chronic users?

THC is excreted slowly from fat cells

THC is excreted slowly from brain cells

THC is excreted slowly from blood cells

THC is excreted slowly from skin cells

Correct answer: THC is excreted slowly from fat cells

The active ingredient in cannabis, delta-9-tetrahydrocannabinol (THC), is eliminated slowly from the system in chronic users, sometimes taking up to 40 days. This is due to the fact that THC is stored in fat cells and is slowly excreted from them during this length of time.

THC is not stored in this way in brain cells, blood cells, or skin cells.

78.

What is the tolerance profile of cannabis?

Long-term heavy use results in substantial tolerance to psychoactive effects

Short-term heavy use results in substantial tolerance to psychoactive effects

Long-term casual use results in substantial tolerance to psychoactive effects

Short-term casual use results in substantial tolerance to psychoactive effects

Correct answer: Long-term heavy use results in substantial tolerance to psychoactive effects

Tolerance profiles vary by substance, pattern of use, personal biochemistry, and many other factors. In the case of cannabis/marijuana, in long-term use of low dosage, desirable psychoactive effects do not appear to diminish. However, in the case of long-term heavy use, tolerance to psychoactive effects seems to set in, and much more of the drug may become necessary to achieve the desired effect.

79.

Which of the following is NOT a category of alcohol consumption defined by the World Health Organization?

Age-related drinking

Low-risk drinking

Hazardous drinking

Harmful drinking

Correct answer: Age-related drinking

The World Health Organization (WHO) has recognized several categories of drinking, which are meant to help clients and therapists assess the nature of alcohol use in clients. These include low-risk drinking, hazardous drinking, and harmful drinking.

Age-related drinking is not defined as a risk category of alcohol consumption by the WHO.

80.

Which of the following is LEAST likely as a co-occurring personality disorder among substance-use-disordered clients?

Avoidant

Borderline

Narcissistic

Antisocial

Correct answer: Avoidant

Personality disorders are common co-occurring disorders among the substance-use-disordered population. The most common of these are borderline personality disorder, narcissistic personality disorder, and antisocial personality disorder. What these disorders have in common is a degree of impulsivity, a lack of concern or empathy for others, and the willingness to defy social convention and law.

Avoidant personality disorder, in which a person actively avoids engagement with other people, is a less common co-occurring personality disorder among the substance-use-disordered population.

81.

What does "playing the tape" mean in the context of cravings?

Visualizing the whole process of using

Recalling past negative experiences with use

Idealizing past use to prevent relapse

Visualizing the triggers of substance use

Correct answer: Visualizing the whole process of using

Cravings are a natural and expected part of substance-use treatment. One tool for dealing with cravings is "playing the tape" to counteract the idealized feelings of longing that some clients have in regard to their substance of choice. This approach involves encouraging the client to mentally follow the course of an episode of use—past the good feelings of the high and into the less positive aspects that most likely follow. In this way, the client can see that the consequences of indulging a craving invalidate the good, temporary feelings that use would bring about.

Recalling past negative experiences with use and visualizing the triggers of substance use can be valuable but these not what "playing the tape" refers to. Idealizing past use does not prevent relapse; in fact, it can lead to relapse.

82.

Which of the following is TRUE regarding drug dreams?

Drug dreams are more common in early recovery

Drug dreams are more common in late recovery

Drug dreams are quite common in any stage of recovery

Drug dreams generally indicate psychosis in late recovery

Correct answer: Drug dreams are more common in early recovery

Drug dreams are common among clients who are attempting to establish abstinence. They are not in themselves indicative of psychopathology beyond the substance-use problem. They should be discussed and processed in proportion to how the client has experienced them, as some clients are extremely distressed about them when they occur. If properly engaged with, they can yield valuable insights into the client's feelings regarding drug use and treatment.

83.

What is the difference between an opioid and an opiate?

An opiate is derived from the poppy plant

An opioid is derived from the poppy plant

The terms are used interchangeably in the literature

An opiate is any mood-altering substance

Correct answer: An opiate is derived from the poppy plant

There is a difference between an opiate and an opioid. An opiate is a drug derived directly from the poppy plant, such as opium, morphine, or codeine. An opioid may be an opiate or a synthetic opioid, such as fentanyl, methadone, or buprenorphine. Synthetic opioids are made in a laboratory, affect the same brain regions as natural opioids, and have the same types of effects. Both opiates and synthetic opioids have a range of effects that are similar to morphine, which is the reference standard for the measurement of effects of all opioids. Opiate and opioid are not used interchangeably in the literature, and neither refers to mood-altering substances as a whole.

84.

What is the effect of cannabis on a user who experiences depression?

Cannabis use tends to worsen depression in those prone to it

Cannabis use tends to ameliorate depression in those prone to it

Cannabis use has no demonstrated effect on depression in those prone to it

Cannabis use cures depression in many users

Correct answer: Cannabis use tends to worsen depression in those prone to it

Cannabis use, like many drug effects, is highly idiosyncratic and may be paradoxical. Though cannabis use has become far more mainstream in recent decades, research regarding the long-term negative effects is lacking. For instance, there is research to suggest that cannabis use tends to worsen depression in those prone to it. There is no explanation in the literature beyond the fact that this sometimes happens to users.

Cannabis cannot be said to "cure" depression; owing to the variable effects of many substances, there may be some positive effects, but the literature highlights that in users who are predisposed to depression, cannabis use is likely to make depression worse.

85.

Which of the following ACCURATELY represents the proportion of male and female users who report heightened sexuality as a result of methamphetamine or cocaine use?

40%–50% of male users and <25% of female users report this effect

60%–80% of male users and <10% of female users report this effect

20%–30% of male users and <15% of female users report this effect

60%–80% of male users and <25% of female users report this effect

Correct answer: 40%–50% of male users and <25% of female users report this effect

Some 40%–50% of male users and <25% of female users report that use of methamphetamine or cocaine results in heightened feelings of sexuality. The exact mechanism of this effect and the reason for its differential effect on male and female users are unknown. Users who experience this effect at first use typically continue to experience it through subsequent use.

86.

What is the effect of alcohol on organ systems?

Damage associated with heavy use

Damage associated with any use

Damage associated with alcohol type

Damage associated with moderate use

Correct answer: Damage associated with heavy use

No matter the specific type of alcohol involved, heavy use of alcohol is associated with damage to multiple organ systems, such as the hepatic, pancreatic, esophageal, cardiovascular, and endocrine systems. A high incidence of cancer of the mouth, larynx, esophagus, and liver is also noted with chronic use of alcohol.

87.

Which of the following is the main common effect of inhalants?

A short burst of euphoria

Slow-onset euphoria

Rapid-onset dissociation

Slow-onset dissociation

Correct answer: A short burst of euphoria

Though inhalant effects vary considerably, the effect most sought by users as the most common experience of use is a short burst of euphoria. Intoxication lasts only a few minutes in most circumstances, causing users to continue dosage into further unsafe use.

Though dissociation may occur, it is the short burst of euphoria that users seek out and that is most common. The effects of inhalants are generally rapid in onset and brief in duration.

88.

Which of the following is the LEAST likely symptom of using cocaine and other stimulants?

Hallucination

Euphoria

Irritability

Aphrodisiac effects

Correct answer: Hallucination

Users of stimulants report an array of symptoms, including euphoria, increased energy, and aphrodisiac effects. Though all drug effects are to some degree idiosyncratic, other effects include (particularly in chronic users) irritability and lethargy after a period of use.

Hallucination, though it does sometimes occur, is a much less reported effect of stimulant use.

89.

Which of the following MOST accurately describes treatment in severely addicted persons?

Treatment of severely addicted persons can be reasonably effective

Severely addicted persons rarely benefit from treatment

Severely addicted persons can be treated as effectively as others

Treatment of severely addicted persons tends to be more effective than treatment of other populations

Correct answer: Treatment of severely addicted persons can be reasonably effective

Though it was long believed that severely addicted persons were virtually untreatable due to the severity of their problem, it has now been shown that those with severe substance-use problems can expect reasonable recovery if the substance-use issue is effectively dealt with alongside specific risk factors for the client. As with all mental health and substance-use issues, the real effectiveness of recovery depends in many ways on the client's determination to adhere to a plan of care.

The treatment of severely addicted persons differs from treatment of those with less acute problems (severity of consequences, for example), but in both contexts, recovery is possible.

90.

Which of the following is TRUE about relapse rates among those who continue to use secondary substances while not using their preferred drug of choice?

Their relapse rates tend to be much higher

Their relapse rates are about the same as in those who do not use a secondary substance

Their relapse rates tend to be somewhat lower

Their use of secondary substances tends to become problematic

Correct answer: Their relapse rates tend to be much higher

It is common for users of a primary substance who are attempting sobriety or are in remission to resort to the use of a secondary substance. The choice of the secondary substance can be highly variable. Though relapse may not be immediate, the research seems clear that in cases when a person uses a secondary substance to compensate for the loss of the first, relapse into the use of the primary substance tends to be much higher than if a secondary substance is not used at all. The use of the secondary substance may or may not become problematic in its own right.

91.

What is the proper way to help trauma survivors manage their trauma in early recovery?

By managing the emerging feelings

By engaging the trauma at a deep level directly

By shifting the focus entirely to the trauma

By referring the client to a trauma specialist

Correct answer: By managing the emerging feelings

An effect of stopping alcohol and/or drug use is the reemergence of feelings that are troubling or that have been suppressed by substance use. This often occurs in trauma survivors, who in early recovery may find that their previously suppressed feelings begin to be vivid and present. It is recommended not to ignore the issues related to trauma but to manage the emerging feelings. Engaging with trauma at a deep level directly and immediately may derail the more urgent and pressing issue of substance-use treatment since dealing with trauma is lengthy, deep work that must be done in detail.

92.

How serious are the health consequences of chronic cocaine use?

Serious health consequences of chronic cocaine use are relatively uncommon

Serious health consequences of chronic cocaine use are long-term in nature

Serious health consequences of chronic cocaine use are apparent immediately

Serious health consequences of chronic cocaine use are unknown

Correct answer: Serious health consequences of chronic cocaine use are relatively uncommon

In comparison with the effects of using other substances, serious health consequences of chronic cocaine use are relatively uncommon. Fatal reactions, though rare, do occur. There are complications for long-term cocaine users depending on route, such as sinus infection for nasal administration or chest congestion for smoking. However, in contrast with other substances, such as alcohol, cocaine less commonly comes with long-term effects.

93.

Which of the following represents the proper attitude of counselors toward relapse?

An avoidable mistake

An important failure

A recognized setback

A serious emergency

Correct answer: An avoidable mistake

Relapse is a very common part of substance-use treatment. It is not desirable, but when it occurs, the proper attitude is necessary to maximize its value in treatment. The best way for client and counselor to regard a relapse is as an avoidable mistake to be strategized and not repeated if possible. Dramatic overreaction is harmful to the overall process of treatment, so treating a relapse as an important failure or emergency is not the right path. A relapse is a setback of sorts but is better regarded as an avoidable mistake so that a strategy can be agreed on to avoid further relapse.

94.

What is the major symptom of stimulant withdrawal syndrome that requires detoxification?

There is no such stimulant withdrawal syndrome

Cardiac arrhythmia

Toxic psychosis

Kindling

Correct answer: There is no such stimulant withdrawal syndrome

With some substances, such as alcohol, an acute withdrawal syndrome may manifest and require intervention to avoid potentially life-threatening outcomes. However, there is no such syndrome for users of stimulant withdrawal. This is not to say that a withdrawal of sorts does not take place, including dysphoria and agitation, but it is more properly understood as a "crash" that does not require pharmaceutical intervention to manage.

Cardiac arrhythmia and toxic psychosis are side effects of high doses of stimulants in some users but do not constitute a withdrawal syndrome per se. Kindling is seizure activity that may take place at what would normally be considered a safe dose of the drug.

95.

Which of the following statements might be made by someone experiencing the abstinence violation effect?

"I obviously can't handle abstinence. I shouldn't be in treatment."

"I look forward to using when I finally can."

"I regret my past drug use and its consequences."

"I want to tell you about how I fantasize about using again."

Correct answer: "I obviously can't handle abstinence. I shouldn't be in treatment."

The Abstinence Violation Effect, or AVE, occurs when a person who has established some degree of control or abstinence has a slip or relapse and then becomes discouraged about their ability to continue treatment or to be abstinent under any circumstances. As the above statement indicates, this is a dramatic response to a common situation that can be dealt with effectively in treatment.

The other statements do not indicate this dramatic response to an instance of use and its implications for further treatment.

96.

Is substance use pathological in itself?

Not unless clinical criteria are met

Yes, in the majority of cases

No, if the client reports recovery

Yes, if the substance is illegal

Correct answer: Not unless clinical criteria are met

There are differences of opinion regarding whether substance use is pathological by nature. Though substance use does carry a societal stigma, the current way to determine whether substance use is a problem clinically is to use assessment tools and established clinical criteria. Many users of substances do not manifest clinically significant substance use disorder criteria and do not experience significant life challenges due to use, and this extends to the world of illegal substances as well. Clinical criteria, and not the client's self-report per se, are what determine diagnosis.

97.

Which of the following ACCURATELY describes the passage of time from the point of view of a cannabis user?

It appears to go more slowly

It appears to go by much more quickly

Cannabis has no effect on perception of time

The effect of cannabis on perception of time is highly variable

Correct answer: It appears to go more slowly

Among the psychoactive effects of using cannabis is that time seems to go by more slowly, and minutes may seem like hours. Though the effects of cannabis can be highly variable from user to user, faster passage of time is not often noted among cannabis users.

98.

Which of the following is CORRECT about the way substance use can mimic other mental disorders?

Long-term, chronic substance use can mimic almost any mental disorder

Substance use is easily distinguishable from other mental disorders in its chronic phase

Long-term, chronic substance use generally looks like a personality disorder

Long-term, chronic substance use generally looks like a mood disorder

Correct answer: Long-term, chronic substance use can mimic almost any mental disorder

Part of the reason substance use should be treated concurrently with other mental disorders is that substance use in a long-term, chronic presentation can mimic almost any mental disorder, including personality, mood, and psychotic disorders (or a combination). The relationship between substance use and mental illness is a complicated one in which the two can be so intertwined as to be nearly indistinguishable.

99.

How are the withdrawal effects of cannabis treated?

The withdrawal effects of cannabis diminish without treatment

The withdrawal effects of cannabis are treated with benzodiazepines

Cannabis produces no measurable withdrawal effects

The withdrawal effects of cannabis are effectively permanent

Correct answer: The withdrawal effects of cannabis diminish without treatment

Not all users of cannabis report withdrawal effects; the phenomenon is usually limited to long-term chronic users and does not always happen even in these cases. However, a withdrawal syndrome of sorts can emerge consisting of insomnia, irritability, and restlessness if use is discontinued abruptly. The phenomenon disappears on its own within a few days without a need for intervention.

Benzodiazepines are sometimes used to treat the withdrawal syndrome associated with alcohol.

100.

What is one of the legal uses of cocaine?

As a local anesthetic

To assist in childbirth

To treat depression

To treat eating disorders

Correct answer: As a local anesthetic

One effect of cocaine often forgotten is its local anesthetic properties, and it is still sometimes used in nasal and eye surgery. It remains, however, a Schedule II controlled substance, meaning it has high abuse potential.

Opioids, which also have high abuse potential, can be used to assist in childbirth; antidepressants are often used to treat depression and are sometimes used to treat eating disorders.

101.

Does ketamine distort sensory perceptions?

Yes, it can distort sight and sound perceptions

No, its effects are most similar to alcohol

No, its effects are most similar to cannabis

Yes, it can distort smell and hearing perceptions

Correct answer: Yes, it can distort sight and sound perceptions

Ketamine is often used as a "club drug" to enhance the experience of entertainment in large venues. In low to moderate doses, it produces euphoria and can distort sight and sound perceptions. It can also create dissociative or detached feelings in relation to the larger environment. In larger doses, it can produce delirium, amnesia, agitation, and impaired motor coordination.

Ketamine's effects in this regard are not similar to those of alcohol or cannabis.

102.

When is it advised to expose oneself to triggers to build resilience to cravings?

It is not advisable to deliberately expose oneself to triggers

Approximately six months after the beginning of abstinence

When the client and counselor deem it appropriate

Approximately three months after the beginning of treatment

Correct answer: It is not advisable to deliberately expose oneself to triggers

Exposing oneself to triggers that can be avoided is extremely risky. Not only is it essentially inviting a relapse, it most likely does not result in the intended purpose of proving oneself able to resist cravings or, in a more practical sense, achieving mastery over them. There is no time in treatment when this is advisable. Triggers should be avoided if avoidance is a possibility; dealing with them should be carefully strategized if they are unavoidable.

103.

What have epidemiological studies shown about co-occurring disorders?

They are the rule rather than the exception

They are rare in most populations

They are more common in minority populations

They are virtually untreatable

Correct answer: They are the rule rather than the exception

Epidemiological studies have shown that co-occurring disorders—one or more other mental disorders that occur in combination with and in relationship to substance-use disorder in the same individual—are the rule rather than the exception. For clinicians, this usually means treating not one or the other but both. The proper course of action seems to be to treat both, or all, of the presenting disorders concurrently rather than treating one and expecting the other to improve as a result.

The research does not show that co-occurring disorders are more common in minority populations or that they are rare overall. Co-occurring disorders are, generally speaking, very treatable.

104.

Which of the following is the most often used comparison with opioid withdrawal?

Opioid withdrawal is similar to the flu

Opioid withdrawal is similar to pneumonia

Opioid withdrawal is similar to panic disorder

Opioid withdrawal is similar to chronic fatigue

Correct answer: Opioid withdrawal is similar to the flu

Opioid withdrawal is characterized by an array of symptoms that can closely resemble the flu, such as runny nose, low energy, irritability, chills, diarrhea, and vomiting.

Opioid withdrawal is less similar to the symptoms of pneumonia, panic disorder, or chronic fatigue.

105.

Which of the following are Rogerian factors in substance-use treatment?

The therapist's warmth, friendliness, and acceptance

The therapist's theoretical perspectives

The therapist's treatment philosophy

The therapist's lived experiences

Correct answer: The therapist's warmth, friendliness, and acceptance

Rogarian factors, or qualities, are those characteristics of treatment emphasized by Carl Rogers, the noted humanist counselor. They include such things as the therapist's warmth, friendliness, and acceptance and have proven more significant to clinical outcomes than the therapist's theoretical perspectives, treatment philosophy, or lived experience of use (if they have them). The affective world of treatment is now understood to be the most likely determinant of that treatment's success.

106.

Which of the following is the main reason substance-use counselors might recommend a sexual "cooling off period"?

To reduce the power of the drug-sex connection

To help the client avoid sexually transmitted diseases

To help the client concentrate on recovery

To encourage the client to develop new social networks

Correct answer: To reduce the power of the drug-sex connection

In many substance users, particularly those who use stimulants such as methamphetamine and cocaine, binge sex or risky sex is part of the drug experience. By recommending that a client step back from sexuality briefly, the counselor attempts to help the client reduce the power of the connection between sex and drugs.

Avoiding sexually transmitted diseases is valuable but not the main point of recommending sexual abstinence for a brief time. Clients can concentrate on recovery and develop new social networks without sexual abstinence.

107.

Which of the following is MOST congruent with a harm reduction strategy?

Meeting a client where they are

Establishing abstinence first

Involving legal authorities

Confronting the client immediately about sobriety

Correct answer: Meeting a client where they are

Harm reduction is the general perspective in substance-use treatment that seeks to mitigate the damage of substance use by meeting the client where they are rather than insisting on early abstinence. For example, a client might be encouraged to limit their drinking rather than end it altogether if this will result in immediate risk reduction that can be reliably maintained.

Generally speaking, outside of a few narrowly defined circumstances, such as imminent harm, involving legal authorities is not done in substance-use treatment. Confronting the client about sobriety immediately is more characteristic of older models of treatment that are contrary to the idea of harm reduction.

108.

Which of the following is the CORRECT distinction, if any, between the uses of naloxone and naltrexone?

Naloxone is used in emergency medicine; naltrexone is used to treat long-term opioid addiction

Naltrexone is used in emergency medicine; naloxone is used to treat long-term opioid addiction

Naloxone and naltrexone are both used in emergency medicine

Naloxone and naltrexone are both used to treat long-term opioid addiction

Correct answer: Naloxone is used in emergency medicine; naltrexone is used to treat long-term opioid addiction

Naloxone and naltrexone are both pure opioid antagonists, meaning they both block the effects of opioids at receptor sites. However, naloxone is short-acting and is often used in emergency medicine to prevent fatal overdose, while naltrexone is longer-acting and is used to treat long-term opioid addiction by blocking the positive effects of the opioid.

109.

How long does it take for symptoms of alcohol withdrawal to manifest?

24–48 hours after the last drink

Almost immediately after the last drink

12–24 hours after the last drink

6–12 hours after the last drink

Correct answer: 24–48 hours after the last drink

Alcohol withdrawal symptoms generally begin 24–48 hours after the last drink. These symptoms can be as severe as seizures or as mild as anxiety and tremors. In its most acute phase, alcohol withdrawal in heavy users can be deadly.

110.

What is the difference between harm reduction and moderation?

