Substance Use And Addiction Disorders, Parts 3 & 4

1. Medication Assisted Treatment is:
   a. used exclusively for marijuana addiction
   b. the program of choice for chronic relapses
   c. recommended for multiple substance use including cocaine addiction
   d. is not evidence-based and therefore not used

2. Successful group therapy programs have the following characteristics and opportunities for patients:
   a. develop communication skills and participate in socialization experiences
   b. introduce structure and discipline
   c. reinforcement of interacting in a safe and supportive therapeutic milieu, and advancing individual recovery
   d. All of the above

3. Which of the following is NOT one of the three treatment approaches for patients with multiple substance use and mental health disorders?
   a. Integrated treatment
   b. Structured treatment
   c. Parallel treatment
   d. Sequential treatment

4. Joe is currently using substances but he participates in substance education classes and he attends group therapy classes at a mental health center. Joe is involved in
   a. a serial treatment program.
   b. a parallel treatment program.
   c. an integrated program.
   d. a unified treatment program.

5. The inpatient, highly restricted environment or setting is recommended for a patient
   a. who is homeless.
   b. ordered into treatment by a court.
   c. with a severe substance use disorder diagnosis.
   d. in denial of his or her drug problem.
6. ____________ treatment is the most frequently used treatment option for individuals with substance use disorders.

   a. Temporary recovery
   b. Partial hospitalization
   c. Inpatient
   d. Outpatient

7. Inpatient treatment programs are

   a. almost exclusively abstinence based.
   b. essentially “harm-reduction” programs.
   c. not for detoxification programs.
   d. All of the above

8. Which of the following detoxification models does not allow residents to use alcohol or drugs?

   a. Pure model
   b. Harm-reduction program
   c. Medical detoxification model
   d. Social model

9. Dual-diagnosis programs are designed to treat clients with the presence of both serious psychiatric illness as well as substance use and addiction, and dual diagnosis programs

   a. are usually based in psychiatric hospitals.
   b. are usually abstinence programs.
   c. are reserved for involuntary commitments.
   d. are for court-ordered treatments only.

10. The well-recognized Minnesota Model of addiction treatment is a rehabilitation program that is

    a. a harm-reduction program.
    b. usually a free-standing, non-hospital-based facility.
    c. usually based in a psychiatric hospital.
    d. a medical detoxification center.
11. There are four stages of recovery. The acute phase is the stage of recovery that occurs
   a. when the patient is hospitalized for an emergency.
   b. before the cessation of drug activity.
   c. immediately following cessation of drug activity.
   d. after the patient has dealt with medical issues.

12. The __________ phase is the phase of recovery with the highest level of attrition.
   a. full abstinence
   b. acute
   c. early remission
   d. withdrawal

13. The early remission stage of treatment is classified as the period of full abstinence and recovery that lasts for at least _________________after cessation of substance use.
   a. three months
   b. a full year
   c. six months but not longer than twelve months
   d. one month but not longer than twelve months

14. The abstinence phase of treatment can be broken into two separate categories. In this second half of abstinence, the patient will focus on
   a. maintaining abstinence and modifying behaviors.
   b. abstinence strategies and methods.
   c. cessation of all drug activity.
   d. admitting his or her drug use.

15. Sustained remission occurs once a patient has remained abstinent for
   a. any meaningful period of time.
   b. for at least one month.
   c. for six months or more.
   d. twelve or more months.
16. The main focus of the sustained remission phase is

a. maintenance.
b. achieving abstinence.
c. identifying high-risk activities.
d. All of the above.

17. Teaching stimulus control refers to three primary activities:

a. avoidance, escape, delay.
b. delay, reporting, detention.
c. cognitive alert, action plan, group therapy.
d. none of the above.

18. A common theme in the SMART and Rationale Recovery program is that:

a. one will always be an “addict” or “alcoholic” in recovery.
b. people are largely responsible for their drug and alcohol use behaviors.
c. lifetime membership is a requirement.
d. it is a program for all genders and ages.

19. A recovering alcoholic attends a school reunion but leaves when he experiences surprising cravings and a strong urge to have an alcoholic beverage. This is an example of

a. avoidance.
b. an action plan.
c. escape.
d. delay.

20. A first step in managing cravings is to help individuals understand that

a. they do occur.
b. they lead to relapse.
c. they should not have cravings.
d. they do not happen with self-monitoring.

21. Self-monitoring strategies may include

a. self-test after drug use.
b. using a craving diary.
c. managing a return to drug use.
d. None of the above.
22. Relapse management refers to helping clients
   a. avoid a relapse.
   b. manage a lapse so it does not get further out of control.
   c. maintain absolute abstinence.
   d. avoid high risk situations.

23. One of the greatest risks for full-blown relapse is when a client slips, returns to drug use, and then determines that he or she
   a. is close to abstinence or control.
   b. was not at fault.
   c. is incapable of maintaining sobriety.
   d. may decide to stop at any time.

24. With respect to methamphetamine use cognitive behavioral interventions showed
   a. it is not useful when treating meth users.
   b. no impact.
   c. little change and no reduction in meth use.
   d. positive change as well as a reduction in meth use.

25. The third element of the structure of a cognitive therapy session for substance use is bridging, which refers to
   a. mending broken relationships.
   b. bridging one’s emotions to cognitive thought.
   c. bridging from the last session.
   d. maintaining sobriety.

26. The pros–cons analysis used in a cognitive therapy session is designed to help the client
   a. identify a more balanced picture of his substance use.
   b. underestimate the disadvantages.
   c. when deciding whether or not to attend a high-risk event.
   d. overestimate the advantages of using.
27. Community crisis centers provide assistance for
   a. sexual assault.
   b. suicide concerns.
   c. substance use issues.
   d. All of the above

28. A common example of a community corrections program would be
   a. probation.
   b. Alcoholics Anonymous.
   c. intensive group therapy.
   d. county jail.

29. The most formal way to assess a patient’s mood is to encourage the patient
   a. to complete an assessment questionnaire, i.e., the Beck Depression Inventory (BDI).
   b. to use a craving diary.
   c. to enter a 12-Step program.
   d. to do a pros-cons analysis.