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Co-occurring Disorders Specialist

Exam Questions Packet

Certification Exam

Course No: CD-1451

Course Title: *Co-occurring Disorders Specialist (CDS) Certification Exam*

Course Objective: An examination of co-occurring substance abuse and mental disorders, including definition, terms, and classification systems for co-occurring disorders; keys to successful programming; assessment; strategies for working with clients with co-occurring disorders; traditional settings and models; special settings and specific populations; overview of specific mental disorders and cross-cutting issues; substance-induced disorders; identification of specific mental disorders – including suicidality, nicotine dependence, mood and anxiety disorders, and eating disorders.

CE Credit / Hours: This *Co-occurring Disorders Specialist (CDS) Certification Exam* also qualifies for 40.0 hours Continuing Education (CE) credit.

Course Material: Center for Substance Abuse Treatment. ***Substance Abuse Treatment for Persons with Co-occurring Disorders.*** Treatment Improvement Protocol (TIP) Series 42 (***TIP 42***). DHHS Publication No. (SMA) 05-3992. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2005.

The complete 589-page ***TIP 42*** publication is available free in electronic format at the Breining Institute web site at www.breining.edu, and from the US Department of Health and Human Services at www.samhsa.gov.

Exam Questions: Ninety (90) multiple-choice questions.

Answer Sheet: The on-line Answer Sheet will automatically grade your exam, and a Certificate of Completion will be automatically generated and sent to you by e-mail upon your successfully answering 70% of the questions correctly and completing your payment for the course.

Recommendation: Review the exam questions before you read the Course Material. The Exam Questions are based upon the information presented in the Course Material. You should choose the best answer based upon the information contained within the Course Material.

GOOD LUCK!

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These Exam Questions are based upon the information presented in the Course Material. You should choose the best answer based upon the information contained within the Course Material. Answers which are not consistent with the information provided within the Course Material will be marked incorrect. A score of at least 70% correct answers is required to receive Course credit. GOOD LUCK!

The following questions are based upon the material contained in
Substance Abuse Treatment for Persons with Co-occurring Disorders
Chapters 2 through 5

1. *Substance abuse* and *substance dependence* are two types of substance use disorders and have distinct meanings, as derived from the *Diagnostic and Statistical Manual of Mental Disorders*, 4th edition (DSM-IV). "Substance abuse" is:
    a. A maladaptive pattern of alcohol or other drug (AOD) use that typically involves a co-occurring mental disorder.
    b. A maladaptive pattern of substance use manifested by recurrent and significant adverse consequences related to the repeated use of substances.
    c. A maladaptive pattern of illegal substance use that typically results in the loss of olfactory (or sensory) system.
    d. A maladaptive pattern of substance use that includes such features as increased tolerance for the substance, resulting in the need for ever-greater amounts of the substance to achieve the intended effect.

2. *Substance abuse* and *substance dependence* are two types of substance use disorders and have distinct meanings, as derived from the *Diagnostic and Statistical Manual of Mental Disorders*, 4th edition (DSM-IV). "Substance dependence" is:
    a. A maladaptive pattern of alcohol or other drug (AOD) use that typically involves a co-occurring mental disorder.
    b. A maladaptive pattern of substance use manifested by recurrent and significant adverse consequences related to the repeated use of substances.
    c. A maladaptive pattern of illegal substance use that typically results in the loss of olfactory (or sensory) system.
    d. A maladaptive pattern of substance use that includes such features as increased tolerance for the substance, resulting in the need for ever-greater amounts of the substance to achieve the intended effect.

3. The criteria for a diagnosis of *substance abuse* could include any one of the following, occurring within a 12-month period, *except*:

a. Recurrent substance use resulting in a failure to fulfill major role obligations at work, school, or home.
b. Recurrent substance use in situations in which it is physically hazardous.
c. Recurrent substance-related legal problems.
d. Recurrent substance use with markedly increased amounts of the substance needed to achieve desired effect.

4. The criteria for a diagnosis of *substance dependence*, as manifested by three or more specified situations occurring within a 12-month period, include all of the following, *except*:
    a. Continued substance use despite having persistent or recurrent social or interpersonal problems caused by or exacerbated by the effects of the substance.
    b. Markedly diminished effect with continued use of the same amount of the substance.
    c. The substance is often taken in larger amounts or over a longer period than was intended.
    d. A great deal of time is spent in activities necessary to obtain the substance, use the substance, or recover from its effects.