Moderation is more specific, and harm reduction is more broad

Harm reduction is more specific, and moderation is more broad

The terms are interchangeable in substance-use treatment

Harm reduction refers to non-substance-use matters

Correct answer: Moderation is more specific, and harm reduction is more broad

Though the terms are often used interchangeably, within the realm of substance-use treatment, the terms harm reduction and moderation mean different things.

Moderation is a specific strategy to moderate use, such as a decision to have one drink a week. Harm reduction is a more general strategy for use, such as not drinking at all while alone.

Harm reduction does have uses outside substance-use treatment, such as mitigating the impact of one's psychopathology on one's life; in substance-use treatment it has the meaning described above.

111.

How significant are expectational factors in the experience of substance effects?

Expectational factors can significantly influence the effects of psychoactive substances

Expectational factors cannot significantly influence the effects of psychoactive substances

Most of the effects of psychoactive substances are expectational in nature

None of the effects of psychoactive substances are expectational in nature

Correct answer: Expectational factors can significantly influence the effects of psychoactive substances

The state of mind one has when using psychoactive substances can significantly alter the effects of those substances. For instance, in one experiment, the experimental group was given a placebo instead of alcohol and reported having a similar experience to those using real alcohol. This effect seems to be much stronger for users who are naive to a given substance.

The non-placebo effect of psychoactive substances is mostly derived from their chemical effects and their interaction with a given person's body chemistry.

112.

How is suicide risk different in substance-using populations?

Frequencies of attempts and completed suicides are substantially higher in substance-using populations

Frequencies of attempts and completed suicides are substantially lower in substance-using populations

Frequency of attempts is substantially higher in substance-using populations

Completed suicides are substantially higher in substance-using populations

Correct answer: Frequencies of attempts and completed suicides are substantially higher in substance-using populations

Substance-using populations are at much greater risk than the general population when it comes to suicide. In or out of treatment, they have a substantially higher rate of suicide attempts and completed suicides than the general population, across all ages.

113.

What areas are of special concern involving cannabis and young adults?

Attention and motivation

Memory and attention

Violence and motivation

Memory and violence

Correct answer: Attention and motivation

One area of special concern for cannabis users is the deficits in young adults and adolescents that are associated with chronic use. These deficits include problems with attention and motivation, depression, and social withdrawal.

Though short-term memory loss is a concern among marijuana users, it is not the area of special concern among young adults. Violence does not appear to be a major concern among cannabis users as it sometimes is for users of other drugs, such as stimulants.

114.

Which seems MORE important to substance users: experiencing euphoria or numbing emotional pain?

Numbing emotional pain

Euphoria

Both are equally important to users

Neither is especially important to users

Correct answers: Numbing emotional pain

Substance users use substances for many reasons, which are as idiosyncratic as the effects of drugs on individual users. However, the drive to instantly change mood seems more important to substance users than the euphoria of drug experience, if it occurs at all. In fact, euphoria tends to diminish in the use of many drugs over time, while the desire to use to offset undesirable internal affect states remains.

115.

When do traumatic issues emerge during substance-use treatment?

They may emerge at any time

As sobriety takes hold

As substance use stops

As ambivalence is worked through

Correct answer: They may emerge at any time

There is no specific time when traumatic issues related to early life emerge during substance-use treatment. The time when they emerge is a highly individual matter governed by a number of factors, including timing, life circumstances, age, and state of sobriety. The counselor must therefore be ready to deal with these issues as they emerge and find a way to help the client manage the complicated feelings associated with trauma so that substance-use treatment can continue.

116.

Which of the following MOST accurately describes the proportion of substance-using clients who have antisocial and narcissistic traits?

These traits exist in only a small minority of the clinical population

These traits characterize the vast majority of the clinical population

These traits are no different in substance-using clients than in the general population

All substance-using clients have these traits in clinically specific ways

Correct answer: These traits exist in only a small minority of the clinical population

Contrary to the belief of many providers, antisocial and narcissistic traits do not characterize most substance-using clients who seek treatment. In fact, clients with these traits exist in only a small minority of the clinical population. The scientific evidence seems to show that the substance use, in a complex interaction with the client's history, present circumstances, and brain chemistry, changes the client's personality, not that a certain personality either seeks help for substance use or is more prone to seeking out substances in the first place.

117.

In the case of persons who cannot identify positives of their use in a decisional balance analysis, what is the counselor's role?

Assist the client in finding positives about use

Discourage positive thinking about use

Abandon the decisional balance analysis

Neither encourage nor discourage positive thoughts about use

Correct answer: Assist the client in finding positives about use

A decisional balance analysis is a tool meant to help clients deal with feelings of ambivalence about use and treatment. In such an analysis, the therapist helps a client come up with a list that includes both positive and negative aspects of use in order to help move the client to a more decisional stage about use. In cases when clients are reluctant to come up with positive aspects of use, the counselor should be ready to assist them, as this will help balance the decisional analysis for the client.

In such cases, the decisional balance analysis should not be abandoned, as it is a useful tool. When clients have positive and/or negative thoughts about use, neither should be discouraged; the more the client feels they can be transparent about their real feelings regarding use, the more effective the counseling relationship will be.

118.

What is responsible for the illicit market in prescription stimulant drugs?

Overprescription by providers

Availability of alternatives

Wide availability over the counter

Illicit production on a large scale

Correct answer: Overprescription by providers

The onset of a societal problem in the abuse of prescription stimulant drugs, such as Ritalin and Adderall, is a direct result of overprescription by providers, usually in the interest of treating Attention Deficit Hyperactivity Disorder (ADHD). These drugs remain the first choice of providers for treatment of these disorders.

Prescription stimulants, by definition, are not available over the counter. There are many alternative medications to choose from, but overprescribing and not breadth of choice seems to be the cause of the abuse problem. Illicit production on a large scale is not known and is not necessary, as these drugs are readily available in large quantities legally.

119.

What would be the BEST piece of evidence to suggest that a person's substance use is NOT problematic or pathological?

The absence of apparent harm or dysfunction

No evidence is required; all substance use is pathological

The client's self-report

The testimony of law enforcement

Correct answer: The absence of apparent harm or dysfunction

It should be remembered, particularly by diagnosing clinicians, that all substance use is not problematic or pathological. Some chronic users of substances proceed for decades with no apparent sign of global harm or dysfunction in their lives. When present, these signs are strong evidence that a person has a substance-use problem. In their absence, a true diagnosis of substance-use disorder becomes very difficult to establish.

Evidence of harm or dysfunction impacting the client's life from the use of substances will eventually dictate a formal diagnosis, not the client's self report, which may or may not be useful. Similarly, the testimony of others (such as family or law enforcement) can be biased and should not be considered as strongly as dysfunction in the person's life.

120.

How are sexual trauma survivors especially at risk of relapse?

Their memories of abuse begin to surface when they stop using drugs and alcohol

Their brain reverts to a childlike state, making them vulnerable

Their abusers are often involved with their sobriety in some way

Their abuse scenarios begin to replicate themselves in their present life

Correct answer: Their memories of abuse begin to surface when they stop using drugs and alcohol

One of the ways in which many survivors of sexual trauma and abuse manage their lives and underlying trauma is through the use of drugs and/or alcohol. These clients, who may or may not have conscious awareness of these issues, are at special risk of relapse due to emerging memories and associated feelings about their suffering. The goal in treatment is to help them manage the traumatized feelings while preventing a return to drugs and/or alcohol as a coping or numbing mechanism.

The brains of abuse survivors do not return to a childlike state, but memories from vulnerable times do emerge with the retreat of drugs and/or alcohol. Abusers are not likely to be involved in adult recovery. Abuse scenarios may begin to replicate themselves in some way, but this is not a special risk that prompts relapse.

121.

Which of the following is TRUE about the overlap between effective substance-use and non-substance-use psychosocial treatments?

The most effective psychosocial treatments for non-substance-use problems work well for both problem types

The most effective psychosocial treatments for non-substance-use problems do not work well with substance-use issues

The most effective treatments for both substance-use and non-substance-use problems are pharmaceutical

The most effective psychosocial treatments for non-substance-use problems require inpatient care

Correct answer: The most effective psychosocial treatments for non-substance-use problems work well for both problem types

One reason counselors who do not consider themselves substance-use experts may find themselves more qualified than they believe in treating substance use is that the most effective psychosocial treatments for non-substance-use problems work well for both substance-use problems and non-substance-use problems. These include client-centered motivational strategies and cognitive behavioral interventions.

Pharmaceutical interventions are of varying usefulness in treating both substance-use and non-substance-use problems, though they are more effective when combined with psychosocial interventions. Inpatient care is sometimes necessary for any kind of mental health issue, including substance use, but treatments found in inpatient settings are not necessarily more effective than those found in outpatient care.

122.

Why might personality disorders be overdiagnosed in substance-using clients?

Chronic substance use brings about changes in personality

Chronic substance use clarifies personality issues

Chronic substance use creates new personality traits

Chronic substance use substitutes an alternate personality

Correct answer: Chronic substance use brings about changes in personality

One major challenge facing diagnosticians and clinicians working with substance-using clients is to determine the relationship between personality disorder and the chronic use of substances. Perhaps the most correct overall statement in this regard is that chronic substance use brings about changes in personality, so in a given individual, behaviors and traits such as breaking the law, risk-taking, impulsivity, lack of concern for others, and manipulation could be native antisocial personality disorder, a manifestation of sequelae of chronic drug use, or both. While personalities change in chronic use, it is not really true to say that a new personality is formed, that the personality issues are in any way clarified, or that a whole alternate personality is inserted.

123.

What does the research suggest about the most effective relative weight of pharmacological versus psychosocial interventions for substance abuse?

Pharmacological and psychosocial interventions together work better than either alone

Pharmacological interventions are generally more effective than psychosocial interventions

Psychosocial interventions are generally more effective than pharmacological interventions

Neither pharmacological nor psychosocial interventions have been proven effective

Correct answer: Pharmacological and psychosocial interventions together work better than either alone

The available research suggests that pharmacological and psychosocial interventions together work better than either alone for treating clients with substance abuse. Though either can be effective on its own, they have a complementary, mutually supportive effect. To ensure treatment is effective, clients must be treated for their substance-use problem in tandem with their other problems so that the knowledge of one will prevent overdiagnosis and overtreatment of the other.

124.

Which of the following does research show is TRUE about counselors who are themselves in recovery?

They endorse varied techniques and broader treatment goals

Counselors who are in recovery should not provide treatment

They are more rigid and intolerant of lapses and noncompliance

They are less willing to entertain alternative treatment goals

Correct answer: They endorse varied techniques and broader treatment goals

It is common for counselors who are in recovery to counsel others who are in treatment for substance-use disorders. This is seen as an advantage in many ways, as their lived experience is a powerful asset to have in common with those seeking help. Though the assumption once was that such counselors would be more rigid and intolerant of lapses and noncompliance with treatment plans, the research indicates that counselors who are in recovery endorse a wide range of techniques and broader treatment goals.

125.

Of the following, how is alcohol classified?

A CNS depressant

A CNS stimulant

A hallucinogen

A sedative

Correct answer: A CNS depressant

Alcohol is technically classified as a CNS (Central Nervous System) depressant. It impairs motor coordination and judgment, and its effects include changes to respiration, cognition, sensorium, and other aspects of human function.

Alcohol is not considered a CNS stimulant. Stimulants include such items as cocaine and amphetamines that contribute to overall arousal. Hallucinogens include such drugs as LSD and peyote that radically alter sensorium. Sedatives include such drugs as Xanax and Ativan that in many ways mimic the effects of alcohol.

126.

What is delirium tremens?

A severe withdrawal syndrome

A mild psychological syndrome

A severe psychological syndrome

A psychosomatic delusion

Correct answer: A severe withdrawal syndrome

Delirium Tremens (DT) is a very serious withdrawal syndrome in chronic users of alcohol. It includes extreme agitation and anxiety, confusion, elevated blood pressure and pulse rate, and potentially seizure.

127.

What specific type of change occurs in the brain due to substance use, according to the disease model of addiction?

Chronic substance use dysregulates the brain's reward systems

Chronic substance use compromises overall brain function

Chronic substance use damages the amygdala

Chronic substance use damages the corpus callosum

Correct answer: Chronic substance use dysregulates the brain's reward systems

The disease model of addiction suggests that substance-use problems develop due to a complicated mixture of factors, among which is the dysregulation of the brain's reward system in response to chronic use of a substance. This is mostly true for any substance used, as the brain begins to lose control over use due to the powerfully rewarding impact of the substance.

Chronic substance use may or may not eventually compromise overall brain function, but the reward system will definitely be impacted. Similarly, the connective tissue between the brain's hemispheres (the corpus callosum) and its regulator of autonomic responses (the amygdala) are not necessarily affected by all types of use.

128.

What is the cause of deaths due to the use of MDMA?

Malignant hyperthermia

Cardiac arrest

Stroke

Physical accident

Correct answer: Malignant hyperthermia

MDMA (3, 4-methylenedioxymethamphetamine), also known as Molly or Ecstasy, is a "club drug" that induces a sense of euphoria and increased energy among its users. Though the drug itself does not appear to be toxic in the doses and concentration usually consumed by users, deaths sometimes do occur related to the use of the substance. Malignant hyperthermia can take place when users experience poor ventilation and insufficient water intake in the club environments users tend to prefer, accounting for the deaths attributable to MDMA.

MDMA generally does not produce cardiac arrest, stroke, or physical accident as a cause of death. Some stimulants can kill through cardiac arrest, and inhalants have a special stroke risk; physical accident could take place in the context of nearly any drug use to some degree.

129.

What is the effect on the user of mixing alcohol with cocaine?

Alcohol prolongs positive cocaine effects and mitigates the "crash"

Alcohol produces no special results when mixed with cocaine

Alcohol mutes the effect of euphoria and the "crash" from cocaine use

Alcohol can produce deadly byproducts when used at the same time as cocaine

Correct answer: Alcohol prolongs positive cocaine effects and mitigates the "crash"

Using alcohol and cocaine together produces a chemical called cocaethylene. This chemical mimics the psychogenic effects of cocaine and has a prolonged effect in contrast to cocaine used by itself. In essence, users report that using cocaine and alcohol together prolongs the positive effects of cocaine and mitigates the "crash" that comes after intoxication has passed through its acute phase.

No inherently toxic chemical is produced by using the two drugs together.

130.

Which of the following is the BEST example of a client "maturing out" of a substance-use problem?

A client stops using due to a new job's prohibition on drug use

A client stops using due to an acute inpatient psychiatric stay

A client stops using due to an acute hospital stay

A client stops using due to extended psychosocial intervention

Correct answer: A client stops using due to a new job's prohibition on drug use

It is not uncommon for clients to remit use due to factors in their own lives and without treatment. This process, which is also known in non-substance-use treatment, is referred to as "maturing out." In essence, it means a client has decided on their own to commit to mitigation or cessation of use for reasons outside clinical intervention, such as a new job, social factors such as a non-using partner or friend group, or simple development in their life cycle.

An inpatient psychiatric stay, a hospital stay, and a psychosocial intervention are circumstances in which cessation of use was driven by factors of formal treatment.

131.

Which of the following is NOT among the effects usually reported by users of PCP?

Sedation

Hallucinations

Detachment from reality

Fear

PCP (phencyclidine) is a highly potent drug that can produce a variety of vivid effects in users. These include detachment from reality; distortions of time, space, and body image; intense fear; hallucinations; and sometimes invulnerability and increased physical strength. Users can become highly disoriented, aggressive, and/or suicidal.

Sedation is much less commonly reported as an effect of PCP.

132.

Which of the following is a TRUE statement about trauma and substance use?

People in recovery from both trauma and substance use report positive effects of the experience

People in recovery from both trauma and substance use generally do not report positive effects of the experience

People in recovery from both trauma and substance use report high levels of suicidality

People in recovery from both trauma and substance use report damage to relationships

Correct answer: People in recovery from both trauma and substance use report positive effects of the experience

Though it may seem counterintuitive, many people who have been through severe trauma and the recovery process from substance use report positive effects of the overall experience. These include a greater resilience to change, greater compassion and tolerance for others, and enhanced self-knowledge.

Though suicidality and relational damage do take place in the context of both substance use and traumatic events, these are not similar across both populations.

133.

Can a person with significant drinking problems ever return to moderate drinking?

The issue is deeply controversial and not settled

No, under no circumstances

Yes, in most cases

Yes, with proper support, recovery, and supervision

Correct answer: The issue is deeply controversial and not settled

The issue of whether a person with significant drinking problems can ever return to moderate drinking is a deeply controversial one, inspiring much heated debate. On the one hand are those who say this is essentially what recovery means: to return to a previous level of functioning in life, including recreational use of alcohol. On the other hand is the position that the brain has essentially changed if an addiction to alcohol is present, necessitating lifelong abstinence. The best course of action for clinicians is to keep up to date on the current thinking from all perspectives and concentrate on providing the best care possible to individual clients based on their unique circumstances.

134.

How is a risk meter used in substance-use counseling?

To gauge the level of risk associated with an environmental trigger for use

To assess a person's general level of risky substance use

To develop a meaningful treatment plan based on an assessment of problematic use

To create expectations of urgency around possible relapse triggers

Correct answer: To gauge the level of risk associated with an environmental trigger for use

A risk meter in substance-use counseling is an assessment tool that helps clients gauge the level of risk associated with an environmental trigger for use. Any scale can be used, but in many cases, a simple 1–10 scale is employed: 1 indicates low or no risk of relapse associated with the situation, and 10 indicates a nearly guaranteed relapse situation. If properly used, this can help clients and counselors plan around unavoidable events that pose a risk to abstinence.

The point of a risk meter is not to gauge the overall level of risky substance use, which is already established. Developing a treatment plan involves assessing problematic use, but this is not the purpose of a risk meter. Creating an expectation of urgency around possible relapse triggers is likely not necessary, as the client most likely already feels urgency to deal with triggers.

135.

Which of the following is FALSE about toxic psychosis in cocaine and/or methamphetamine use?

It takes place within the context of a broader psychotic reaction

It can result in paranoid delusions

It can result in visual and auditory hallucinations

It can result in volatile, aggressive behavior

Correct answer: It takes place within the context of a broader psychotic reaction

Chronic high doses of cocaine and/or methamphetamine are associated with toxic psychosis. This type of psychosis does not take place within the context of a broader psychotic reaction, as in the case of a true psychotic break, but is caused by the action of the drug and can result in classic psychotic presentations, such as paranoid delusions, visual and auditory hallucinations, and volatile, aggressive behavior.

136.

How is alcohol withdrawal generally managed?

Through equivalent doses of benzodiazepines

It is not possible to manage alcohol withdrawal

Through equivalent doses of stimulants

Through equivalent doses of opioids

Correct answer: Through equivalent doses of benzodiazepines

Alcohol withdrawal in its most acute phase can be extremely dangerous if left untreated. As benzodiazepines are cross-tolerant with alcohol, an equivalent dose of benzodiazepines is often given in the case of acute alcohol withdrawal to manage the symptoms of withdrawal.

In such cases, stimulants and opioids would not be used, as they are not cross-tolerant with alcohol.

137.

Which of the following is most likely to lead to tolerance among those who use stimulants?

Euphorigenic effects

Sedation

Hallucinatory effects

The "crash"

Correct answer: Euphorigenic effects

Users of stimulants are often impelled to use more of their substance of choice due to an increasing tolerance to the euphorigenic effects of stimulants. In other words, over time, in the case of chronic use, it will take more stimulant to produce the desired effect.

Sedation and hallucinatory effects are less-known among stimulant effects. A desire to avoid the "crash" may provoke use, but it will not be related to increased overall tolerance.

138.

In general, which of the following is the CORRECT order of treatment for substance-use disorders?

Safety, stabilization, maintenance

Stabilization, safety, maintenance

Maintenance, safety, stabilization

Stabilization, maintenance, safety

Correct answer: Safety, stabilization, maintenance

In virtually any scenario of substance-use treatment, the order of treatment tends to prioritize the immediate safety of the client and those around them. This is usually followed by a much longer period when stabilization is attempted; in other words, it is important that the substance-use problem does not get worse. When stabilization of the problem is established, maintenance of whatever gains have accrued will be the ongoing focus.

139.

Which of the following substance users are MOST prone to fantasies of controlled use?

Stimulant users

Hallucinogen users

Inhalant users

Sedative users

Correct answer: Stimulant users

As recovery and abstinence progress, some kinds of substance users in treatment have fantasies of returning to a period of pleasurable, "controlled" use. Of these, stimulant users tend to have the greatest desire to go back to a manageable drug habit. This is because their use pattern is most likely to include binges of sex and increased pleasurable activity, while use of other substances, such as hallucinogens, inhalants, or sedatives, is less associated with increased pleasurable activities.

140.

Which of the following is the greatest potential barrier to providing psychoeducation?

The client's ambivalence about using

The client's mood

The client's relapse triggers

The client's late-stage recovery

Correct Answer: The client's ambivalence about using

Providing psychoeducation can be a very valuable part of treatment, as it drains some of the emotionality from therapy by relying only on the transmission of factual information about use. However, timing is important. If a client is still unsure about whether they want to continue using, their ambivalence makes psychoeducation less effective. A client who is committed to pursuing abstinence is a much better receiver of psychoeducation than one who is not.

Substance-using clients are vulnerable to mood issues; at the proper time, this is no barrier to psychoeducation. Relapse triggers are not a barrier to psychoeducation; in fact, education about relapse can be very useful. Clients in late-stage recovery can benefit from psychoeducation; their status is no barrier to its effectiveness.

141.

How do drugs such as Revia, Campral, and Topamax help control drinking?

By offsetting changes in the brain caused by alcohol

By changing the kind of neurotransmitters used when drinking

By altering body chemistry to make drinking less desirable

By inducing intense discomfort when drinking occurs

Correct answer: By offsetting changes in the brain caused by alcohol

Clients in substance-use treatment often benefit from medications that reduce the likelihood of heavy drinking and in turn help them achieve moderation and/or abstinence. Such medications include Revia, Campral, and Topamax. The action of these medications is mainly to offset changes in the brain caused by alcohol. Other drugs, such as Antabuse, induce discomfort when drinking occurs.

142.

What do PCP users report as the reason they use it repeatedly?

Escape from reality

Social effects

Euphoria

Relaxation

Correct answer: Escape from reality

In light of PCP's dramatically vivid and no doubt unpleasant and chaotic effects, why anyone would continue to use it might be a legitimate question. Users of PCP do develop dependence characterized by uncontrolled use and cravings. However, they do not report that social effects are their reason to continue using PCP, as the presentation of a person intoxicated with it could not really be described as socially available. Euphoria is questionable among users, as the experience of using the drug is often also characterized by intense fear and dysphoria. As PCP can result in violently aggressive feelings of invulnerability and agitation, it is far from a relaxing experience.

Users report that their continued use is a function of their desire for "numbing" or to escape reality altogether.

143.

Which of the following is LEAST commonly used as an inhalant?

Concentrated fragrance

Nitrous oxide gas

Room deodorizers

Gasoline

Correct answer: Concentrated fragrance

Though the users of inhalants are notoriously indiscriminating, a concentrated fragrance such as that found in a bottle of perfume without propellant would be an unlikely choice, as it contains no chemical propellant to promote intoxication. Chemical propellants such as those in room deodorizers and computer keyboard cleaner are a common choice among inhalant users, as are nitrous oxide gas and gasoline.

144.

Generally speaking, what produces "blackout drinking"?

Rapid, high-dose alcohol consumption

Long-term addiction to alcohol

Single-dose consumption in vulnerable adults

Slow, intermittent use over a long period of time

Correct answer: Rapid, high-dose alcohol consumption

"Blackout drinking" takes place when a person uses alcohol rapidly in high doses; the phenomenon is generally produced by binge drinking. Blackouts involve some degree of loss of memory for the period of intoxication.

Long-term addiction to alcohol is not likely to produce a blackout by itself, nor would single-dose consumption or a slow and intermittent pattern of use.

145.

What is the general profile of the modern LSD user?

White male adolescents and young adults

LSD users represent a cross-section of society and ethnicity

Black male adolescents and young adults

Asian male adolescents and young adults

Correct answer: White male adolescents and young adults

The use of LSD faded after its initial explosion in the psychedelic culture of the 1960s. However, it has experienced a resurgence in the past ten to 25 years; most users of the drug tend to be white male adolescents and young adults. Though users can come from virtually any segment of society, this group is the common profile.

146.

Which of the following has the MOST predictable withdrawal syndrome?

Alcohol

Cocaine

LSD

Methamphetamine

Correct answer: Alcohol

The most predictable and visible withdrawal syndromes are associated with such substances as alcohol, sedatives, and opioids. It is extremely difficult to describe and standardize the visible withdrawal effects of such substances as cocaine, LSD, and methamphetamine.

147.

Is it therapeutic to keep the ugly reminders of a period of substance use in view?

Yes, in many cases

Yes, if there was a severe event

No, under no circumstances

No, except in family counseling

Correct answer: Yes, in many cases

Abstinence and recovery are vulnerable states in the patient experiencing substance-use treatment. These patients are vulnerable to many different kinds of pressure, internal and external, to return to previous habits. It is often therapeutic to keep ugly reminders in view, to be reminded of the consequences of use and the visceral reasons for seeking help in the first place.

This strategy can be valuable even for those for whom substance use did not result in a "severe event." It may or may not be appropriate in a family-oriented substance counseling scenario.

148.

Which of the following is NOT a category of complex factors specifically recognized by addiction specialists as contributory to a substance-use problem?

Environmental factors

Biological factors

Psychological factors

Social factors

Correct answer: Environmental factors

Substance-use disorders are now understood as products of a complex mixture of factors rather than as failures of character or pathologies of personality. These factors include biological factors such as individual susceptibility to a given substance and the various properties of the substances themselves, psychological factors such as personal trauma and other mental health issues, and social factors such as economics and the culture of use in which the person experiences substance use.

Environmental factors per se are not one of the three sets of factors most identified as significant in substance-use problems.

149.

Should a client be encouraged to pursue abstinence from all drugs while in treatment, or only the drug of choice?

All drugs

The client is allowed a replacement substance

Only the drug of choice, as it is the main concern

Only the drug of choice and alcohol, if it is being used

Correct answer: All drugs

Clients entering substance-use treatment often do not connect the problems of their main substance of choice with the other substances they use. For example, many users of illicit drugs do so while consuming alcohol. The course of action most likely to result in success is to encourage abstinence from all drugs, as a client often falls back on a secondary drug, which then becomes problematic.

Replacement substances should not be allowed, as they only encourage dependence in some form.

150.

What does *warm turkey* mean in alcohol treatment?

Tapering off drinking slowly with abstinence as a goal

Tapering off drinking slowly with no fixed goal

Ceasing the consumption of alcohol altogether

Ceasing the consumption of alcohol after a certain date

Correct answer: Tapering off drinking slowly with abstinence as a goal

There are many potential approaches to managing alcohol intake in the context of recovery. One of these is warm turkey, or tapering off one's drinking slowly with abstinence as the eventual identified goal. This is useful for those who find immediate and total abstinence unrealistic in the context of their own use.

Tapering off without a goal is simply reducing consumption. Ceasing consumption altogether without tapering, whether it's done on a planned date or not, is cold turkey.

151.

Why would a clinician reject labels like "addict" or "alcoholic" to describe clients in substance-use treatment?

They are pejorative, nonspecific labels

They are no longer used in substance-use treatment

They are not used in 12-step programs

They have a religious overtone

Correct answer: They are pejorative, nonspecific labels

Though it is often still a matter of the preference of individual therapists, many therapists reject the labels "addict" and "alcoholic" for two major reasons. One is that these terms don't really describe a clinical condition in appropriate detail, and the other is that they carry a significant stigma. However, some styles of treatment, such as 12-step programs, have this language as part of their overall perspective. The concern about the labels is not religiosity but their nonspecific, pejorative nature.

152.

At which of the following Blood Alcohol Concentrations (BAC) is alcohol likely to cause death?

0.40%

0.03%

0.10%

0.30%

Correct answer: 0.40%

Though specifics of tolerance introduce some vagueness to this consideration in chronic users of alcohol, overall we can say that at a blood alcohol concentration of 0.03%, little to no effect might be noted in a user. At 0.10%, deficits in coordination begin to be apparent. At 0.30%, unconsciousness is likely, and at 0.40% (again, except in the case of some extremely advanced users) death is likely to occur.

153.

What does *psychoactive* mean in the context of substance use?

Any substance that acutely alters mood and mental state

Any substance that permanently alters mood and mental state

Any substance that temporarily alters mood and mental state

Any artificial substance that acutely alters mood and mental state

Correct answer: Any substance that acutely alters mood and mental state

The term psychoactive in substance use describes any substance that acutely alters mood and mental state. The substance need not be artificial, as many such substances are wholly or mostly natural in origin. Nor must the substance in question permanently or temporarily alter the mood and mental state; of concern is not the duration but the fact of acute change.

154.

Which of the following is MOST accurate regarding the internal affective states of substance-using clients?

They are accustomed to rapid changes and quick relief

They are accustomed to slow changes and slow relief

They are accustomed to rapid changes and slow relief

They are accustomed to slow changes and quick relief

Correct answer: They are accustomed to rapid changes and quick relief

It is useful to remember that often substance-use clients are in treatment because they have chosen to medicate intolerable internal affective states by using substances. They are accustomed to rapid changes in mood and internal affect, managed by the quick relief that substances bring. It is therefore useful to try to help them find more stable ways to manage these internal affective states.

155.

For approximately how long does a dose of LSD produce psychoactive effects?

Eight to 12 hours

Six to ten hours

One to four hours

Up to 24 hours

Correct answer: Eight to 12 hours

The psychoactive effects of LSD include perceptual distortions, alteration of one's sense of time, difficulty focusing on specific items in the environment, and mild sedation. The physiological effects are mild if present at all; blood pressure, heart rate, and body temperature may increase in some users. The effects of LSD last approximately eight to 12 hours.

156.

Which of the following is TRUE about the mortality and morbidity of alcohol use in men versus women?

Women suffer from more mortality and morbidity from alcohol at lower doses than men

Women suffer from less mortality and morbidity from alcohol at lower doses than men

Women suffer from the same level of mortality and morbidity from alcohol at lower doses than men

The research has not yet established a difference between men and women in this regard

Correct answer: Women suffer from more mortality and morbidity from alcohol at lower doses than men

Substances such as alcohol affect men and women differently according to a number of factors, such as previous experience, genetics, and environment. However, it has been demonstrated that women suffer from more mortality and morbidity from alcohol at lower doses than men do. Women also seem to be more susceptible to the negative effects of alcohol on such elements as cognition and memory.

157.

Which of the following is an example of a seemingly irrelevant decision about substance-use treatment?

Visiting an old neighborhood where a drug dealer lives

Buying but not using alcohol or drugs

Going out with friends who are known to drink with a plan to avoid use

Requesting permission from the counselor to use "just once"

Correct answer: Visiting an old neighborhood where a drug dealer lives

Seemingly irrelevant decisions about substance-use treatment are decisions and actions made by a person in some stage of treatment or recovery that on the surface do not appear risky but actually heighten the possibility of use. An example is visiting an old neighborhood where a drug dealer lives; just by being in the same area as a drug dealer, the person is putting themselves at risk.

Buying but not using alcohol or drugs is inadvisable but is not an example of a seemingly irrelevant decision. Similarly, going out with friends who drink with a plan to avoid use is probably a good way to preserve social contacts while keeping recovery in mind. Requesting permission to use from the counselor is not a seemingly irrelevant decision but a direct request to use substances.

158.

Which of the following is the most prevalent pharmacological effect of inhalants?

CNS depression

CNS stimulation

Muscular stimulation

Sensory deactivation

Correct answer: CNS depression

In terms of main pharmacological effect, inhalants closely match alcohol as CNS depressants. These effects include disinhibition of greater intensity but shorter duration than alcohol. A short burst of euphoria quickly recedes, leaving other effects, such as slurred speech, dizziness, and poor motor coordination.

Inhalants are generally not CNS stimulants, like methamphetamine. They do not stimulate muscles or deactivate senses per se.

159.

What is the upper limit of "low-risk" drinking?

No more than four standard drinks a day for men and three for women

It is highly dependent on client, setting, and stage of recovery

No more than two standard drinks a day for men and one for women

There is no such thing as "low-risk" drinking

Correct answer: No more than four standard drinks a day for men and three for women

According to the National Institute on Alcohol Abuse and Alcoholism (NIAAA), "low-risk" drinking is defined generally as no more than four standard drinks a day for men and three for women. A standard drink is defined as 5 ounces of wine, 1.5 ounces of hard liquor, or the equivalent amount of alcohol in another drink. This is a general standard, however, meant to apply across all populations. In any given treatment context regarding an individual patient, risk may be calculated differently.

160.

Generally speaking, how do contextual factors influence substance use?

Contextual factors tend to encourage substance use

Contextual factors tend to discourage substance use

Contextual factors are canceled out by personal factors

Contextual factors tend to encourage dangerous use

Correct answer: Contextual factors tend to encourage substance use

Though there are variations in individual experiences of culture, the contextual factors of family, society, and advertising culture mostly encourage substance use. Particularly with respect to alcohol, substance use is broadly encouraged by media, advertising, entertainment culture, and peer groups. This is significant, as along with the contextual factors encouraging use, there is comparatively little information about consequences or caution.

It seems that use is encouraged, and not particularly dangerous use. In some cases, personal factors may cancel out a larger context, but the cultural messages about substance use tend to be mostly encouraging.

161.

Which of the following is TRUE of the current thinking about genetics in regard to substance use?

Genetics can predispose some substance-use issues

Genetics is a less important factor than environment

Genetics is about as important as other factors in the development of a substance-use problem

Genetics explains both onset and recovery possibilities in substance-use scenarios

Correct answer: Genetics can predispose some substance-use issues

There is growing evidence to suggest that genetics can play a key role in the risk of developing substance-use problems. Genetics seems to have a variable impact in this regard depending on different kinds of drugs, but it is only one factor among many. Genetics seems less important in the later stages of substance-use recovery, which appear to be more a matter of individual will and effort.

162.

Which is more indicative of substance-use severity: the pattern of use or its consequences?

The consequences of use

The pattern of use

Both are equally indicative

Neither is especially indicative

Correct answer: The consequences of use

In assessing the severity of a substance-use problem, it is necessary to ask and determine the pattern of an individual's use. However, the user may lie about, exaggerate, or underreport their use. Further, not all of those who have a similar substance-use pattern have the same problem severity. The best way to assess the severity of substance use in an individual is to examine its consequences—relational, physical, legal, and otherwise.

163.

Which of the following are the MOST common co-occurring disorders manifested by those in substance-use treatment?

Mood and anxiety disorders

Personality disorders

Psychotic disorders

Developmental disorders

Correct answer: Mood and anxiety disorders

Among the many kinds of co-occurring disorders manifested by those who are in substance-use treatment, mood and anxiety disorders tend to predominate. Specifically, depression and chronic anxiety seem to be highly implicated in those who are experiencing substance-use issues.

While there is some overlap among disorders, and those with personality disorders, psychotic disorders, and developmental disorders do use substances and seek treatment, the main co-occurring disorders treated in substance-use contexts are mood and anxiety disorders.

164.

Which of the following is the best definition of a risk factor for substance use?

A situational or dispositional factor that contributes to the likelihood that a person will use

A dispositional factor that contributes to the likelihood that a person will use

A situational factor that contributes to the likelihood that a person will use

A set of consequences that accrue to a person who is using

Correct answer: A situational or dispositional factor that contributes to the likelihood that a person will use

Risk factors are situational, dispositional, or even genetic factors that contribute to the likelihood that a person will use a substance. These factors are widely distributed and include stress, trauma, other mental health diagnoses, and significant life events or transitions.

Though consequences can be risk factors for use, they are not the only things that constitute risk factors.

165.

How does the effect on the user of crack cocaine differ from that of snorted cocaine hydrochloride?

More rapid intoxication and briefer overall effect

Less rapid intoxication but longer overall effect

Less rapid intoxication and briefer overall effect

More rapid intoxication and longer overall effect

Correct answer: More rapid intoxication and briefer overall effect

Cocaine hydrochloride in powder form cannot be effectively smoked, as the drug loses much of its effect by direct heating. Crack cocaine is administered through smoking and produces an extremely rapid onset of effect followed by a briefer overall effect lasting only a few minutes. Due to the rapid onset of the substance's effects and its comparatively low cost, its abuse potential seems greater than that of powdered cocaine.

166.

Why would stimulant users be prescribed antidepressants if they are not depressed?

To alleviate supposed stimulant withdrawal syndrome

To address underlying anxiety issues

To regularize thoughts after long-term use

To stabilize acute suicidal thoughts

Correct answer: To alleviate supposed stimulant withdrawal syndrome

Stimulant users are often prescribed antidepressants and other drugs to forestall a supposed stimulant withdrawal syndrome composed of poststimulant discomfort and dysphoria; however, these symptoms are rightly regarded as more of a simple poststimulant crash requiring little if any pharmaceutical intervention.

Such a prescription would not be given to address underlying anxiety issues or to stabilize or regularize thought content of long-term or any other user of stimulants; anxiolytics or antipsychotics might be used for these purposes.

167.

About how many older adults admitted to a psychiatric hospital have co-occurring disorders?

38%

45%

65%

25%

Correct answer: 38%

A substantial number of older adults (age 65 and older) who are admitted to psychiatric hospitals have both a substance-use disorder and another psychiatric problem, particularly major depression or another mood disorder. Admission to a psychiatric hospital indicates that one's life is generally in danger, so this highlights the severity of suicidal ideation and attempts in older populations.

168.

Which are the most common psychiatric conditions found among functional substance-use-disordered patients?

Mood and anxiety disorders

Eating disorders

Personality disorders

Neurodevelopmental disorders

Correct answer: Mood and anxiety disorders

By far the most common forms of psychiatric distress found among functional substance-use-disordered patients seeking treatment are mood and anxiety disorders. Generally, they seek out and continue using substances to deal with affective issues in mood and overall anxiety.

Eating disorders do occur among substance-use-disordered patients, as do personality disorders and neurodevelopmental disorders. However, these do not appear in the volume that mood and anxiety disorders do among those seeking help.

169.

Which of the following is TRUE about how traumatic issues arise in early treatment?

Traumatic issues can emerge with abstinence

Traumatic issues are triggered in early treatment

Traumatic issues recede in early treatment

Traumatic issues are caused by early treatment

Correct answer: Traumatic issues can emerge with abstinence

Clients who have not come to terms with traumatic events in their past often find that these issues are raised vividly once they attempt a period of abstinence in early treatment. This is believed to be a result of removing the chemical "blanket" from these issues for possibly the first time in an adult life. The substance of choice for the client may have suppressed the memory and awareness of these important issues.

Though traumatic triggers can occur at any time, they are not necessarily triggered in early treatment. Traumatic issues do not often recede in early treatment, as they need clarity to come to light. It is very rare for trauma to actually be caused by treatment.

170.

Which of the following is NOT an adverse reaction normally reported by users of MDMA?

Hallucinations

Nausea

Blurred vision

Muscle tension

MDMA (3,4-methylenedioxymethamphetamine), also known as Molly or Ecstasy, is a commonly used "club drug" noted for its effects of energy, self-confidence, and greater sociability, among others. Its negative effects include nausea, teeth clenching, muscle tension, blurred vision, faintness, chills, and sweating.

Frank hallucinations, like those found in schizophrenia, are not known among the effects of MDMA.

171.

What does a goal of "safer drinking" mean in practice?

Reducing risk without reducing amount

Reducing risk and reducing amount

Ceasing drinking altogether

Reducing amount in hopes of reducing risk

Correct answer: Reducing risk without reducing amount

Various terms define the many approaches to managing the consumption of alcohol. One of these is "safer drinking," which means taking steps to reduce the overall risk profile of drinking while not necessarily reducing the amount one drinks. For example, one might decide to keep drinking as much as normal but to do so in more controlled environments.

Ceasing drinking altogether is abstinence.

172.

Which of the following characterizes the main similarity among "club drugs"?

The circumstances under which they are used

Their chemical composition

Their general appearance

Their addictive potential

Correct answer: The circumstances under which they are used

"Club drugs" as a class have little in common except for the circumstances under which they are used. As the name implies, these drugs are most often used to enhance experiences at dance clubs, after-hours venues, raves, concerts, and bars. They are manufactured illegally in many cases, leading to wide variety in their composition, lethality, and psychogenic effects. These drugs can have different appearances even within the same substance, as they can be ingested in the form of pills, powders, tablets, or capsules. The addictive potential of club drugs is not constant and depends on a number of social, genetic, and chemical variables.

173.

Is a desire for mood alteration pathological?

A desire for mood alteration is not inherently pathological

A desire for mood alteration is inherently pathological

A desire for mood alteration is indicative of personality disorder

A desire for mood alteration is diagnostic of substance-use disorders

Correct answer: A desire for mood alteration is not inherently pathological

Human beings have used psychoactive substances to alter mood throughout history. The desire to alter mood is not pathological in itself and is experienced by most people often. The pathology is diagnosed when the means used to achieve mood alteration take on an added meaning beyond mood alteration, taking the person into the realm of dependence and addiction.

Desire for mood alteration does not indicate a personality disorder or substance-use disorders.

174.

Which of the following is a TRUE statement about the side effects of opioids?

Opioids can have significant antipsychotic effects

Opioids can result in trichotillomania

Opioids can have significant anti-inflammatory effects

Opioids can result in excoriation

Correct answer: Opioids can have significant antipsychotic effects

An interesting and lesser-known side effect of opioids is that they can have significant antipsychotic effects (Verebey, 1982), though they are not prescribed for this use. Opioids and other drugs are not typically known to activate trichotillomania (hair-pulling) or excoriation (skin-picking). Opioids may have some anti-inflammatory effects, but they are not particularly known for these.

175.

Which of the following is the BEST example of codependency?

A wife calls in sick on behalf of her intoxicated husband

A family attends a therapy session with their loved one in treatment

A client begins to contact old romantic partners to apologize for past behavior

A counselor makes extra time in a session to let a client express their feelings

Correct answer: A wife calls in sick on behalf of her intoxicated husband

Codependency is a term that has been distributed in the culture to such a degree that it can lose its clinical meaning. In the strictest sense, codependency means that a loved one of a person with a substance-use issue lets their own life, choices, or integrity be affected by the substance user's habit. In this case, the codependent matter is the wife having to lie and take responsibility in some form for her husband's substance-use issue.