5. The prevalence of co-occurring substance abuse and antisocial personality disorder is:
    a. High.
    b. Low.
    c. About equal to the general population.
    d. Essentially non-existent.

6. Common symptoms of a *personality disorder* are:
    a. Evident in their thoughts (ways of looking at the world, thinking about self or others), emotions (appropriateness, intensity, and range), interpersonal functioning (relationships and interpersonal skills), and impulse control.
    b. Those that center on problems of thinking, the most prominent (and problematic) symptoms being delusions or hallucinations.
    c. Both A and B above.
    d. Neither A nor B above.

7. Common symptoms of a *psychotic disorder* are:
    a. Evident in their thoughts (ways of looking at the world, thinking about self or others), emotions (appropriateness, intensity, and range), interpersonal functioning (relationships and interpersonal skills), and impulse control.
    b. Those that center on problems of thinking, the most prominent (and problematic) symptoms being delusions or hallucinations.
    c. Both A and B above.
    d. Neither A nor B above.

8. Schizophrenia is one of the most common of the psychotic disorders and one of the most destructive in terms of the effect it has on a person's life. Symptoms may include which of the following?
    a. Hallucinations, delusions, disorganized speech.
    b. Grossly disorganized or catatonic behavior.
    c. Social withdrawal, lack of interest, poor hygiene.
    d. All of the above.

9. There are several types of *mood disorders*, including depression, mania, and bipolar disorder. Which of the following describes symptoms related to *depression*?
    a. Social phobia, panic disorder, and posttraumatic stress disorders.
    b. Characterized by a distinct period of abnormally elevated, expansive, or irritable mood.
    c. Can include loss of interest, weight changes, changes in sleep and appetite, feelings of worthlessness, loss of concentration, and recurrent thoughts of death.
    d. There might be an excess of energy where sleep is not needed for days at a time. The client may be feeling “on top of the world,” and during this time, the client's decision-making process might be significantly impaired and expansive.

10. There are several types of *mood disorders*, including depression, mania, and bipolar disorder. Which of the following describes symptoms related to *mania*?
    a. Social phobia, panic disorder, and posttraumatic stress disorders.
    b. Characterized by a distinct period of abnormally elevated, expansive, or irritable mood.
    c. Can include loss of interest, weight changes, changes in sleep and appetite, feelings of worthlessness, loss of concentration, and recurrent thoughts of death.
    d. There might be an excess of energy where sleep is not needed for days at a time. The client may be feeling “on top of the world,” and during this time, the client's decision-making process might be significantly impaired and expansive.

11. There are several types of *mood disorders*, including depression, mania, and bipolar disorder. Which of the following describes symptoms related to *bipolar disorder*?
    a. Social phobia, panic disorder, and posttraumatic stress disorders.
    b. Characterized by a distinct period of abnormally elevated, expansive, or irritable mood, and may include inflated self-esteem or grandiosity, decreased need for sleep, and being more talkative than usual.
    c. Can include loss of interest, weight changes, changes in sleep and appetite, feelings of worthlessness, loss of concentration, and recurrent thoughts of death.

d. There might be an excess of energy where sleep is not needed for days at a time. The client may be feeling “on top of the world,” and during this time, the client's decision-making process might be significantly impaired and expansive.

12. The course material suggests “Six Guiding Principles in Treating Clients with COD.” Which of these following features can describe the “employ a recovery perspective” principle?
    a. Services should be comprehensive to meet the multidimensional problems typically presented by clients with COD.
    b. It acknowledges that recovery is a long-term process of internal change, and it recognizes that these internal changes proceed through various stages.
    c. The mutual self-help movement, the family, the faith community, and other resources that exist within the client's community can play an invaluable role in recovery.
    d. May incorporate case management and intensive case management to help clients find housing or handle legal and family matters.