Attending a family therapy session is not an example because it supports a treatment goal. Contacting old romantic partners to apologize for past behavior is not codependent, as it does not impose on others in the context of substance use. A counselor may need to stretch the boundaries a bit in some sessions for the greater therapeutic good of their client; this is not codependent.

176.

Which of the following does PAWS stand for in the context of substance use?

Post-Acute Withdrawal Syndrome

Post-Action Willpower Status

Present Acute Working Stress

Passive Action Water Soluble

Correct answer: Post-Acute Withdrawal Syndrome

PAWS is an acronym that stands for Post-Acute Withdrawal Syndrome (Gawin & Kleber, 1986), which occurs in long-term users of alcohol and other drugs who experience marked disruption in mood, affect, and memory that may last for a time after abstinence is established.

The other answer choices are fabricated terms.

177.

What should be the initial approach for patients whose traumatic issues surface vividly in early treatment?

Helping the client deal with feelings without using substances

Referring the client to a trauma specialist

Shifting the focus to the traumatic issues

Ignoring the traumatic issues until a later time

Correct answer: Helping the client deal with feelings without using substances

It is common for traumatic memories and unresolved traumatic issues to surface in early treatment, particularly once the "blanket" of substance use has been removed. In these cases, the counselor should continue to focus on substance-use treatment while helping the client deal with their feelings—so that the client is not immediately motivated to compromise treatment with relapse. The client should never be discouraged from discussing these issues, and different clients will present different therapeutic need profiles with regard to trauma. However, turning the focus exclusively to traumatic issues would subvert the reason the client came to treatment in the first place, which is to get help with a substance-use problem.

178.

Which of the following is the best response to a client who says, "I'm afraid that abstinence will be very uncomfortable."

"Thank you for being so honest. I can help you with the discomfort, and it should be temporary."

"Thank you for being so honest. There are things you just have to be strong about in treatment."

"Thank you for being so honest. Your life may be in danger if you continue to use."

"Thank you for being so honest. We can try abstinence later on, but we will have to try it."

Correct answer: "Thank you for being so honest. I can help you with the discomfort, and it should be temporary."

Most substance users who seek treatment are looking for a way out of their problem. For many people, the idea of abstaining from the drug that is likely causing problems in their life is challenging. In this case, after praising the client for their honesty about their fears (a good sign in itself), the counselor should address the substance of the client's concern by offering real help. The truth is that abstinence discomfort of the type the client likely fears is temporary in most cases, and a counselor has tools that can help the client manage the discomfort without recourse to the drug of concern.

The other answer choices either do not directly address the client's concern, overdramatize the issue, or delay the difficult first step of substance-use treatment.

179.

Which of the following are the two well-established medical uses for cannabis?

Treating nausea and glaucoma

Treating anxiety and muscle spasms

Treating disorientation and depression

Treating urinary tract infection and mouth pain

Correct answer: Treating nausea and glaucoma

Though research is currently ongoing, cannabis is a standard for treating only two medical conditions: the intense nausea created by anticancer drugs and intraocular pressure in cases of glaucoma.

Treating psychiatric issues such as anxiety and depression with cannabis is still controversial. Cannabis is not currently prescribed for disorientation, mouth pain, muscle spasms, or urinary tract infection.

180.

Why might a client hide their ambivalence about stopping substance use?

They connect acknowledged ambivalence with failure

They fear termination of the counseling relationship

They wish to continue using

They want to see if the ambivalence will go away on its own

Correct answer: They connect acknowledged ambivalence with failure

Ambivalence about stopping substance use is such a natural part of substance-use treatment that if it is absent, it raises concerns. Virtually everyone has some degree of mixed feelings about giving up their drug of choice. Clients often hide this ambivalence in the mistaken belief that anything less than instant ironclad commitment to sobriety indicates failure. The counselor should try to bring the ambivalence out into the open, address it, and make it part of treatment.

Clients do wish to continue using at the same time they wish to stop, which is definitional ambivalence, and though they may think ambivalence will go away on its own, this would be less of a reason to hide it than fear of failure. Their decision to hide their ambivalence is likely not due to fear of termination of the counseling relationship but fear that it will fail in its purpose.

181.

Which of the following is CORRECT about tolerance and withdrawal among users of "club drugs"?

The phenomena are highly idiosyncratic

Tolerance seems similar among users, while withdrawal is variable

Withdrawal seems similar among users, while tolerance is variable

Tolerance and withdrawal do not take place among these users

Correct answer: Both phenomena are highly idiosyncratic

Tolerance and withdrawal do take place among users of "club drugs" such as MDMA and GHB. However, these phenomena are highly variable between individuals. Of more concern seems to be the desire or compulsion to repeat the experience of drug-assisted social activity, which may drive increased consumption of the substances. However, in terms of an organized withdrawal syndrome such as found in alcohol, or a tolerance indicating a need for a higher dosage to achieve the same effect, "club drugs" either do not manifest these phenomena or manifest them in highly idiosyncratic ways.

182.

Which of the following BEST characterizes the effects of substance use?

All substance use involves physiological and behavioral consequences

All substance use involves physiological consequences

All substance use involves behavioral consequences

All problematic substance use involves physiological consequences

Correct answer: All substance use involves physiological and behavioral consequences

Substance use of any kind involves various physiological and behavioral consequences. However, due to the idiosyncrasy of drug effects, these consequences are highly variable by user, context, history, and a variety of other factors. This variability exists whether the substance use in question has been deemed problematic or not.

183.

How long does it take for the psychoactive effects of snorted cocaine to become noticeable?

Ten to 15 minutes

20 to 30 minutes

About one hour

Five to ten minutes

Correct answer: Ten to 15 minutes

Snorting cocaine produces an onset of noticeable psychoactive experience ten to 15 minutes after a dose is introduced nasally. Peak effects usually occur 30 to 60 minutes after ingestion.

184.

How does dysphoria usually manifest in users of cannabis?

Feelings of impending doom and paranoia

Feelings of deep sadness and regret

Feelings of physical pain and shock

Feelings of agitation and wakefulness

Correct answer: Feelings of impending doom and paranoia

Use of cannabis can result in a wide variety of psychoactive effects, among which is dysphoria. The dysphoria most commonly associated with the use of cannabis is a sense of impending doom or paranoia as well as a global sense of dissociation or unreality.

Though feelings of regret, sadness, agitation, and/or wakefulness are not unknown among cannabis users, they are not the most common types of dysphoria felt. Feelings of physical pain and shock as a result of using cannabis are relatively unknown.

185.

What was the overall result of the treatment philosophy that considered substance-use disorders secondary to a primary disorder?

Treatment failures and distrust of professionals

Overall success in treatment of alcohol-use disorders

Mixed success in treatment of substance-use disorders aside from alcohol

Overall success in treating substance-related depression and anxiety

Correct answer: Treatment failures and distrust of professionals

In modern times, the treatment model most preferred for co-occurring disorders has been to treat both disorders concurrently. In the past, most providers believed a substance-use disorder existed mostly in relation to a so-called primary disorder, such as anxiety or depression. The decision not to treat the substance-use disorder itself led to treatment failures and to an overall distrust of professionals' ability to effectively treat substance-use disorders of all kinds.

186.

Ultimately, what is responsible for substance-use problems?

A complex blend of factors

Genetic predispositions

Behavioral choices

Co-existing conditions

Correct answer: A complex blend of factors

The exact cause of substance-use problems in individuals is still a matter of debate in clinical research, but the consensus seems to be that a person who appears with substance-use issues does so due to a complex blend of factors, including their environment, trauma, genetics, and choices. It is difficult to assign total responsibility to any one of these factors in any individual case. Though individual life choices are of great significance, they do not tell the whole etiological story.

187.

Which of the following is the fastest route of administration for opioids?

Smoking

Skin contact

Snorting

Eating

Correct answer: Smoking

In most cases, psychoactive drugs that are smoked or injected directly into the bloodstream via IV administration produce the fastest effect on the user. This is definitely true in the case of opioids; other methods, such as skin contact, snorting, or eating, are not as rapid.

188.

Is it necessary to identify oneself as an addict or alcoholic to improve?

Yes, in some paradigms of recovery

No, under no circumstances

Yes, in all circumstances

No, unless the issue is very severe

Correct answer: Yes, in some paradigms of recovery

There is a broad array of treatment paradigms for dealing with substance-use issues. In many of them, such as harm reduction, the question of whether identifying oneself as an addict or alcoholic is necessary may not emerge. In others, such as most 12-step programs, this identification is viewed as the first step toward recovery.

189.

Which of the following is TRUE about the idea of an "addictive personality"?

There is little empirical support for the concept

There is adequate empirical support for the concept

It is the standard assumption of most substance-use treatment providers

It has been conclusively disproven

Correct answer: There is little empirical support for the concept

Though it has become a common term in the culture and among providers, the notion of an "addictive personality" has little empirical support. The idea is that there is a sort of personality that finds itself highly vulnerable to issues of substance use. Though the idea has not been conclusively disproven, there is not adequate empirical support to suggest it is the case. On the other hand, research suggests that a client's personality is changed by substance use rather than that a certain personality type is predisposed to substance use or addiction.

190.

What does it mean that most psychoactive substances are biphasic?

There are positive effects and non-positive effects

Two different effects occur at the same time

Effects for novice users are different than for experienced users

There is a mental phase and a physical phase of effects

Correct answer: There are positive effects and non-positive effects

Most psychoactive substances are biphasic, meaning they have positive effects and non-positive effects. For example, drinking alcohol has a positive set of effects, which are then followed by some degree of bodily adjustment and other consequences that are much less positive. This is a helpful idea to bring up to clients early in treatment, when they still may not have reached a questioning stage about their use.

Biphasic in this context does not refer to two different effects occurring at the same time or to differential effects on the mind and body. Though in most cases drug effects are somewhat different for novice users than for experienced users, this is not what is meant by biphasic.

191.

What is the primary goal of the therapeutic relationship with substance-using clients?

To acknowledge a problem and to establish motivation to change

To find the root cause of substance-use problems in trauma

To find the proper level of care for the client as they present

To deal with life consequences of substance use

Correct answer: To acknowledge a problem and to establish motivation to change

The therapeutic relationship is one of the key factors underlying success in the treatment of substance-use issues. This relationship can and should be used to help substance-using clients in many ancillary ways, such as eventually probing traumatic roots or dealing with the life consequences of substance use. However, as far as actual treatment goes, the therapeutic relationship should be used to help the client acknowledge that a problem exists and that the client has the key role in doing something about it.

Level-of-care concerns are part of a diagnostic and assessment conversation, but without the described acknowledgment and motivation, progress will be difficult.

192.

What is the effect of carbonation on the absorption rate of alcohol into the bloodstream?

Carbonation increases absorption rate

Carbonation decreases absorption rate

Carbonation has no meaningful effect on absorption rate

Carbonation decreases overall alcohol potency

Correct answer: Carbonation increases absorption rate

Carbonated alcoholic beverages, such as champagne, cause the alcohol in the beverage to be absorbed into the bloodstream faster than the alcohol in non-carbonated beverages, such as wine or hard liquor. This means the effects of the alcohol are felt sooner.

Carbonization does not decrease absorption rate, nor does it affect the potency of a given alcoholic beverage.

193.

Which of the following is the MOST LIKELY mechanism of death caused by opioid overdose?

Respiratory arrest

Heart attack

Liver failure

Stroke

Correct answer: Respiratory arrest

When death occurs due to opioid overdose, the mechanism of death is respiratory arrest. A common effect of opioid use is depression of respiration, including shallow breathing, hypopnea, and bradypnea. When death occurs, it is largely due to exacerbation of these factors.

As the mechanism of death for opioid overdose is respiratory arrest, it is not heart attack (as in the case of some stimulants), liver failure (as in the case of long-term alcohol abuse), or stroke (as in the case of inhalants and some other substances).

194.

What exactly is a *drink* according to the NIAAA?

Any beverage containing 12 grams of ethyl alcohol

Any beverage containing 8 grams of ethyl alcohol

Any beverage containing any amount of ethyl alcohol

Any beverage containing 4 grams of ethyl alcohol

Correct answer: Any beverage containing 12 grams of ethyl alcohol

According to the National Institute on Alcohol Abuse and Alcoholism (NIAAA), a drink is any beverage containing 12 grams of ethyl alcohol, approximately equal to a 5-ounce glass of wine or a 1.5-ounce shot of hard liquor. A strict definition is often needed to give clients and counselors a common unit of measurement to gauge use.

195.

How does the "crash" of methamphetamine differ from that of cocaine?

It is much more severe

A crash is generally not experienced by methamphetamine users

It is much less severe

It is the same as that experienced by cocaine users

Correct answer: It is much more severe

Cocaine and methamphetamine are both associated with a crash, or a period of negative psychological and physical consequences of the loss of the drug in the system. In both cocaine and methamphetamine, this can result in unhappiness, agitation, and anxiety. However, the type of crash experienced by methamphetamine users tends to be much more severe than that experienced by cocaine users, lasting for several days and accompanied by depression lasting several weeks.

196.

Which of the following is NOT a way methamphetamine is intentionally ingested?

Skin contact

Snorting

Swallowing

IV injection

Correct answer: Skin contact

Methamphetamine can be smoked in crystalline form, snorted, swallowed, dissolved in water and drank, or injected using a needle.

Skin contact can pass the chemical into the body, but it is not a route of administration typically chosen by users, as the others deliver the drug's psychoactive effects far more rapidly and effectively.

197.

When do most recurrences of use occur after a period of abstinence has been established?

Within three to six months

Within two to four months

Within one year

Within one to two weeks

Correct answer: Within three to six months

In the terminology of substance-use treatment, recurrence indicates a return to substance-use disorder symptoms, including use itself, after a period of abstinence has been established. In most cases, this return takes place within three to six months after establishment of stable abstinence.

198.

Are the behavioral changes that occur due to alcohol intoxication dose-dependent?

Yes, in all circumstances

No, under no circumstances

Yes, in cases of chronic use

No, unless dosage exceeds two drinks in a 24-hour period

Correct answer: Yes, in all circumstances

Behavioral changes that accompany alcohol intoxication are mostly due to dosage and intake. In other words, the more a person drinks, the more their behavior is likely to change.

This dose-dependent nature of behavioral changes is not present only in cases of chronic use or in situations in which dosage exceeds a certain amount.

199.

What does the acronym HALT mean with respect to substance use?

Hungry, Angry, Lonely, Tired

Hungry, Agitated, Lonely, Tired

Hateful, Angry, Lonely, Tired

Hungry, Angry, Lonely, Traumatized

Correct answer: Hungry, Angry, Lonely, Tired

People in recovery are prone to risks of relapse. The acronym HALT (Hungry, Angry, Lonely, Tired) is a useful mnemonic to offer clients about affective states in which they may find themselves at risk of relapse. It is in these affective states that the person in recovery is most prone to reach out for their former source of comfort, i.e., the drug of choice.

200.

In terms of ongoing opioid use, what is the CORRECT description of the respective tolerance effects on euphoria and numbing of emotions?

Tolerance develops to euphoria but not to emotional numbing

Tolerance develops to emotional numbing but not to euphoria

Tolerance develops to both euphoria and emotional numbing

Tolerance develops to neither euphoria nor emotional numbing

Correct answer: Tolerance develops to euphoria but not to emotional numbing

Opioids are the most effective medications known in the treatment of physical pain. They have a similar effect on emotional pain. However, with ongoing opioid use, the euphoric action of the drug tends to be tolerated—more opioid is needed to achieve the same effect—while the numbing of emotions tends to remain relatively constant in the same schedule of use.

Domain II: Evidence-Based Screening and Assessment

Domain II: Evidence-Based Screening and Assessment

201.

Which of the following poses the LEAST risk of dangerous withdrawal?

Cannabis

Alcohol

Heroin

Benzodiazepines

Correct answer: Cannabis

Alcohol, heroin, and benzodiazepines all pose risks of dangerous withdrawal to some degree. In these cases, it is important to consult with a physician to help a chronic user who is withdrawing because the consequences of sudden withdrawal can be fatal.

Cannabis is not known to involve dangerous withdrawal symptoms, though withdrawal symptoms do exist.

202.

Which of the following is NOT a benzodiazepine?

Lithium

Xanax

Librium

Ativan

Correct answer: Lithium

Lithium carbonate is a salt that is used to treat bipolar disorder. It is not a benzodiazepine, and its use must be carefully monitored.

Xanax, Librium, and Ativan are all benzodiazepines.

203.

Which of the following does the "Why now?" question help in uncovering?

Motivation

Resistance

Acuity

Correct answer: Motivation

Asking a substance abusing patient why they are seeking out clinical attention now is, among other things, meant to address the client's motivation. In answering this question, the client is forced to produce a rationale for why their substance use is a problem needing treatment. This line of questioning is, like other motivational interviewing techniques, aimed at placing the burden of explanation on the client, rather than the therapist.

The question is not expressly meant to address resistance or acuity.

204.

Which of the following BEST describes the attitude of patients in the maintenance stage of treatment?

They are eager to preserve gains

They are indifferent to treatment

They are recovering from relapse

Correct answer: They are eager to preserve gains

Patients in the maintenance stage of treatment have established some success and are eager to preserve it. They are very invested in treatment and recovery, unlike individuals who are in earlier stages. They may or may not be recovering from a relapse.

205.

Which of the following is TRUE about substance-related sexual dysfunction?

It usually remits with the cessation of use

It is usually permanent

It usually remits after medical detoxification

Correct answer: It usually remits with the cessation of use

Substance-related sexual dysfunction usually remits with the cessation of use. It is generally not permanent or related to medical detoxification.

206.

Which of the following is the recommended stance toward the consumption of illegal substances?

Not condoning, not judgmental

Confrontational about legal implications

Endorsing positive aspects of use

Correct answer: Not condoning, not judgmental

The consumption of illegal substances puts the addiction treatment provider in a different situation from the one in which they are confronting the problematic use of alcohol. The proper stance, in order to retain the ability to help while retaining ethical integrity, is to address the phenomenon as it is, without condoning use or judging it.

One's stance toward use should be based on clinical principles; the legal status of a substance may change.

207.

Asking about the money a client spends on drugs is meant to disclose what?

Importance of the drug

Pattern of use

Toxicity of use

Correct answer: Importance of the drug

As establishing patterns of use can be problematic, one way of understanding a drug's value to a user is knowing how much they spend on it. This will indicate in some way the severity of the problem, if there is one, by shedding light on the consequences a client is experiencing and is willing to endure in order to keep using.

It is less helpful in establishing a specific pattern of use or the toxicity of use.

208.

Which of the following techniques would be LEAST characteristic of motivational interviewing?

Confrontation

Empathy

Curiosity

Open-ended questions

Correct answer: Confrontation

Motivational interviewing is a technique designed to make the client a partner in the change process. It is characterized by empathy, curiosity and concern, and framing questions in an open-ended way. This engages the client's own motivation and forces the client to participate in the process of treatment more actively.

It is least likely to involve confrontation, which, though sometimes an effective technique in treatment, is a more directive technique than those found in motivational interviewing.

209.

Which of the following MOST accurately describes alcohol?

It is a depressant

It is a stimulant

It is a hallucinogen

It is a barbiturate

Correct answer: It is a depressant

Alcohol is a depressant of the central nervous system, meaning that its general action is to lower neurotransmitter function, as well as muting the overall level of arousal.

It is not a stimulant, hallucinogen, or barbiturate.

210.

Which of the following stages of change is characterized by the first real, concrete steps and commitment?

Action

Maintenance

Preparation

Precontemplation

Correct answer: Action

The Action stage of the stages of change model is the stage where the person takes the first real and concrete steps toward changing their life and habits. It represents the first real commitment to an actual plan.

Precontemplation is the first stage in the stages-of-change model. It describes the situation that exists before the client realizes they have a problem, but while those around the client are aware of a problem. Contemplation is the next stage, involving a high degree of ambivalence about whether change is necessary or desirable. Preparation, the next stage, involves the client making the first steps toward change without really changing anything. The Action stage follows, in which concrete steps are taken. Maintenance follows, in which gains are consolidated. Relapse can happen at any stage and is technically a return to an earlier stage of change.

211.

Which of the following is NOT part of the assessment stage of treatment?

Goal setting

Gathering information

Establishing rapport

Exploring consequences

Correct answer: Goal setting

The assessment stage of treatment involves rapport building, gathering information, and a discussion of the real nature of substance abuse in that person's life, including its consequences. The assessment stage's two most important functions are the relationship between the provider and the client, and the integrity of the information that is gathered.

Goal setting happens later, when a treatment plan is done.

212.

How common are serious heart problems in users of methamphetamine?

Relatively rare

Common

Common in certain populations

Correct answer: Relatively rare

Given the very high number of those who abuse methamphetamine, serious heart problems are relatively rare. This might seem counterintuitive due to the dangerousness of the drug.

213.

Should patients with mood and anxiety disorders take part in addiction recovery groups?

Yes, if symptoms are controlled

No, until they recover from the mood and anxiety issues

No, it may trigger relapse

Correct answer: Yes, if symptoms are controlled

If their symptoms are well controlled, there is no reason patients with mood and anxiety disorders cannot take part in addiction recovery groups and receive the benefits of the group process. In fact, when possible, substance-use issues and other psychiatric problems should be treated concurrently.

214.

Which of the following opioids can be snorted and smoked?

Heroin

Opium

Darvon

Vicodin

Correct answer: Heroin

Heroin is an opioid that can be effectively snorted and smoked. Opium cannot be snorted, and Darvon and Vicodin are generally administered orally. This increased availability of transmission has increased its use among individuals who object to injecting substances.

215.

Which of the following BEST describes the attitude of motivational interviewing toward resistance?

It is expected

It is not allowed

It is discouraged

It is encouraged

Correct answer: It is expected

Motivational interviewing takes a realistic view of resistance in the client. Rather than being regarded as a failure in the process, it is acknowledged as a necessary part of recovery and openly addressed. This is seen as more productive of motion and change than simple confrontation.

Motivational interviewing does not take the other perspectives listed toward resistance.

216.

Which of the following is TRUE in terms of how opioids produce medical illness?

They do not produce major medical illness

They produce organ infections

They produce brain lesions

They produce chronic muscle weakness

Correct answer: They do not produce major medical illness

The medical illnesses attributable to opioids are mostly linked to self-care issues related to dependence, such as sepsis, hepatitis, and sexually transmitted disease, rather than to toxic effects of the opioids per se.

Opioids are not particularly linked to organ infections, brain lesions, or chronic muscle weakness.

217.

Which of the following is a statement that a person in the contemplation stage of change might make?

Maybe I have a problem

I don't have a problem

I have a problem

Correct answer: Maybe I have a problem

The contemplation stage of change is marked by an ambivalence about treatment or whether there is or is not a problem. The hope is that the client emerges from this stage not only with a realization of their issue, but with a will to try to fix it in some way.

Not having a problem would be a perspective of precontemplation, and acknowledging a problem would be characteristic of preparation, action, and maintenance.

218.

Which of the following have proven effective for the treatment of post-intoxication dysphoria in users of methamphetamine?

There are no such effective treatments

Antipsychotics

Antidepressants

Anxiolytics

Correct answer: There are no such effective treatments

No pharmacological intervention has proven effective in dealing with post-intoxication dysphoria in users of methamphetamine, including antipsychotics, antidepressants, and anxiolytics.

219.

Which of the following is the MOST likely to cause instant death?

Cocaine

Cannabis

Alcohol

Correct answer: Cocaine

Cocaine in whatever form ingested, and by whatever route, can cause immediate death. It is much more likely to do so than cannabis, which is not known to produce immediate death at all, or alcohol, which requires extremely high dosage to result in immediate death.

220.

Which of the following opioids is NOT completely synthesized in a laboratory?

Vicodin

Darvon

Demerol

Dolophine

Correct answer: Vicodin

Vicodin is a semisynthetic opioid, the creation of which involves alteration of organic derivatives.

Darvon, Demerol, and Dolophine are all completely synthesized in a laboratory.

221.

Which of the following is NOT an anticipated direct benefit of an assessment of the negative consequences of use?

Abstinence

Motivation

Problem identification

Correct answer: Abstinence

Abstinence is not likely to result from an assessment of negative consequences of use, but such an assessment does help with problem identification as well as enhancing motivation to change. As part of a decisional balance, a negative assessment of use will likely not result in the client not using.

222.

Which of the following would NOT be a consequence of smoking cocaine?

Sinus infection

Chest congestion

Lung infection

Reduced breathing capacity

Correct answer: Sinus infection

Sinus infection would be a possible consequence of inhaling cocaine through the nose, but is less likely from smoking.

Chest congestion, lung infection, and reduced breathing capacity are all possible consequences of smoking cocaine.

223.

Which of the following is NOT considered one of the advantages of office-based substance abuse treatment?

Cost

Privacy

Individualized care

Supplements other treatments

Correct answer: Cost

Though office-based substance abuse treatment does function well as an adjunct to other treatments, and offers the best privacy and some of the most individualized care available, its cost can be prohibitive to some. Though most employee health plans have assistance options that encompass mental health treatment, some of the people most in need are unemployed and not able to afford services.

224.

In which of the following cases would methadone treatment be considered?

If buprenorphine is ineffective

If Xanax is ineffective

If antidepressants are ineffective

Correct answer: If buprenorphine is ineffective

Methadone treatment for opioid use disorders is considered in cases for which buprenorphine treatments have proven ineffective. Buprenorphine does not produce a "rush" as other treatments may. Proper screening of clients for such strategies is integral to assessment.

Methadone is used to treat opioid use disorder, so it should not be proposed in relationship to Xanax, which is used to treat anxiety, or antidepressants, which are used to treat depression.

225.

Which of the following is the LARGEST self-help system in the world?

12-step programs

SMART Recovery

LifeRing

Moderation Management

Correct answer: 12-step programs

The 12-step program is the largest self-help system in the world, outpacing other systems such as SMART Recovery (an international community of peer support groups that help people recover from addictive and problematic behaviors), LifeRing (a secular, nonprofit organization providing peer-run addiction recovery groups), and Moderation Management (a secular nonprofit organization providing peer-run support groups for anyone who would like to reduce their alcohol consumption). Twelve-step programs can take many names and forms, but all depend on the person in recovery making a staged series of commitments to recovery.

226.

Which of the following BEST describes why patients minimize negative consequences of drug use?

Fear of facing reality without substances

A personality disorder driving resistance

A chemical imbalance driving ambivalence

Correct answer: Fear of facing reality without substances

Patients generally minimize the negative consequences of drug use in their life as part of a fear of facing reality without the substance they have chosen to help mitigate unacceptable aspects of reality. This is similar to the way some patients make excuses for unacceptable choices in significant others to avoid being alone.

Personality disorders and chemical imbalances are not common reasons for minimizing consequences.

227.

Which of the following is NOT a benzodiazepine?

Lithium

Ativan

Xanax

Correct answer: Lithium

Lithium is a salt used in the treatment of severe mood disorders. Its use must be closely monitored to avoid severe side effects. It is not a benzodiazepine and has dissimilar effects.

Ativan and Xanax are benzodiazepines.

228.

Which of the following would MOST likely be heard from a person in the maintenance stage of change?

I have a problem

I don't have a problem

I might have a problem

Correct answer: I have a problem

Acknowledging a problem would be characteristic of preparation, action, and maintenance, when there is active engagement with the problem. In the maintenance stage, the person is attempting to solidify gains already made in treatment and would own the fact they have the issue.

Not believing one has a problem would be a perspective of precontemplation, when the client is not aware there is a problem or does not own the issue at all. The contemplation stage of change is marked by an ambivalence about treatment or whether there is or is not a problem.

229.

Which of the following alcohol concentrations is the threshold where death is considered possible?

.40%

.20%

.80%

.10%

Correct answer: .40%

Though physiologies vary, a blood alcohol concentration of .40 is generally considered to be the threshold where death is possible. Increased tolerance and a number of other subjective factors induce a high degree of variability to the lethality of alcohol intake.

230.

When there are potential consequences to a patient for revealing information about substance use, what is the impact?

Potential consequences for revelation inhibit revelation

Potential consequences for revelation make revelation more likely

There is no real impact of potential consequences on a patient's honesty

Correct answer: Potential consequences for revelation inhibit revelation

When there are potential consequences for revealing information about substance use, that revelation is less likely. This is common in coerced or mandated clients and will affect the nature of the therapeutic rapport.

231.

Which of the following is the MOST accurate statement in relation to the occurrence of addictive disorders in individuals?

They often occur in clusters

They occur one at a time

They often occur in pairs

Correct answer: They often occur in clusters

Addictive disorders and compulsive behaviors often occur in clusters in individuals, resulting in persons with more than one addiction problem at once.

They do not always occur one at a time, and it is more accurate to describe this occurrence as happening in clusters rather than pairs.

232.

According to 12-step thinking, which of the following is MOST characteristic of family members of substance users?

Overinvolvement

Underinvolvement

Remote attachment

Blunted attachment

Correct answer: Overinvolvement

According to 12-step thinking, family members of substance users tend to be overinvolved, often enabling or making excuses for the habits of their loved one. This makes their participation in treatment problematic.

"Remote attachment" and "blunted attachment" are fabricated terms.

233.

What is the position of the American Medical Association with regard to the use of benzodiazepines to treat patients suffering from alcohol-related disorders?

It acknowledges the risks

It forbids the practice

It encourages the practice

Correct answer: It acknowledges the risks

The American Medical Association does not prohibit or encourage the use of benzodiazepines to treat patients suffering from alcohol-related disorders. It acknowledges the risks of such a practice and urges a high degree of caution. Not all of those who are prescribed benzodiazepines have negative outcomes, but care is warranted due to the dangers.

234.

With which of the following is overspending MOST closely connected?

Stimulant use

Sedative use

Alcohol use

Correct answer: Stimulant use

Overspending as a function of drug use is most commonly associated with stimulant use. It exists alongside a number of other such behaviors associated with the same substance, such as increased sexual activity.

It is not as well known in sedative or alcohol use.

235.

Which of the following is the BEST way to describe self-medication in a substance user?

A mitigation of negative affective states

A response to specific trauma

A pattern of self-soothing

Correct answer: A mitigation of negative affective states

Self-medication in terms of substance use is the way in which the user mitigates negative affective states such as depression and anxiety. The internal state is intolerable, so the client uses to numb or delay thoughts or feelings that cause distress.

It may or may not refer to a specific trauma. Self-soothing is not a specific enough description.

236.

Which of the following BEST describes loss of control in substance users?

Intermittent

Absolute

Instantaneous

Correct answer: Intermittent

Loss of control in substance users is rarely absolute or instantaneous. It is much more likely to be intermittent in character, involving an ebb and flow of ability to control based on many factors. An addiction professional can expect to encounter variable presentations in both the pattern of use in clients and the perception of pattern of use, which is responsive to psychosocial pressures.

237.

What does PAWS stand for?

Post-Acute Withdrawal Syndrome

Post-Acute Wakefulness Syndrome

Primary Acute Withdrawal Syndrome

Primary Addiction Withdrawal Syndrome

Correct answer: Post-Acute Withdrawal Syndrome

Post-Acute Withdrawal Syndrome, or PAWS, is a long-term effect of using large amounts of alcohol and other drugs. It involves disruptions in mood, affect, and memory. In itself, it can be a barrier to treatment and recovery.

The other answer choices are fabricated terms.

238.

What is the relevance of pharmacological adjuncts to clinical outcomes when treating SUDs?

Pharmacological adjuncts can improve clinical outcomes

Pharmacological adjuncts reduce the magnitude of clinical outcomes

Pharmacological adjuncts have no effect on clinical outcomes

Correct answer: Pharmacological adjuncts can improve clinical outcomes

Pharmacological adjuncts, such as antidepressants or anxiolytics, can improve clinical outcomes in persons with SUDs. However, there are cautionary notes to be aware of, such as the addiction potential of some pharmacological interventions or the potential to undermine other recovery outcomes by indiscriminate prescription or use. Pharmacological adjuncts to treatment are just that; they are rarely standalone solutions for the whole complex of addiction.

239.

How can one BEST get information about drug-related sexual acting-out behaviors?

Ask directly

Wait for the client to volunteer it

Administer a written inventory

Correct answer: Ask directly

Many patients will not willingly volunteer the potentially embarrassing information about their sexual acting-out behaviors while under the influence or when naive to treatment for their problem, and they must be asked directly.

Administering a written inventory may or may not be effective; a more effective approach is to use the rapport of interpersonal contact.

240.

When is it MOST appropriate to engage with the dysfunction of family members?

Once treatment is underway

Before treatment begins

Toward the end of treatment

During treatment planning

Correct answer: Once treatment is underway

It is most appropriate to deal with the dysfunction of family members once treatment is underway. If engaged with too early, it can provoke resistance. If engaged with too late, it can compromise treatment.

Dysfunctional family members should not be involved in treatment planning. However, the dysfunction as a factor in the client's presentation can and should be addressed at the appropriate time.

241.

Which of the following psychiatric phenomena does a methamphetamine high MOST closely resemble?

A manic episode

A depressive episode

A hypomanic episode

A psychotic episode

Correct answer: A manic episode

Of the choices presented, a methamphetamine high most closely resembles a manic episode. The person experiencing the effect will exhibit increased appetite, activity, and excitement to a degree that compromises general function and either resembles, mirrors, or produces actual psychosis.

A methamphetamine high does not resemble a depressive episode, a hypomanic episode, or a psychotic episode.

242.

From a self-medication perspective, which of the following is MOST often used to mitigate social awkwardness?

Alcohol

Opioids

Cocaine

Correct answer: Alcohol

The self-medication hypothesis suggests that substances are self-prescribed to manage certain intolerable affective states. Social awkwardness is often managed with alcohol, and it is often provided in social settings for that explicit purpose. This is not advocacy of use for any purpose, but alcohol seems to suit this need better than opioids or cocaine from the position of a person who might use it to govern their own affect.

Opioids and cocaine are used less often than alcohol to manage social awkwardness and more often used to manage other affective states, such as depression.

243.

Why is it important to establish a needs hierarchy with a client?

Clients often have non-substance-use issues that require attention

Clients should be in exclusive control of their treatment planning

Clients should be helped to understand the priority of substance-use issues

Clients usually do not have good insight into their main issue

Correct answer: Clients often have non-substance-use issues that require attention

Substance-use clients are highly idiosyncratic. Not all of those who seek substance-use treatment think their use is the main issue in their lives, and many do not consider it significant at all. However, in formulating a plan of care, it is very important to address things that the client feels are important, as these are often clinically significant and affect the course of overall treatment. Establishing a needs hierarchy with a client helps the client and counselor mutually understand the issues that should be addressed first.

The point of establishing a needs hierarchy is not to grant exclusive control of the treatment plan to the client, nor is it expressly meant to help them understand the priority of substance-use issues. Clients may or may not have a degree of insight into their main issue, but the importance of establishing a needs hierarchy with a client is to agree on an initial plan of treatment priority.

244.

Which of the following is the MOST widely used psychoactive drug in the world?

Alcohol

Cannabis

Cocaine

LSD

Correct answer: Alcohol

Alcohol is the most widely used psychoactive drug in the world by a significant margin. In the United States, up to a third of people meet clinical criteria for a substance use problem with regard to alcohol.

The other drugs listed are not as widely used.

245.

Which of the following is TRUE about assessment?

Rapport-building is more important than information

Information is more important than rapport-building

Information and rapport-building are equally important

Correct answer: Rapport-building is more important than information

Though both factors are important, the most important part of any therapeutic relationship is the establishment of rapport. The success of the therapeutic relationship rests on how well client and counselor work together. This is compounded by the fact that, particularly in the case of substance using individuals, the truth about use tends to shift over time as mechanisms of denial and shame are in motion, while the rapport formed during assessment is generally settled once it is either established or not.

246.

Which of the following drugs is MOST likely to result in sudden death?

Cocaine

Cannabis

Alcohol

Correct answer: Cocaine

Though it is relatively rare, sudden death is more likely in the abuse of cocaine than it is in the abuse of cannabis or alcohol. In the case of cannabis and alcohol, the deleterious affects of the substance are more likely to be evident in organ damage and impairment over time.

247.

Which of the following sensations are cocaine dealers attempting to mimic when they "cut" the substance with other materials?

Numbness

Exhaustion

Euphoria

Itchiness

Correct answer: Numbness

Cocaine is a local anesthetic, producing a numbing sensation at points of contact. In order to augment the cocaine with other materials to increase their profits, cocaine dealers use substances that produce numbing sensations so that this "cutting" will take place without notice by the user.

248.

Is a patient in the precontemplation stage likely to take up an abstinence experiment?

No

Yes

Only at the therapist's insistence

Correct answer: No

A patient in the precontemplation stage does not believe they have a problem. Creating awareness of the problem and calling attention to it is the task when working with patients at this stage of change. The abstinence experiment, in which a patient experiments with cessation of use for a predetermined period of time, helps to call attention to the problem but is not likely to be accepted by a patient at this level of change. Such a client would likely not see the need for abstinence of any kind.

249.

Which of the following BEST describes the cause of relapse?

Many factors contribute to relapse

Relapse is a failure of commitment

Relapse is a function of the reward system

Relapse is a failure of the initial abstinence plan

Correct answer: Many factors contribute to relapse

Relapse is not a failure of planning or commitment by the client or therapist, nor is it strictly a function of the reward system in the brain. It is a complicated phenomenon made up of many different factors—behavioral, environmental, and so on. Relapse in an individual could be situational, a response to stress, or due to a combination of many factors.

250.

Which of the following is the accurate effect profile of MDMA?

Stimulant and hallucinogenic effects

Stimulant effects

Hallucinogenic effects

Correct answer: Stimulant and hallucinogenic effects

MDMA (3, 4-methylenedioxymetamphetamine) is similar in chemical structure to methamphetamine and mescaline. It is a "club drug," known for its combination of hallucinogenic and stimulant effects.

251.

About how many stimulant-using males report sexual acting-out behaviors?

50%

20%

10%

Correct answer: 50%

About 50% of stimulant-using males report sexual acting-out behaviors of various kinds as a side effect or intended outcome of the use of stimulants. These behaviors can result in a binge loop of stimulant use and hypersexuality.

252.

What should one expect from a patient in the precontemplation stage who is asked to attend AA meetings?

They probably will not go

They probably will go

They will start going, then stop

Correct answer: They probably will not go

A patient in the precontemplation stage of change is unaware of their problem as something that needs to be addressed. It is not realistic to expect them to adhere to any treatment recommendations based on the idea that they have a problem. Finding the best way to help a person through initial action items must wait until that client is at least ready to acknowledge the presence of a problem. Most likely, the client would not see the need to attend an AA meeting in this scenario.

253.

Who is responsible in a legal sense for the supervisee's conduct in their profession?

The supervisor in all circumstances

The supervisee in all circumstances

The supervisor in some circumstances

The supervisee in most circumstances

Correct answer: The supervisor in all circumstances

In a legal sense, it is generally considered that the supervisor is ultimately responsible for the client's clinical conduct in all circumstances. Though the supervisee may bear immediate responsibility, the nature of the supervisory relationship implies overall responsibility for the work of supervisees.

254.

What is the common origin of all opiates?

The poppy plant

Chemical synthesis

Synthetic compounds

Animal waste

Correct answer: The poppy plant

It is important to distinguish opiates, which are, strictly speaking, the products of the poppy plant like morphine and opium, from opioids, which are the much broader class that mimics the chemical structure and effects of opiates. Opioids can be artificial compounds that are not grown in nature. They do not derive from animal waste.

255.

Which of the following correctly describes the relative effects of methamphetamine and cocaine?

Methamphetamine's effects last longer

Methamphetamine is less potent

Methamphetamine is equally potent

Methamphetamine is more potent in smaller doses

Correct answer: Methamphetamine's effects last longer

Methamphetamine's effects are longer lasting than those of cocaine, producing a high that lasts 6 to 8 hours. By contrast, the intoxication effects of cocaine, depending on means of use, last less than an hour.

256.

Of the following, which is the MOST congruent with Motivational Interviewing (MI)?

Acceptance

Confrontation

Ultimatim

Psychoanalysis

Correct answer: Acceptance

Motivational Interviewing (MI), a technique that has emerged within the past 20 years, is a technique in which the counselor attempts to elicit the client's own rationale and motivation for mitigation of substance use. It stands in contrast to previous styles of substance-use treatment, in which such techniques as direct confrontation were more common.

Ultimatims are rarely characteristic of any psychotherapeutic intervention. Psychoanalysis is the deep exploration of a person's inner conflict, which is not the technique employed by MI.

257.

Which of the following is TRUE of those who feel shame about use?

They are more sensitive to hints of negativity

They are less likely to succeed in treatment

They are more confident of success in treatment

Correct answer: They are more sensitive to hints of negativity

Those who feel shame about their use are much more likely to be highly sensitive to any hint of negativity from the therapist, and may even interpret neutral signals this way. This has the potential to damage initial rapport building and the formation of an appropriate therapeutic bond.

Feelings of shame about use may or may not influence success and confidence in treatment.

258.

Which of the following BEST describes why the assessment phase is so crucial?

It determines the success of what follows

It solidifies the accomplishments of therapist and client

It outlines a plan of action

Correct answer: It determines the success of what follows

The assessment phase of treatment is crucial, mostly due to the fact that it creates the relationship between therapist and client that sets the stage for everything that follows. The assessment phase also, if properly conducted, is the main source of truthful, accurate information that informs treatment going forward.

Action plans come at a later stage, as do accomplishments. The plan of action can only come when the assessment is complete; treatment planning per se is its own phase of treatment.

259.

Which of the following stages of change involves a decision to change, but no concrete steps?

Preparation

Precontemplation

Contemplation

Action

Correct answer: Preparation

Preparation involves the client making the first steps toward change without really changing anything.

Precontemplation is the first stage in the stages-of-change model. It describes the situation that exists before the client realizes they have a problem, but while those around the client are aware of a problem. Contemplation is the next stage, involving a high degree of ambivalence about whether change is necessary or desirable. Preparation, the next stage, involves the client making the first steps toward change without really changing anything. The Action stage follows, in which concrete steps are taken. Maintenance follows, in which gains are consolidated. Relapse can happen at any stage and is technically a return to an earlier stage of change.

260.

What effect does the chronic use of sedative drugs sometimes have?