13. The course material suggests “Six Guiding Principles in Treating Clients with COD.” Which of these following features can describe the “adopt a multi-problem viewpoint” principle?
    a. Services should be comprehensive to meet the multidimensional problems typically presented by clients with COD.
    b. It acknowledges that recovery is a long-term process of internal change, and it recognizes that these internal changes proceed through various stages.
    c. The mutual self-help movement, the family, the faith community, and other resources that exist within the client's community can play an invaluable role in recovery.
    d. May incorporate case management and intensive case management to help clients find housing or handle legal and family matters.

14. The course material suggests “Six Guiding Principles in Treating Clients with COD.” Which of these following features can describe the “address specific real-life problems early in treatment” principle?
    a. Services should be comprehensive to meet the multidimensional problems typically presented by clients with COD.
    b. It acknowledges that recovery is a long-term process of internal change, and it recognizes that these internal changes proceed through various stages.
    c. The mutual self-help movement, the family, the faith community, and other resources that exist within the client's community can play an invaluable role in recovery.
    d. May incorporate case management and intensive case management to help clients find housing or handle legal and family matters.

15. The course material suggests “Six Guiding Principles in Treating Clients with COD.” Which of these following features can describe the “use support sytems to maintain and extend treatment effectiveness” principle?
    a. Services should be comprehensive to meet the multidimensional problems typically presented by clients with COD.
    b. It acknowledges that recovery is a long-term process of internal change, and it recognizes that these internal changes proceed through various stages.
    c. The mutual self-help movement, the family, the faith community, and other resources that exist within the client's community can play an invaluable role in recovery.
    d. May incorporate case management and intensive case management to help clients find housing or handle legal and family matters.

16. The course material discusses a “no wrong door” policy, suggesting that this policy should be applied to the full range of clients with COD. Implications of this approach for service planning include all of the following, except:
    a. Programs and staff may need to change expectations and program requirements to engage reluctant and “unmotivated” clients.
    b. The overall system of care needs to be seamless, providing continuity of care across service systems.
    c. Creative outreach strategies may be needed to encourage some people to engage in treatment.
    d. Treatment agencies will need to assess the layout of their facilities in order to insure that individuals with impaired mobility will be able to access treatment without unreasonable physical barriers.

17. Since both substance use and mental disorders frequently are long-term conditions, treatment for persons with COD should take into consideration rehabilitation and recovery over a significant period of time. Therefore, to be effective, treatment must address the three features that characterize continuity of care, which include all of the following, except:
    a. *Fiscal integrity* of the primary and secondary treatment agencies.
    b. *Consistency* between primary treatment and ancillary services.
    c. *Seamlessness* as clients move across levels of care.
    d. *Coordination* of present and past treatment episodes.

18. Clinicians' competencies are the specific and measurable skills that counselors must possess, and the course material suggests viewing counselor competencies as basic, intermediate and advanced to foster continuing professional development of all counselors and clinicians in the field of COD. Which of the following competencies does the material suggest should be a *basic* competency?
    a. Be able to engage in developing an integrated treatment plan, with goal-setting / problem-solving, treatment planning, documentation, confidentially, legal/reporting issues, and documenting issues for

managed care providers.
   b. Be able to collaboratively develop and implement an integrated treatment plan based on thorough assessment that addresses both/all disorders and establishes sequenced goals based on urgent needs, considering the stage of recovery and level of engagement.
   c. Be able to manage a crisis involving a client with COD, including a threat of suicide or harm to others.
   d. None of the above.

19. Clinicians' competencies are the specific and measurable skills that counselors must possess, and the course material suggests viewing counselor competencies as basic, intermediate and advanced to foster continuing professional development of all counselors and clinicians in the field of COD. Which of the following competencies does the material suggest should be an *advanced* competency?
   a. Be able to engage in developing an integrated treatment plan, with goal-setting / problem-solving, treatment planning, documentation, confidentially, legal/reporting issues, and documenting issues for managed care providers.
   b. Be able to collaboratively develop and implement an integrated treatment plan based on thorough assessment that addresses both/all disorders and establishes sequenced goals based on urgent needs, considering the stage of recovery and level of engagement.
   c. Be able to manage a crisis involving a client with COD, including a threat of suicide or harm to others.
   d. None of the above.