Insomnia and anxiety

Aggression

Schizophrenia

Correct answer: Insomnia and anxiety

The chronic use of sedative drugs can result in insomnia and anxiety. There can also be other risks of ceasing long-term chronic use, such as seizures.

Aggression and schizophrenia are not generally considered to be related to long-term sedative use.

261.

How should a therapist handle asking non-substance-abuse clients about substance use?

The therapist should ask periodically

The therapist should ask during assessment

The therapist should let the client bring it up

Correct answer: The therapist should ask periodically

In addressing the topic of substance abuse with clients who have not presented with the primary issue of substance abuse, one should ask questions periodically about it.

Substance use is very common, and, given the denial present in many substance abusers, waiting for a client to bring it up may not be productive.

262.

About how much methamphetamine is removed from the body within 12 hours?

50%

25%

10%

100%

Correct answer: 50%

Methamphetamine has a much longer duration of action than cocaine and some other stimulants. About 50% of methamphetamine is removed from the body within 12 hours, as opposed to cocaine, of which 50% is removed from the body in one hour.

This fact is significant, as a person who uses methamphetamine may be experiencing prolonged drug effects that could be mistaken for psychiatric symptoms, such as mania or flight of ideas.

263.

When interviewing patients about drug use, which kind of question is MOST effective?

Open-ended questions

Yes/no questions

Miracle questions

Correct answer: Open-ended questions

When interviewing patients about their drug use, it is most effective to ask open-ended questions rather than limiting responses to yes/no alternatives. This not only allows the therapist to gather more kinds of data than they could with a closed-ended question but also puts the burden on the client to explain their use and allows them to define it subjectively to some degree. Simpler questions do not tend to garner the kinds of details that open-ended questions do.

Miracle questions can assist with assessment but are typically part of a later process of motivation, not information-gathering.

264.

What does naltrexone do?

It blocks opioid receptors

It enhances opioid reception

It prevents serotonin reuptake

It enhances serotonin reuptake

Correct answer: It blocks opioid receptors

Naltrexone, an opioid antagonist, blocks opioid receptors, with the clinical purpose of preventing relapse. A daily dose of naltrexone (generally, 50mg) blocks opioid effects for at least 24 hours.

It does not enhance opioid reception and does not interfere with serotonin mechanics.

265.

When should one establish guidelines about the presence of intoxicants in the home?

As early as possible

When recovery is stable

When treatment is complete

Correct answer: As early as possible

As early as possible in treatment, it is necessary to address the presence of intoxicants in the home of a substance-abusing client. As one of the major risks to a client's decisional matrix about use, the presence of intoxicants is a key vulnerability.

Waiting until recovery is stable or until treatment is complete would not be useful because the management of risk is an imminent issue at the beginning of treatment.

266.

Do high-dose stimulant users experience post-drug discomfort?

It depends on the user

Yes, in most cases

No, in general

Correct answer: It depends on the user

The experience of post-drug discomfort in high-dose stimulant users is highly variable; they do not always experience discomfort.

267.

What is NOT a cause of most direct medical problems related to heroin use?

Route of administration

Contaminated needles

Additives to the drug

Correct answer: Route of administration

Heroin's route of administration per se is not a cause of direct medical problems; there are various routes and these may or may not involve risks due to other factors.

Contaminated needles and additives to the heroin are causes of direct medical problems.

268.

What effect do co-occurring psychiatric conditions have on relapse?

Co-occurring conditions often precipitate relapse

Co-occurring conditions have no effect on relapse

Co-occurring conditions decrease the risk of relapse

Correct answer: Co-occurring conditions often precipitate relapse

Co-occurring psychiatric conditions often precipitate relapse in persons with Substance-Use Disorders (SUDs) because the management of one mixes with the management of the other. In other words, if a client has an existing depression or anxiety issue that is medicated by substance use, and that substance is removed, the onset of depressive or anxious symptoms is likely to precipitate a return to the previous management strategy.

Co-occurring psychiatric disorders should be assessed, evaluated, and treated along with SUDs to forestall risks to one by the other.

269.

Which of the following is the MOST correct assumption about a client's substance use?

There should be no assumptions

A client's substance use is problematic

A client's substance use is diagnostic

Correct answer: There should be no assumptions

A clinician should not take the stance that a client's substance use is problematic until assessment proves otherwise. A client's substance use may or may not be diagnostic of other matters.

270.

What is the position of most addiction professionals with regard to sleep aids such as Ambien?

They should not be used with patients who have substance use disorders

They are a useful adjunct to addiction treatment

They should not be used with patients who have heroin problems

Correct answer: They should not be used with patients who have substance use disorders

The benzodiazepine-like effects of sleep aids such as Ambien make them contraindicated for use with patients who have substance use disorders, according to most addiction professionals.

The issue goes beyond the interaction with any particular substance.

271.

Which of the following is the major clinical concern with benzodiazepines?

Their addiction potential

Their effectiveness

Their half-life

Their route of administration

Correct answer: Their addiction potential

The main clinical concern with prescribing benzodiazepines is their potential for addiction. Thus, they are a choice involving risk if they are used in clinical contexts.

Effectiveness, half-life, and route of administration are not major concerns with respect to the prescription of benzodiazepines.

272.

Of the following, which is the MOST rapid route of administration?

Smoking

Eating

Skin contact

Intranasal

Correct answer: Smoking

Smoking and injection are the most rapid routes of drug administration into the bloodstream.

Eating, skin contact, and intranasal contact (snorting) are not as direct and involve a slower transfer of the substance through organ systems.

273.

Which stage of recovery involves admitting that one has a problem and that one's power is limited?

Acceptance

Denial

Relapse

Maintenance

Correct answer: Acceptance

Acceptance is the stage of recovery that involves admitting one has a problem and that one's power is limited. This is contrasted with stages of change, which describe the steps in a person's awareness and commitment to treatment.

Denial is a defense mechanism by which one denies there is a problem. Relapse is the return to an earlier stage of change. Maintenance is a stage of change in which one solidifies clinical gains.

274.

Is everyone at the same general risk level when consuming alcohol?

No

Yes, within the same age group

Yes, within the same body weight group

Correct answer: No

People experience highly variable levels of risk when consuming alcohol. The degree of risk depends on a wide variety of factors, including genetics, age, body mass, experience, and sex. It is therefore impossible to clinically assess risk of problematic use without attention to these individual factors and, to some degree, life circumstances.

To some extent, this assessment of idiosyncratic risk is true for all substances.

275.

Which of the following ACCURATELY describes "kindling" in cocaine use?

Reverse tolerance

Increased tolerance

Reduced tolerance

Negation of tolerance

Correct answer: Reverse tolerance

"Kindling" refers to a kind of reverse tolerance in which a user of a stimulant drug such as cocaine may experience a seizure even though the same or a comparable dose taken previously had not had this effect.

The other answers do not accurately describe this phenomenon.

276.

Which of the following refers to the white crystalline powder form of cocaine?

Cocaine hydrochloride

Cocaine hydroxizine

Cocaine betachloride

Cocaine epidroxizine

Correct answer: Cocaine hydrochloride

The white crystalline powder form of cocaine has a more formal name, cocaine hydrochloride.

The other names listed are fabricated terms.

277.

Which of the following would MOST likely be heard from a client in the precontemplation stage of change?

I don't have a problem

Maybe I have a problem

I have a problem

Correct answer: I don't have a problem

Not believing one has a problem would be a perspective of precontemplation, when the client is not aware there is a problem or does not own the issue at all.

The contemplation stage of change is marked by an ambivalence about treatment or whether there is or is not a problem. Acknowledging a problem would be characteristic of preparation, action, and maintenance.

278.

What is the MOST prominent pharmacological effect of opioids?

Analgesia

Stimulant-like effects

Sedation

Psychosis

Correct answer: Analgesia

The most prominent pharmacological effect of all opioids is analgesia, or pain relief. This has been their main clinical use for as long as they have been synthesized or derived. Though sedation will likely occur as well, pain relief is the most prominent effect.

Opioids are not known for producing stimulation or psychosis.

279.

Which of the following should be asked about FIRST?

Alcohol and prescription drug use

Illicit drug use

It does not matter which is asked about first

Correct answer: Alcohol and prescription drug use

One should ask clients about alcohol and prescription drug use first, as illicit drug use is often a sensitive topic. One is likely to get better information if asking about more conventional patterns of use first before moving on to topics that are more sensitive and which might carry a level of stigma.

280.

Which of the following drugs has the MOST predictable withdrawal symptoms?

Alcohol

LSD

Cannabis

Psilocybin

Correct answer: Alcohol

Some drugs, such as alcohol and opiates, have very stereotyped and predictable withdrawal symptoms that have been known and studied for hundreds of years. Others, such as LSD, cannabis, and other hallucinogens such as psilocybin, have less predictable withdrawal symptoms that are less well-known.

281.

Which of the following is a main concern with the disease model of addiction?

It absolves responsibility

It encourages resistance

It is not data-driven

It does not provide concrete goals

Correct answer: It absolves responsibility

One major concern with the disease model of addiction is that by assessing addiction as a physical disease, it absolves the responsibility of the client for the continuation and consequences of behavior related to the addiction.

The disease model is supported by clinical data and may or may not encourage resistance. It does not specifically have anything to do with goal setting.

282.

Which of the following would be the LEAST likely indicator of lack of control over use?

Setting and circumstances of use

Inordinate priority given to use

Irresistible compulsions to use

Correct answer: Setting and circumstances of use

The setting and circumstances of substance use are diagnostically important, but have less to do with a loss of control than inordinate priority given to use and compulsions to use. Lack of control does not imply total lack of ability to control one's pattern of use, only that some element of control has been compromised.

283.

Which of the following is TRUE about the influence of family substance abuse on individual behavior?

Persons with a family history of substance use are at greater risk

Persons with a family history of substance use have the same risk as others

Persons with a family history of substance use are at less risk

Persons with a family history of substance use tend to use in groups

Correct answer: Persons with a family history of substance use are at greater risk

Persons with a family history of substance use are at greater risk for problematic use themselves. This might be due to genetic/epigenetic factors, environmental circumstances, trauma, social learning about use, and many other factors. Persons with a family history of substance use may or may not prefer to use in groups.

284.

When are clients' mistrust and ambivalence the HIGHEST?

At the beginning of treatment

During treatment planning

When relapse occurs

Correct answer: At the beginning of treatment

Clients' mistrust and ambivalence toward treatment tends to be highest at the beginning of treatment, before much information has been exchanged and before rapport has been established. It might be assumed that this is also the time when clients are the least knowledgeable and have engaged the least with practical change.

285.

Is it appropriate to ask about positive effects of drug use in the initial interview?

Yes

No, under no circumstances

Only in voluntary patients

Correct answer: Yes

It is appropriate to ask any patient about both positive and negative aspects of drug use during the initial interview. Knowing about both is essential to understanding the patient's true pattern of use. An honest appraisal of any substance use issue would include both positive and negative aspects of the experience; addressing both encourages continuing honesty in the assessment process.

286.

Which of the following is the MOST health-threatening period of stimulant use?

Acute intoxication

Withdrawal

The "crash"

Administration

Correct answer: Acute intoxication

Acute intoxication is considered to be the most health-threatening period of stimulant use, both behaviorally and physiologically. It is during acute intoxication that the psychological risks associated with stimulant use are most likely to occur.

The other periods listed, though involving some risk, are not as health-threatening as the period of acute intoxication.

287.

What is it important to convey to a client in initial interviews about responsibility for a substance abuse problem?

That the problem is not their fault

That the problem is not their responsibility

That the problem is neither their fault nor their responsibility

Correct answer: That the problem is not their fault

In establishing rapport with substance abusing clients in early interviews, it is important to make sure the client knows that the substance abuse problem is not their fault, though it is their responsibility. In other words, they most likely did not maliciously intend to create a problem for themselves and their loved ones, and managing the problem by engaging in treatment is both the most ethical and the most practical course of action.

288.

Approximately how long do the acute effects of methamphetamine last?

6 to 8 hours

2 to 3 hours

10 to 12 hours

1 to 2 hours

Correct answer: 6 to 8 hours

The acute effects of methamphetamine last approximately 6 to 8 hours.

289.

Which of the following is responsible for the greater rapidity of onset of crack as opposed to other forms of cocaine?

Its route of administration

Its purity

Its impurity

Its chemical geometry

Correct answer: Its route of administration

Crack cocaine has onset and offset that are much quicker than other forms of cocaine. This is due to its route of administration through the lungs when smoked, which is faster than administration by snorting.

This phenomenon is not a function of purity/impurity or chemical geometry per se.

290.

Which of the following stages of change is characterized by the MOST ambivalence?

Contemplation

Precontemplation

Action

Maintenance

Correct answer: Contemplation

Contemplation, as its name suggests, is the stage of change characterized by the most ambivalence. The person knows there is a problem but has not decided what, if anything, to do about it.

Precontemplation is the first stage in the stages-of-change model. It describes the situation that exists before the client realizes they have a problem, but while those around the client are aware of a problem. Contemplation is the next stage, involving a high degree of ambivalence about whether change is necessary or desirable. Preparation, the next stage, involves the client making the first steps toward change without really changing anything. The Action stage follows, in which concrete steps are taken. Maintenance follows, in which gains are consolidated. Relapse can happen at any stage, and is technically a return to an earlier stage of change.

291.

Which of the following is MOST accurate regarding those who engage in risky or problematic substance use?

Most do not meet diagnostic criteria for substance-use disorder

Most meet diagnostic criteria for substance-use disorder

Most move in and out of criteria-based eligibility for substance-use disorder

Risky and problematic use indicates a diagnosis of substance-use disorder

Correct answer: Most do not meet diagnostic criteria for substance-use disorder

The DSM-5 criteria for substance-use disorder do not capture most people who engage in risky or problematic substance use. Risky use is only one set of criteria, which include other important items such as impaired control, physical dependence, and social problems. This fact is significant, as it not only indicates that many problematic substance users go formally undiagnosed; it also indicates the need for sub-diagnostic intervention strategies.

Some diagnosed persons move in and out of criteria for substance-use disorder throughout the course of their substance-use issue, but this is not characteristic of most users.

292.

Which of the following is NOT a common symptom of opioid withdrawal?

Psychosis

Runny nose

Vomiting

Chills

Correct answer: Psychosis

Many of the common symptoms of opioid withdrawal resemble flu: runny nose, vomiting, and chills.

Psychosis is not a common effect of opioid withdrawal. Clients who are in opioid withdrawal therefore do not lose touch with reality as a part of their withdrawal process.

293.

What is the perspective of traditional modes of treatment on barriers to client success in treatment?

Clients are wholly responsible

Clients are not responsible

Clients are partially responsible

Correct answer: Clients are wholly responsible

As opposed to more modern techniques that involve motivational enhancement, traditional modes of treatment held the client wholly responsible for any barriers to treatment. Later research has shown that engaging with the client's motivation, rather than earlier shame- and coercion-based approaches, to be more effective.

294.

What is the BEST way to know you are successful in giving feedback to a client about their use?

When the client expresses concern and asks you for input

When the client manifests anger and resentment

When the client begins to relate their current life stressors

When the client begins to recount past trauma

Correct answer: When the client expresses concern and asks you for input

Though it is always welcome when clients trust their counselor enough to relate their current life stressors and/or past trauma, this is not concrete evidence that the client has taken your clinical feedback about substance use to heart. A far better indicator of insight and desire to change is when the client expresses concern and asks for your input about their problem, as this shows they are thinking critically about their situation.

Expressing anger and resentment toward the counselor is not unexpected, but it is not necessarily a sign of clinical success.

295.

Which of the following is NOT a central nervous system stimulant?

Xanax

Amphetamine

Cocaine

Dexedrine

Correct answer: Xanax

Xanax is a benzodiazepine, which acts in a more sedative way than a central nervous system stimulant.

The other drugs listed are central nervous system stimulants.

296.

Which of the following do patients comment on MOST often when reflecting on success?

A nonjudgmental attitude on the part of the therapist

The therapist's clinical expertise

The therapist's appearance and physical attractiveness

Correct answer: A nonjudgmental attitude on the part of the therapist

When patients comment on the success of their alcohol or drug treatment, they tend to comment on the caring, nonjudgmental attitude of the therapist.

They do not comment as often on physical appearance or clinical expertise.

297.

What effect does carbonation have on alcohol?

It increases absorption rate

It decreases absorption rate

Contrary to popular belief, it has no effect

It depends on the type of alcohol

Correct answer: It increases absorption rate

Carbonation, by facilitating a faster absorption rate into the bloodstream, generally results in a faster feeling of effect.

Carbonation's effects are not dependent on the type of alcohol carbonated.

298.

Which of the following BEST describes the role of a sponsor in a 12-step program?

Mentor

Clinician

Counselor

Spiritual guide

Correct answer: Mentor

A sponsor in a 12-step program is a person who is in recovery and has been deemed responsible by that organization to mentor those less far along in recovery.

Though spirituality may enter the relationship, that is not its chief character. Mentors are not technically clinicians or counselors and may or may not be qualified to offer those services. In their role as mentor, most often, they are acting as an experienced teacher rather than as a clinician.

299.

Which of the following is the most important to establish during the clinical assessment interview?

The client-counselor relationship

Information regarding symptoms

Information regarding pattern of use

Information about safety plans

Correct answer: The client-counselor relationship

The assessment interview's purpose is nominally to establish the nature of the client's problem while collecting as much data as possible regarding symptomology, patterns and contexts of use, and the level of safety planning necessary. However, none of these is quite as important as the less obvious purpose of the clinical assessment interview, which is to establish a client-counselor working alliance that will dictate how the work will proceed from that point forward, or even whether it will proceed.

300.

Which of the following is the main medical danger of heroin use?

Street-level adulterations to the product

Sudden death from overdose

Death by accident

Correct answer: Street-level adulterations to the product

The main danger to users of heroin from a medical perspective seems to be the habit on the part of street-level suppliers of adulterating the product with additives to increase the volume of product they can sell. Other medical risks include the use of non-sterile needles or shared needles for administration.

Sudden death from overdose or accident are not the main medical risks of heroin use.

301.

Which of the following is the CORRECT order of the stages of change?

Precontemplation, Contemplation, Preparation, Action, Maintenance

Denial, Contemplation, Preparation, Action, Maintenance

Denial, Contemplation, Ambivalence, Action, Maintenance

Precontemplation, Contemplation, Ambivalence, Action, Maintenance

Correct answer: Precontemplation, Contemplation, Preparation, Action, Maintenance

The stages of change model is generally considered to follow the order: Precontemplation, Contemplation, Preparation, Action, Maintenance. Another "stage," Relapse, is more of a dynamic within other stages.

Denial is not a recognized stage of change in this model, nor is Ambivalence.

302.

Which of the following is NOT a prescription stimulant?

Zyprexa

Adderall

Dexedrine

Pemoline

Correct answer: Zyprexa

Zyprexa is an antipsychotic used to treat schizophrenia and bipolar disorder.

Adderall, dexedrine, and pemoline are all prescription stimulants, generally used to treat ADHD.

303.

Which of the following is the overall purpose of the New Patient Questionnaire (NPQ)?

To structure and guide the assessment interview

To formulate a substance-use diagnosis

To create a list of reasons the patient should not use

To gather data about early life trauma

Correct answer: To structure and guide the assessment interview

Though the New Patient Questionnaire (NPQ) is designed to gather a great deal of information regarding a patient's current circumstances, its overall purpose is to help structure and guide the assessment interview itself.

The NPQ is not designed to formulate a substance-use diagnosis per se, though its use will inform a diagnosis. The NPQ is not a motivational list of reasons not to use, nor is it expressly meant to gather data about early life trauma; this is useful information but is not the NPQ's overall purpose.

304.

What is the BEST form of information to ask a new client for about a family history of substance use?

The nature and extent of use

The actual diagnosis

The traumatic damage to the relationship

Only past history of use

Correct answer: The nature and extent of use

The reason substance use by family members is significant to assessment is because of the overall influence of that use on the client, which is a complicated mixture of factors. Rather than giving a simple diagnosis, which is useful but not complete, asking about the nature and extent of family use helps the clinician understand the total picture of the influence of family use on the client.

The diagnosis itself (if present), any associated trauma, and past history are all significant; however, there is a need for a greater picture that any one of these factors does not capture completely.

305.

Which of the following is NOT considered a common psychoactive consequence of stimulant use?

Hallucinations

Talkativeness

Euphoria

Alertness

Correct answer: Hallucinations

Hallucinations are not considered to be a common psychoactive consequence of stimulant use; hallucinations are generally not a function of increased CNS arousal.

Talkativeness, euphoria, and alertness are considered common psychoactive effects of stimulant use.

306.

About how many stimulant-using females report sexual acting-out behaviors?

20%-30%

10%-20%

50%-60%

Correct answer: 20%-30%

About 20%-30% of female stimulant users report sexual acting-out behaviors of various kinds. This is contrasted with 40%-50% of male users. The sexual acting-out behaviors that sometimes attend stimulant use pose another class of risk to such users.

307.

Which of the following is MOST important in regard to treatment planning with substance-abusing clients?

Meeting clients where they are

Theoretical orientation

Standard treatment planning

Firm goals with fixed timelines

Correct answer: Meeting clients where they are

Treatment planning for substance-abuse clients, more than other types of counseling, involves meeting clients where they are, as substance abuse is a highly individualized phenomenon. Key to assessment is the accurate gauge of where the client is, not where the client should be.

The theoretical orientation of a therapist is significant, as are appropriately scheduled and structured goals, but these are less important than tailoring the treatment plan to the individuality of the client—most importantly to their readiness for change.

308.

What should one do with respect to patient fears about change?

Solicit them

De-emphasize them

Discourage thinking of them

Correct answer: Solicit them

In the interest of a more honest and more productive clinical interaction, it is helpful to solicit client fears about change. Central to the idea of motivational interviewing is the client's active participation and feedback. One should engage with these fears in a way that meets the client where they are, rather than de-emphasizing them. Processing fears in this way is more effective than discouraging engagement with them.

309.

When should one focus clinically on substance abuse issues?

It is highly variable

Immediately when suspected

Only when the client wishes

Correct answer: It is highly variable

Every clinical interview and process of engagement with clients is different. Based on the rapport and other factors present, one must choose carefully the right time to broach the topic of substance abuse; too soon, and the client may mistake the clinical focus for judgment or jumping to conclusions; too late, and the client may suspect the clinician's competence and perception.

The client may or may not call attention to the problem themselves.

310.

Which of the following MOST accurately characterizes addiction?

A complex brain disease

A disorder of the nervous system

A learned behavior

Correct answer: A complex brain disease

According to a growing body of research, addiction is a complex brain disease that involves a wide variety of factors, such as genetics, individual bodily characteristics, and co-occurring disorders. It is a complicated mix of genetic potentials mitigated by chance, willpower, social influences, and situational variables.

It is not exclusively a disorder of the nervous system, nor is it exclusively a learned behavior.

311.

Does methamphetamine require medical detoxification?

No

Yes, in some users

Yes, in users with heart problems

Correct answer: No

Methamphetamine and other stimulants do not produce withdrawal effects that require medical detoxification. Effects may be subjectively severe, but will not require medical attention to resolve.

The presence of heart problems is not a factor in these symptoms requiring medical detoxification.

312.

Which of the following is the MOST widely used central nervous system stimulant in the world?

Caffeine

Nicotine

Alcohol

Cannabis

Correct answer: Caffeine

Caffeine is the most widely used central nervous system stimulant in the world. However, unlike other such stimulants, caffeine is not associated with similar gross changes in behavior and affect.

Nicotine, alcohol, and cannabis are not central nervous system stimulants.

313.

Which of the following is NOT an anticipated negative physical effect of alcohol abuse?

Lung problems

Drug interaction

Gastrointestinal problems

Correct answer: Lung problems

Lung problems are not a likely direct cause of alcohol abuse, as the respiratory system is not an organ system that processes the substance.

Problematic interaction with other drugs taken, particularly in the case of prescribed medications, and gastrointestinal issues are likely direct negative physical effects of such abuse.

314.

Which of the following refers to the user of a substance needing more of the substance to achieve the same result?

Tolerance

Dependence

Cross-tolerance

Addiction

Correct answer: Tolerance

Tolerance refers to the user of a substance needing more of the substance to achieve the same result. The practice implications are obvious, with users who need to use more of a substance at ever-increasing risk of negative outcomes due to the increased use.

Dependence refers to the user of a substance having a psychological need for the substance. Cross-tolerance is tolerance for drugs in the same category. Addiction is the much broader concept of substance abuse resulting in a chronic association with that substance resulting in consequences to one's life.

315.

Which of the following stages of change is when the problem becomes apparent to many except the client?

Precontemplation

Contemplation

Preparation

Action

Correct answer: Precontemplation

Precontemplation is the first stage in the stages-of-change model. It describes the situation that exists before the client realizes they have a problem, but while those around the client are aware of the problem.

Contemplation is the next stage, involving a high degree of ambivalence about whether change is necessary or desirable. Preparation, the next stage, involves the client making the first steps toward change without really changing anything. The Action stage is next, in which concrete steps are taken. Maintenance follows, in which gains are consolidated. Relapse can happen at any stage and is technically a return to an earlier stage of change.

316.

Is it possible to do a full assessment interview with mandated clients?

Yes, in most circumstances

No, in most circumstances

Yes, as long as the client is willing

No, mandatory treatment invalidates the free will of the client

Correct answer: Yes, in most circumstances

Clients who are mandated to receive treatment present a special challenge to counselors. While it is true that some clients will view the mandate as a reason not to engage, many such clients are willing to participate as long as the client-counselor relationship is conducted appropriately. This includes acknowledging the nature of the client's mandatory treatment, meeting the client where they are if they are resistant, and working to persuade the client that participation is in their best interest. Many clients are treated for substance use and other issues in mandated settings with success, even if their free will is curtailed to some degree.

317.

Which of the following MOST accurately describes the nature of withdrawal from alcohol and sedatives?

Idiosyncratic

Predictable

Mild

Correct answer: Idiosyncratic

To a greater degree than other drugs of abuse, the withdrawal from alcohol and sedatives tends to be idiosyncratic and unpredictable, in the view of the clinician who is new to that patient. This highlights the importance of a customized, individualized treatment plan that takes full account of a client's particular use.

These withdrawal symptoms, like others, involve a range of severity.

318.

Which of the following BEST characterizes the change from control to loss of control in a substance user?

An invisible line

A definite boundary

A specific decision

Correct answer: An invisible line

The change to loss of control from controllable use in a substance user is best described as an invisible line, not a definite boundary that was knowingly crossed or a specific decision that was made. This invisible line is different for different users, making evaluation of control in every case highly subjective by necessity.

319.

Which of the following were barbiturates originally intended to treat?

Insomnia

Depression

Criminal behavior

Alcohol withdrawal

Correct answer: Insomnia

Barbiturates, introduced into medicine in the early 1900s, were originally intended to treat anxiety and insomnia. This was before more advanced thinking was done about the addiction potential of curative solutions.

The other conditions listed were not meant to be treated with barbiturates when they were first introduced.

320.

Which of the following styles is the MOST likely to be successful in initial questions about substance use?

Nonjudgmental

Confrontational

Skeptical

Neutral

Correct answer: Nonjudgmental

Nonjudgmental, respectful styles and attitudes are most useful in gaining information from people in initial questions about substance use. This nonjudgmental style is in keeping with motivational interviewing, though it is also good practice in the initial phase of treatment for most disorders.

One should avoid confrontational and skeptical styles, as these tend to crystallize resistance and create barriers to the therapeutic relationship. The situation will call for more than a simple neutral presentation.

321.

Can benzodiazepines be used safely in patients with substance abuse disorders?

The issue is controversial

Yes, in some circumstances

No, in no circumstances

Correct answer: The issue is controversial

The issue of whether or not benzodiazepines can be used to treat patients who have substance abuse disorders is a highly controversial one. Some say that the habit-forming nature of benzodiazepines contraindicates their use; others say that there are cases where the potential benefits outweigh the harm. Addiction professionals are urged to stay current with the latest research on the subject and to proceed with caution.

322.

Which of the following is important to relate to clients about character and willpower relative to their substance abuse diagnosis?

That their character and willpower are not to blame

That their character and willpower are factors in use

That their character and willpower are part of the diagnosis

Correct answer: That their character and willpower are not to blame

In the initial phase of diagnostic exchange with a client, it is important that they understand their substance abuse more as a pathological, non-useful behavior rather than a failure of some kind on their part. Shame and guilt are often inhibitors of recovery and can in themselves provoke use.

Assigning an emotional weight to the diagnosis or an analysis of use patterns would unnecessarily dramatize the diagnosis for the patient, and could have a negative effect on motivation.

323.

To which of the following does "increased tolerance" refer?

Needing more of the drug to achieve the same effect

Needing less of the drug to achieve the same effect

Needing more of the drug to achieve a higher effect

Correct answer: Needing more of the drug to achieve the same effect

Increased tolerance is a diagnostic criterion of substance abuse that refers to the need for more of the substance to achieve the same effect. In general, we would expect the tolerance for a substance to go up over time during the course of a substance abuse problem.

324.

Which of the following MOST specifically refers to an alteration in physiology?

Physical dependence

Psychological dependence

Psychiatric dependence

Normal dependence

Correct answer: Physical dependence

Physical dependence refers to an altered physiological state brought on by continued use of a substance. In essence, the body has adapted to the repeated intake.

*Psychological dependence refers to the user of a substance having a psychological need for the substance, which may or may not cause physiological changes.
"Psychiatric dependence" and "normal dependence" are fabricated terms.*

325.

Which of the following is the main clinical purpose of naloxone?

To revive comatose patients

To sedate patients

To ease psychotic symptoms

To ease opioid withdrawal

Correct answer: To revive comatose patients

Naloxone (Narcan) is a short-acting opiate antagonist which is used to revive comatose patients in case of narcotic overdose. It is used by non-medical first responders in some cases.

It is not mainly indicated for any of the other uses listed.

326.

When should the potential for suicide be assessed in patients using substances?

Continually throughout treatment

During the engagement phase

Only when the client initiates it

Correct answer: Continually throughout treatment

Any client should continually be assessed for potential for suicide throughout treatment, whether passively or actively, as circumstances and clinical judgment warrant. There is little ability to authoritatively predict or completely rule out suicide, so the issue must be addressed on an individual basis, in treatment planning if past suicidal ideation is significant enough or currently present.

One of the best things a therapist can do for a client who might drift into suicidal risk is to present availability and safety for such a discussion.

327.

At what interval does a person generally experience the peak effects of cocaine?

30-60 minutes

20-40 minutes

10-20 minutes

Immediately

Correct answer: 30-60 minutes

A person generally experiences the peak effects of cocaine at about 30-60 minutes after ingestion. This makes cocaine one of the drugs with the shortest amount of acute effects relative to its consequences.

328.

Who should define relapse triggers?

The client

The client's family

The counselor

The treatment team

Correct answer: The client

In many respects, clients are the best experts on their own use. Though the assessment of substance use can be guided by a counselor or treatment team, the client must define their own triggers for relapse, as they are highly idiosyncratic.

The client's family may have a role, but only the client will know exactly what prompts their own substance use.

329.

Which of the following is an example of a "miracle question"?

"What will life look like for you when you are well?"

"How many times a week do you drink?"

"Why do you think others want you to change?"

"Why are you here?"

Correct answer: "What will life look like for you when you are well?"

A miracle question is a motivational tool that invites the client to imagine a future state. The answer to this question often puts the client in the therapeutically useful position of connecting their present struggle to a future vision and is key to finding the inner motivation to change.

Such a question is also useful in assessment because it can quickly show a client's status on their substance-use journey.

330.

What phase of addiction are medical assessments of addiction MOST likely to identify?

Late phase

Early phase

Relapse

Correct answer: Late phase

By the time the physical effects of addiction are apparent, it is quite often late in the addiction process. This is after the substance has had time to damage organ systems and compromise the individual in other ways that are idiosyncratic to the particular substance and the individual client's ancillary behaviors.

Medical assessments are not as effective at identifying early phase addiction or any kind of relapse.

331.

Which of the following accurately describes the linkage between stimulant use and sexual behavior?

It seems to increase sexual behavior

It seems to decrease sexual behavior

It has no significant effect on sexual behavior

It inhibits sexual performance

Correct answer: It seems to increase sexual behavior

There appears to be significant linkage between stimulant use and increased sexual behavior. It may or may not interfere with sexual performance per se, but many users of stimulants report increased libido, increasingly risky behavior, and other sexually-oriented behaviors that are a result of their use.

332.

Is a coexisting disorder necessary for a person to self-medicate?

No

Yes, in most cases

Yes, in all cases

Correct answer: No

A person can enact the patterns of self-medication that they have learned without having a coexisting disorder, though a coexisting disorder will complicate such behavior. Coexisting disorders can be of any magnitude, can be clinically diagnosed or undiagnosed, and vary in presentation. A person can self-medicate internal affective states without having a clinical mental disorder.

333.

Which of the following BEST describes a person in the action stage of change?

They are taking steps

They are ambivalent about change

They are planning steps

They are opposed to change

Correct answer: They are taking steps

The action stage of change is best characterized by the taking of steps that indicate a commitment to change. Ambivalence has been dealt with and commitment to change is present. It is the stage in which change is recognized as necessary, desirable, and not limited to planning. The steps taken, their structure, and their nature are highly variable but must address the need for real movement in the planned direction.

Opposition to change is a characteristic of the precontemplation stage. Ambivalence about change occurs in the contemplation stage, and planning occurs in the preparation stage.

334.

Which of the following is TRUE regarding impulse control and decision-making in substance abuse?

Any substance use encourages a lack of impulse control

Only the substance of choice encourages a lack of impulse control

Only alcohol involves a decisional loss of impulse control

Correct answer: Any substance use encourages a lack of impulse control

Virtually any mood-altering substance use will involve some loss of impulse control. This phenomenon is not related to the kind of substance used or to the status of the drug with respect to the client's preferences. Many substance users feel that switching to the non-preferred substance will result in a lower risk of impaired impulse control, but generally speaking, all substances present impaired impulse control as one of their main factors of attraction to a potential user.

335.

Which of the following is MOST true about appointments made by those in substance abuse treatment?

They often miss the first appointment

They attend the first appointment, then stop coming

They require accountability partners to attend

They are more likely to attend group sessions than individual sessions

Correct answer: They often miss the first appointment

Clients seeking substance abuse treatment often fail to show up at the first appointment or drop out prematurely from treatment. This may be due to the fact that many clients seek help only when they have entered crisis, and by the time of the appointment, the crisis has passed and they no longer feel they need treatment.

The other patterns listed are not as characteristic of those seeking substance abuse treatment. The vulnerability is not about making successive appointments after the first, or the presence of accountability partners, or the difference between group and individual sessions.

336.

Why is asking about a family history of SUDs MOST significant?

It can indicate possible genetic issues

It is useful for establishing rapport

It helps establish other aspects of mental illness

Correct answer: It can indicate possible genetic issues

Asking about a family history is most clinically significant due to the fact that many persons who have SUDs have family members who have also had similar issues. This is important in establishing risk factors and treatment planning.

The inquiry is less useful in establishing rapport or illuminating other areas of mental illness in the individual.

337.

Which of the following is motivational interviewing designed to address?

Patient resistance

Poor communication

Personality disorders in substance abuse clients

Co-occurring disorders

Correct answer: Patient resistance

Motivational interviewing techniques are designed to handle patient resistance by providing an environment in which the client is encouraged to explore their own reasons for ambivalence. This puts the locus of control and much of the dialogue about change in the client's hands and installs greater "ownership" of the issue.

Motivational interviewing is not expressly designed to address poor communication, personality disorders in substance abuse clients, or other manifestations of co-occurring disorders.

338.

Which of the following refers MOST specifically to the concept of needing more of a substance to achieve the same effect?

Tolerance

Cross-tolerance

Addiction

Dependence

Correct answer: Tolerance

Tolerance is the phenomenon of needing more of a substance to achieve the same effect. The concept is useful for a wide range of substances, and the psychopharmacology of use differs by user, circumstances, and substance.

Cross-tolerance is tolerance that occurs within the same drug class. Addiction and dependence are broader concepts of problematic use.

339.

Which of the following is TRUE about meeting with a client's family?

It should be done with client consent

It should be done when clinically necessary

It should not be done

Correct answer: It should be done with client consent

Meeting with a client's family will sometimes be clinically useful. In these cases, it is essential to gain the client's consent before any such meeting takes place. In addition, the use of family should be carefully planned and utilized for its potential therapeutic benefit.

340.

Who is being interviewed in the clinical interview process?

Both clinician and client

The client

The clinician

Correct answer: Both clinician and client

There is a two-way, constant evaluation taking place during the engagement and interview process that involves decisions and judgments being made on both sides of the clinical relationship. Especially when dealing with unwilling or mandated clients (as is common in treating substance problems), the client must be helped to understand that the clinician is an asset.

341.

How is the effect of alcohol on a person's behavior BEST measured?

Blood alcohol concentration

Urine drug screen

Performance tests

Self-report measures

Correct answer: Blood alcohol concentration

The effect of alcohol on a person's behavior is best measured by blood alcohol concentration (BAC), which can be assessed using a Breathalyzer or other such device. This is a necessary test, as tolerance and other factors make alcohol intoxication subjective to observation without clinical data.

Urine drug screens, performance tests, and self-report measures are not the most effective ways to assess the effect of alcohol on a person's behavior.

342.

Which of the following is the BEST definition of responsible drinking?

Drinking that puts no one at risk

Drinking within limits set by the therapist

Drinking within limits set by the family

Correct answer: Drinking that puts no one at risk

Responsible drinking is drinking that puts no one at risk and that brings out positive effects. It is a pattern of good decisions made by the user and is not enacted within limits set by the therapist or family. Responsible drinking is characterized overall by a lack of negative consequences for anyone.

343.

Which of the following technically refers to slipping backward into an earlier stage of change?

Relapse

Precontemplation

Action

Contemplation

Correct answer: Relapse

Relapse is not actually a stage of change, but the process of going backward rather than forward or maintaining the current stage.

Precontemplation is the first stage in the stages-of-change model. It describes the situation that exists before the client realizes they have a problem, but while those around the client are aware of a problem. Contemplation is the next stage, involving a high degree of ambivalence about whether change is necessary or desirable. Preparation, the next stage, involves the client making the first steps toward change without really changing anything. The Action stage follows, in which concrete steps are taken. Maintenance follows, in which gains are consolidated.

Relapse can happen at any stage and is technically a return to an earlier stage of change.

344.

Which of the following is the biggest weakness of written alcohol and drug treatment assessment instruments?

They are not practical for office settings

They are unreliable

They are too clinical in language

Correct answer: They are not practical for office settings

The various alcohol and drug treatment instruments that are available are not generally well-suited to an office setting due to length, lack of addressing less severe issues, and other factors. The best approach to assessment is a clinical interview.

These assessments may or may not be reliable, and their language is not considered a weakness.

345.

Should a clinician ask clients for help in understanding illicit drugs they do not know much about?

Yes

No, it will make the therapist appear unqualified

No, it interrupts rapport-building

Correct answer: Yes

One of the ways to navigate a lack of knowledge about an illicit drug user's substance of choice is to simply ask them. It will likely serve to build rapport through give-and-take, rather than interrupt it or damage the therapist's credibility in the eyes of the patient. This is in keeping with the general strategy of assessment, in which a two-way dialogue is enabled that educates both individuals and enhances rapport.

346.

What happens if a person taking Antabuse does not use alcohol?

Nothing

An unpleasant physical reaction

An unpleasant psychological reaction

Correct answer: Nothing

Antabuse is used to treat alcohol use disorders by making the experience of alcohol use physically unpleasant. The unpleasant effects of Antabuse do not manifest in the absence of alcohol use.

If a person does not use alcohol, neither unpleasant physical reactions nor unpleasant psychological reactions will occur as a result of taking Antabuse.

347.

What do psychoactive substances of abuse all have in common?

They all produce desirable effects

They are all physiologically addicting

They are all related to immediate jeopardy to physical health

Correct answer: They all produce desirable effects

At least in the mind of the user, all psychoactive substances have one thing in common, which is that they provide some kind of desirable effect for the user. This effect may vary from substance to substance, but there is always a reinforcing reason to use, based on the effects of the substance itself.

All such substances are not physiologically addictive, and only a few are related to immediate jeopardy to physical health.

348.

Which of the following is the term for the way a drug enters the bloodstream?

Route of administration

Route of contact

Means of contact

Means of administration

Correct answer: Route of administration

The way a drug enters the bloodstream and begins to affect distal organ systems is called the route of administration. For example, a drug can be smoked, injected, eaten, and so on. This route of administration has implications for many areas of treatment, such as level of intoxication, speed of intoxication, and consequences related to route.

349.

Which of the following is TRUE about motivation?

It fluctuates in individuals

It is stable in individuals

It varies according to the drug of choice

Correct answer: It fluctuates in individuals

Motivation is a complicated phenomenon that fluctuates in individuals according to many intrinsic and extrinsic factors. It is part of the therapist's role to encourage and heighten motivation. The client's own motivation to change is ultimately what dictates the success or failure of treatment. Motivation typically goes through many phases during a long treatment.

Motivation is not necessarily correlated with the person's drug of choice.

350.

Which of the following is NOT a common withdrawal symptom of opioid use?

Stroke

Restlessness

Runny nose

Correct answer: Stroke

Opioid withdrawal results in some common symptoms, such as restlessness, runny nose, and gastrointestinal discomfort. As with many symptoms, these are variable in individual presentations.

Stroke is not common as a symptom of opioid withdrawal.

351.

Which of the following has the shortest half-life?

Cocaine

Methamphetamine

Methadone

Cannabis

Correct answer: Cocaine

A drug's half-life refers to the time it takes for the drug's concentration in the blood to drop to 50%. This amount varies from substance to substance, with some drugs, such as cocaine, having very short half-lives.

The other drugs listed have longer half-lives than cocaine.

352.

What does a substance-use diagnosis according to the DSM-5 leave out?

Developmental course

Problematic use

Lack of control

Assessment of cravings

Correct answer: Developmental course

Though the DSM-5 criteria for substance-use disorders are highly descriptive as far as the diagnosis goes, including such things as assessment of the severity of problematic use, control of use, and the presence of cravings, much information is not contained in the diagnosis itself. For example, it does not include the context of a person's individual use, their personal narrative about use, or the developmental course of their problem and attempts at recovery. The diagnosis establishes the problem according to specific criteria, which must then be fleshed out to create a whole assessment of a person's problem at that time.

353.

What should a therapist do when a patient shows positive feelings about substances of choice in the contemplation stage?

Encourage discussion

Discourage discussion

Confront the feelings as false

Correct answer: Encourage discussion

A patient in the contemplation stage has not yet decided whether to do something about their problem. A debate is occurring within them as they try to evaluate both positive and negative aspects of their behavior. The therapist should not discourage or confront these feelings but should encourage discussion about them. This builds trust and creates honesty in the therapeutic relationship, which are key steps toward therapeutic success.

354.

Which of the following is the BEST thing to say if a client's family member calls you with unsolicited information about the client?

That you will share with the client everything that's said

That you will keep any such information confidential

That you will disregard the information

Correct answer: That you will share with the client everything that's said

There are times when a family member will be motivated to contact a clinician about their loved one without this having been planned or approved by the client. In these cases, it is best to be honest with all parties and state that you will be as transparent as possible with the information.

It is best not to establish a relationship of confidential informant with family members, and it is better in these circumstances to highlight the ethical issue rather than the truth or falsehood of the offered information.

355.

What is the optimal pace of sessions for people in the early stages of substance abuse treatment?

As frequently as possible

Once a week

Once a month

Biweekly

Correct answer: As frequently as possible

The early stages of substance abuse treatment are sensitive for a variety of reasons, mostly having to do with rapport building, accountability, and treatment adherence. It is advised that you see your client as often as possible for short sessions during the first few weeks of treatment. Though this pace will likely not be practical for many clients, it illustrates the need for successful substance abuse treatment to engage clients in a deep way from the very beginning.

356.

In treating substance abuse disorders, which of the following is MOST important?

Empathy

Therapist's theoretical orientation

Therapist's treatment philosophy

Lived history of the therapist

Correct answer: Empathy

Rogarian factors such as empathy are considered more important in the successful treatment of substance abuse disorders than the theoretical orientation of the therapist, the therapist's treatment philosophy, or the therapist's lived experience of substance abuse. In many cases, it is the rapport between the therapist and client that most accurately forecasts success or failure.

357.

What is a standard recommendation to coffee drinkers who are also trying to recover from the use of stimulants?

To abstain from caffeine

To increase caffeine use

To monitor caffeine use

To switch to caffeinated cola

Correct answer: To abstain from caffeine

A standard recommendation for users of caffeine is to abstain from coffee and other high-dose caffeinated beverages, in the thinking that such use may provoke cravings for their stimulant drug of choice.

The other options do not accurately describe the standard recommendation.

358.

Which of the following accurately describes the half-life of a substance?

The time it takes for drug concentration in the blood to drop to 50%

The time it takes for drug concentration in the brain to drop to 50%

The time it takes for intoxication effects to drop to 50%

The time it takes for 50% of the drug's effectiveness to lapse while stored

Correct answer: The time it takes for drug concentration in the blood to drop to 50%

The time it takes for a drug's concentration in the blood to drop to 50% is considered its half-life. This is relevant to considerations of intoxication level, which can be assumed to decrease with a drug's blood concentration.

The other options do not accurately describe this term; it does not refer to a drug's brain concentration, intoxication effects, or shelf life.

359.

"On a scale of 1 to 10, how would you rate the severity of your problem?" is an example of:

A scaling question

An open-ended question

A confrontational question

A motivational question

Correct answer: A scaling question

A scaling question asks a client for information that is rateable in quantifiable terms, and it is useful because it allows the client to describe their own situation. This gives the client and the counselor a common language to describe the magnitude of the problem. A common example is assessment questions that are rated by the client.

An open-ended question does not ask for a specific response. A confrontational question calls the client's attention to something specific. A motivational question seeks to understand a client's motivation.

360.

Which of the following stages of change is characterized by consolidating gains?

Maintenance

Relapse

Contemplation

Action

Correct answer: Maintenance

Maintenance, the last of the recognized stages of change, is the one in which many in recovery spend that recovery if it is successful: adapting to a new way of life and avoiding relapse.

Precontemplation is the first stage in the stages-of-change model. It describes the situation that exists before the client realizes they have a problem, but while those around the client are aware of a problem. Contemplation is the next stage, involving a high degree of ambivalence about whether change is necessary or desirable. Preparation, the next stage, involves the client making the first steps toward change without really changing anything. The Action stage follows, in which concrete steps are taken. Maintenance follows, in which gains are consolidated. Relapse can happen at any stage and is technically a return to an earlier stage of change.

Domain III: Evidence-Based Treatment, Counseling, and Referral

Domain III: Evidence-Based Treatment, Counseling, and Referral

361.

Which of the following is the BEST description of the maintenance stage of change?

Consolidating gains

Deciding to change

Acknowledging a problem

Making small steps

Correct answer: Consolidating gains

The maintenance stage of change is characterized by consolidating the initial gains made during the action stage. It happens after the acknowledgment of a problem and the decision to change. It is the stage that is characterized by finding ways to maintain healthy habits.

362.

When would the onset of methadone withdrawal be likely?

36 to 72 hours

12 to 24 hours

6 to 12 hours

Correct answer: 36 to 72 hours

Methadone withdrawal is highly variable and involves many factors, such as the metabolism of the individual. It may not start for 36 to 72 hours.

363.

Which of the following would be LEAST desired as a characteristic of effective goals?

Repeatable

Realistic

Attainable

Desirable

Correct answer: Repeatable

Goals set in treatment planning should be realistic, attainable, and desirable.

Being repeatable is not as vital a concern, unless, for some reason, the goal needs to be repeated.

364.

Which of the following is the BEST determinant of whether a person is suited for office treatment or not?

Acuity of that person's substance abuse problem

Type of substance the person abuses

Motivation of the person to quit abusing a substance

Correct answer: Acuity of that person's substance abuse problem

There are some substance abusing clients who will not be well-suited to office treatment. The best determinant of this suitability is the acuity of that person's substance abuse problem. A person who is highly acute in consequences or behaviors may need a higher level of care than office treatment can provide. For example, a person who is currently deep in their cocaine problem and cannot control their own behaviors around the substance may need inpatient rather than office treatment.

365.

From the perspective of self-medication, which of the following is MOST effectively used to manage anhedonia?

Cocaine

Opioids

PCP

Correct answer: Cocaine

Though the experience of patients is variable, self-medication is often used to manage certain intolerable affect states. The affect state to be managed is closely linked with the substance chosen; for example, cocaine is often used to self-medicate anhedonia.

Opioids and PCP are not generally used to self-medicate anhedonia.

366.

Which of the following BEST describes alexithymia?

The inability to recognize one's own internal affective states

The inability to recognize others' affective states

The inability to see situations from another point of view

Correct answer: The inability to recognize one's own internal affective states

Alexithymia, a key concept in the self-medication hypothesis, holds that some people are unable to recognize their own internal affective states, which drives them to consume substances in an effort to regulate them.

367.

Which of the following is essential to a patient's adherence to goals in substance abuse counseling?

A path to attainment

Adequate drug testing

Motivational interviewing

Correct answer: A path to attainment

When setting goals with a patient in substance abuse counseling, one essential is to ensure that there is a realistic path to attainment of these goals. This keeps motivation strong and helps ensure positive outcomes.

Drug testing and motivational interviewing, while useful, are not essential in the same way.

368.

Which of the following is TRUE regarding the participation of people with personality disorders in 12-step programs?

They often do better in 12-step programs than in individual treatment

They do not benefit from 12-step programs

They often refuse to participate in 12-step programs

They do about as well in 12-step programs as in others

Correct answer: They often do better in 12-step programs than in individual treatment

People with personality disorders often do better in 12-step programs than they do in individual treatment, as the transference factors are minimized and deficits in relational ability are diffused.

369.

What is the proper attitude of a therapist toward relapse?

Relapse is a preventable mistake

Relapse is unavoidable

Relapse is a breakdown of the therapeutic bond

Relapse is a failure on the part of the patient

Correct answer: Relapse is a preventable mistake

Relapse should not be seen as a breakdown or failure of the patient or the therapeutic bond. However, relapse is avoidable. It is to be seen as a preventable mistake that can be learned from, rather than a dealbreaker to abstinence or other goals the client may have.

370.

Which of the following is an affective warning sign of use or relapse?

Negative mood

Chronic pain

Interpersonal conflict

Impulsive decision making

Correct answer: Negative mood

Affective warning signs of use or relapse are those which have to do with the emotional environment of the person, such as negative mood or even positive mood.

Chronic pain is a physiological warning sign, and interpersonal conflict and impulsive decision making would be examples of behavioral warning signs.

371.

Which of the following BEST describes the status of the idea of "low-risk" alcohol use?

It is highly controversial

It is generally accepted among psychiatrists

It is generally accepted among addiction treatment providers

Correct answer: It is highly controversial

The concept of "low-risk" alcohol use is highly controversial. Many professionals believe that there is no such thing, and many others point to research saying that such a phenomenon exists.

The acceptance of this idea does not appear to be related to specific professions or areas of expertise.

372.

Which of the following is the BEST way to handle a client's desire for short-term treatment when long-term treatment is warranted?

Establish short-term goals

Confront the client's ambivalence

Challenge the client's perceptions

Consent to the client's desire for short-term treatment

Correct answer: Establish short-term goals

When a client's desire is for short-term treatment but long-term treatment is warranted, the best course of action is to engage the client's energy by proposing short-term goals.

If long-term treatment is actually called for, the best way to handle this disagreement is not to adjust necessary treatment to meet client wishes, or to challenge or confront clients and make the issue one that might contribute to client dropout.

373.

What is the approximate alcohol content of beer?

5%

10%

15%

8%

Correct answer: 5%

There is a psychological tendency to excuse one's own substance abuse as being less harmful than that of others. It is useful to educate clients on exactly how much alcohol per serving they are consuming, particularly when formulating sobriety strategies. A standard "drink" of beer is about 12 ounces and contains approximately 5% alcohol.

374.

In general, to what do those experiencing the Abstinence Violation Effect attribute their slip?

Personal failure

A preventable mistake

Drug tolerance

The social environment

Correct answer: Personal failure

The Abstinence Violation Effect occurs when, after a slip, a patient catastrophizes and imagines that their treatment has failed altogether. They tend to attribute these slips to personal failure and not to preventable mistakes, drug tolerance, or the influence of the social environment.

375.

Is it necessary to convince a person with a serious substance use disorder that they have a problem before behavioral change can be suggested?

No

Yes

Yes, in serious cases

Correct answer: No

Behavioral change that will be helpful to someone with a substance abuse disorder can be suggested and acted on before the patient acknowledges that they have such a problem. Often it is as this change is attempted that the patient realizes a problem exists.

376.

Which of the following is TRUE about abstinence in the Minnesota model of treatment?

Total abstinence is necessary

Total abstinence is impossible

Total abstinence is desirable

Partial abstinence is achievable

Correct answer: Total abstinence is necessary

In the Minnesota model of treatment, total abstinence from substances is a necessary first step for recovery. Partial abstinence, according to this model, would not constitute abstinence at all and would not be a strategy in line with the Minnesota model.

377.

Which of the following is especially characteristic of patients in the precontemplation stage?

Changes in thought without changes in behavior

Changes in behavior without changes in thought

Changes in thought with changes in behavior

Changes in thought with initial changes in behavior

Correct answer: Changes in thought without changes in behavior

Patients in the precontemplation stage have difficulty acknowledging their behavior as a problem. It is expected, and an encouraging sign, if the patient expresses changes in thought without changes in accompanying behavior. The changes to behavior will come later, when a decision has been reached about change.

378.

Which of the following does the NIAAA describe as "low-risk" drinking?

Two drinks a day for men, one drink a day for women

One drink a day for men or women

The NIAAA does not say there is such a thing as low-risk drinking

Correct answer: Two drinks a day for men, one drink a day for women

The National Institute on Alcohol Abuse and Alcoholism (NIAAA) defines low-risk drinking as no more than two drinks a day for men and one drink a day for women.

379.

When does relapse start?

Before the actual recurrence of substance use

After the actual recurrence of substance use

With the first recurrence of substance use

Without relationship to the recurrence of substance use

Correct answer: Before the actual recurrence of substance use

Relapse is a complicated, chain-reaction process that begins well before the actual recurrence of substance use, made up of various factors that are cognitive, behavioral, and environmental. Though it begins before the actual recurrence of use, there is a relationship to use; without recurrent use there is no relapse.

380.

Which of the following is the MOST important goal of early treatment?

The continuing attendance of the patient

Abstinence

Maintenance

Correct answer: The continuing attendance of the patient

The most important factor in any sort of psychiatric treatment is the relationship between counselor and client. Adherence to a program of treatment in the long run will be more important than an insistence on abstinence, particularly in the early process.

Maintenance would be an issue for later stages of treatment.

381.

Which of the following is the MOST important determinant of client success on the part of the clinician?

Rapport-building skills

Therapeutic orientation

Therapeutic expertise

Listening skills

Correct answer: Rapport-building skills

Rapport-building skills, according to many studies, are the most important determinant of clinical success on the part of the clinician, more so than therapeutic orientation, therapeutic expertise, or listening skills.

382.

Which of the following is the BEST characterization of the traditional addiction treatment model before such developments as motivational interviewing?

Confrontational

Inconsistent

Compassionate

Correct answer: Confrontational

For many decades before the appearance of motivational interviewing, the traditional approach to substance use treatment was confrontational in nature; this approach did not handle ambivalence or resistance effectively.

This approach was not especially compassionate, but it was relatively consistent in the culture of substance use treatment.

383.

How is the Columbo technique useful with patients in the precontemplation stage?

It deals with inconsistency

It confronts directly

It delays painful discussions

Correct answer: It deals with inconsistency

The Columbo technique, named for the television detective whose method it was, is a Socratic questioning technique whereby the therapist asks questions that are meant to call out inconsistencies and reveal truths about a situation. It is helpful in the precontemplation stage, as the patient does not recognize that they have a problem.

This technique does not confront issues directly, nor does it delay these discussions.

384.

When should buprenorphine treatment be started relative to withdrawal?

Once withdrawal symptoms have begun

When withdrawal symptoms have ended

Before withdrawal symptoms begin

Correct answer: Once withdrawal symptoms have begun

Buprenorphine treatment for opioid use disorders should begin once withdrawal symptoms have begun, to help ensure that treatment will go more smoothly.

385.

What does the research suggest about long-term outcomes for persons addicted to heroin who are NOT treated with methadone?

Outcomes are poor for these patients

Outcomes are positive for these patients

Outcomes are not predictable with these patients

Correct answer: Outcomes are poor for these patients

There is much research to suggest that long-term outcomes for persons addicted to heroin who are not treated with methadone are very poor, including high death rates. Though methadone treatment may not be for everyone due to idiosyncratic factors, the overall tone of the research suggests its validity in most cases.

386.

What should one do FIRST in managing symptoms of psychiatric paranoia in users of substances?

Manage the psychiatric crisis

Administer medication to alleviate the crisis

Assess the cause of the paranoia

Correct answer: Manage the psychiatric crisis

Psychiatric paranoia is a potentially dangerous condition that may or may not, even in the case of established users of substances, have as its cause the use of a substance. In all cases where there is a psychiatric crisis, the first and most important task is to manage the psychiatric crisis for the client's safety.

The situation may or may not call for medication, which the counselor may or may not be legally able to provide. Assessing the causes of the paranoia may need to wait until safety is established.

387.

What is the Abstinence Violation Effect?

An overreaction to a slip

A cessation of treatment

A confrontation with the counselor

An overreaction to abstinence behavior

Correct answer: An overreaction to a slip

The Abstinence Violation Effect is the way in which some clients overreact to their own slips by losing hope in the process and taking on a strongly defeatist attitude. This can be a significant barrier to treatment.

It does not have to do with treatment cessation, confrontation, or an overreaction to abstinence.

388.

Which of the following would be the BEST starting point as a short-term goal for abstinence?

1 week of not using

1 month of not using

1 week of reduced use

1 month of reduced use

Correct answer: 1 week of not using

An abstinence strategy calls for the lack of use over a specified period, not reduced use or titration. As a starting point, one week of not using is therapeutically useful and is manageable to many seeking help. A month may be too long for those in the initial phase of treatment.

389.

Should a treatment plan be changed?

Yes, when called for

No, under no circumstances

Yes, as the client wishes

No, unless treatment itself is at risk

Correct answer: Yes, when called for

A treatment plan should be considered an individualized, customizable, and changeable document. It should be changed as often as is called for because, quite often, client needs and goals will change as treatment progresses. Changes to a treatment plan often indicate engagement and progress.

390.

When would medically managing opioid withdrawal be appropriate?

In a patient who is otherwise medically compromised

In every case

Under no circumstances

In long-term users of substances

Correct answer: In a patient who is otherwise medically compromised

In most circumstances with clients who are otherwise medically stable, opioid withdrawal is unpleasant but does not pose an imminent risk of death.

Medical management of withdrawal would only be indicated in persons at risk because of other health conditions.

391.

What is the MOST effective kind of help from concerned others in helping those with substance abuse issues?

That which is welcomed and requested by the patient

That which contains structure and boundaries

That which is based on clinical knowledge

That which is offered by other substance abuse patients

Correct answer: That which is welcomed and requested by the patient

The most effective kind of help from concerned others that can help people who are struggling with a substance abuse issue and, in fact, the only kind that is likely to help at all, is that which is actively welcomed and requested by the patient. It is this attitude of the patient toward the helping others that will dictate the effectiveness of the help, and not any other factor.

392.

Which of the following accurately describes the relationship between a "slip" and relapse?

A slip is not a full-blown relapse, and is less severe

A slip is the first stage of relapse

A slip is unrelated to a full-blown relapse

A slip is more severe than a relapse

Correct answer: A slip is not a full-blown relapse, and is less severe

A slip is a single use after a period of abstinence, and though there is a relationship between slip and relapse, a slip is regarded as less severe than a full-blown relapse.

393.

What does moderation mean in terms of alcohol consumption?

Not creating new problems and not making existing ones worse

Drinking less than 1 drink a day

Drinking less than 5 drinks a day

Drinking that maintains a non-impairing level of intoxication

Correct answer: Not creating new problems and not making existing ones worse

Moderation in its clinical sense with respect to drinking is highly relative to the person with the problem. It is best to apply a functional working definition such as not creating new problems and not making existing ones worse.

As metabolisms and habits are highly variable, specific dosage recommendations would not be indicated. Maintaining a low level of intoxication is likely not indicated in a functional sense.

394.

Which of the following is the primary effect of post-acute withdrawal syndrome?

Disruptions in mood, affect, and memory

Gastrointestinal difficulties

Central nervous system disorders

Sleep/wake disorders

Correct answer: Disruptions in mood, affect, and memory

Post-acute withdrawal syndrome (PAWS) occurs in those who have used large quantities of a substance over a long period of time; it involves disruptions in mood, affect, and memory.

PAWS does not especially result in gastrointestinal difficulties, central nervous system disorders, or sleep/wake disorders.

395.

What is the MOST critical element in establishing abstinence?

Structure

Accountability

Social supports

Educational resources

Correct answer: Structure

The greatest risk to establishing and adhering to abstinence is unstructured time in which the person can fantasize about use. Structuring activities, contacts, and other items can help a person establish an abstinence pattern without this risk.

Accountability, social supports, and educational resources are all important but will not help ensure abstinence as reliably as structure.

396.

Which of the following is the recommended first step in a controlled drinking strategy?

A period of abstinence

Attending group meetings

Applying titration strategies

Changing the type of alcohol consumed

Correct answer: A period of abstinence

Before beginning a controlled drinking strategy, 30 days or more of abstinence is recommended for those who are capable of it. This is before titration strategies are applied.

Changing the type of alcohol consumed would be a different type of clinical recommendation. Attending group meetings can be useful but is not necessarily part of a controlled drinking strategy per se.

397.

Which of the following would NOT be used to manage alcohol withdrawal?

Naltrexone

Valium

Ativan

Correct answer: Naltrexone

Naltrexone would not be used to manage alcohol withdrawal, as it is not in the same class as alcohol and would have no mitigating effect on the symptoms.

Valium and Ativan would both be indicated for this use.

398.

Which of the following would be the BEST indicator that a person is in need of a trial period of abstinence?

Not following personal rules

Missing therapy appointments

Resisting reduction strategies

The feedback of significant others

Correct answer: Not following personal rules

The best indicator that a person is in need of an abstinence period is when the person cannot follow personal strategies of moderation. This demonstrates a lack of control on the part of the client that will need a higher level of intervention.

Missing therapy appointments and resisting reduction strategies are by themselves not as significant as a failure to follow one's own rules. The testimony of significant others may or may not be valuable.

399.

What is the specific goal of moderation approaches in treatment?

Establishing a moderate use pattern

Immediate abstinence

Treating co-occurring disorders

Reducing physical consequences

Correct answer: Establishing a moderate use pattern

Moderation approaches, which seek to reduce rather than end substance use, are mainly designed to establish a pattern of responsible behavior with regard to use in the near-term context of treatment. The idea is that learning to manage the substance behavior is a step toward control of that behavior, and is in effect a harm reduction strategy.

The main purpose of moderation approaches is not immediate abstinence, treating co-occurring disorders, or reducing physical consequences.