20. *Screening* is a formal process of testing to determine whether a client does or does not warrant further attention at the current time in regard to a particular disorder and, in this context, the possibility of a co-occurring substance use or mental disorder. Which of the following “Advice to the Counselor: Do’s and Don’ts of Assessment for COD” is *not* included in the course material (Chapter 4)?
   a. *Don't* assume that there is one correct treatment approach or program for any type of COD.
   b. *Do* remember that empathy and hope are the most valuable components of your work with a client.
   c. *Do* become familiar with the diagnostic criteria for common mental disorders, including personality disorders, and with the names and indications of common psychiatric medications.
   d. *Don’t* become overly familiar with your client and / or client’s family members, as this can lead to transference issues and other ethical dilemmas.

21. *Screening* is a formal process of testing to determine whether a client does or does not warrant further attention at the current time in regard to a particular

disorder and, in this context, the possibility of a co-occurring substance use or mental disorder. Which of the following "Advice to the Counselor: Do's and Don'ts of Assessment for COD" is *not* included in the course material (Chapter 4)?

a. *Do* recognize that all mental symptoms tend to be caused by addiction unless proven otherwise.
b. *Do* become familiar with the specific role that your program or setting plays in delivering services related to COD in the wider context of the system of care.
c. *Don't* be afraid to admit when you don't know, either to the client or yourself.
d. *Do* keep in mind that assessment is about getting to know a person with complex and individual needs.

22. Because of the high prevalence of co-occurring mental disorders in substance abuse treatment settings, and because treatment outcomes for individuals with multiple problems improve if each problem is addressed specifically, the course material recommends which of the following:
    a. All individuals presenting for substance abuse treatment should be screened routinely for co-occurring mental disorders.
    b. All individuals presenting for treatment for a mental disorder should be screened routinely for any substance use disorder.
    c. Both A and B above.
    d. Neither A nor B above.

23. Mental health screening has four major components in substance abuse treatment settings, and includes all of the following except:
    a. Screen for insurance or other ability to pay for treatment services.
    b. Screen for acute safety risk.
    c. Screen for past and present mental health symptoms and disorders.
    d. Screen for past and present victimization and trauma.

24. Safety screening for potential risk of harm considers a person's potential to cause significant harm to self or others. "Risk of harm" may be rated as minimal, low, moderate, serious or extreme. Which of the following criteria would suggest a *low* risk of harm?
    a. History of chronic impulsive suicidal/homicidal behavior or threats and current expressions do not represent significant change from baseline.
    b. Repeated episodes of violence toward self or others, or other behaviors resulting in harm while under the influence of intoxicating substances with pattern of nearly continuous and uncontrolled use.
    c. Current suicidal or homicidal ideation with expressed intentions and/or past history of carrying out such behavior but without means for carrying out the behavior, or with some expressed inability or aversion to doing so, or with ability to contract for safety.

d. No indication of suicidal or homicidal thoughts or impulses, no history of suicidal or homicidal ideation, and no indication of significant distress.

25. Safety screening for potential risk of harm considers a person's potential to cause significant harm to self or others. “Risk of harm” may be rated as minimal, low, moderate, serious or extreme. Which of the following criteria would suggest a *moderate* risk of harm?
    a. History of chronic impulsive suicidal/homicidal behavior or threats and current expressions do not represent significant change from baseline.
    b. Repeated episodes of violence toward self or others, or other behaviors resulting in harm while under the influence of intoxicating substances with pattern of nearly continuous and uncontrolled use.
    c. Current suicidal or homicidal ideation with expressed intentions and/or past history of carrying out such behavior but without means for carrying out the behavior, or with some expressed inability or aversion to doing so, or with ability to contract for safety.
    d. No indication of suicidal or homicidal thoughts or impulses, no history of suicidal or homicidal ideation, and no indication of significant distress.

26. Safety screening for potential risk of harm considers a person's potential to cause significant harm to self or others. “Risk of harm” may be rated as minimal, low, moderate, serious or extreme. Which of the following criteria would suggest a *serious* risk of harm?
    a. History of chronic impulsive suicidal/homicidal behavior or threats and current expressions do not represent significant change from baseline.
    b. Repeated episodes of violence toward self or others, or other behaviors resulting in harm while under the influence of intoxicating substances with pattern of nearly continuous and uncontrolled use.
    c. Current suicidal or homicidal ideation with expressed intentions and/or past history of carrying out such behavior but without means for carrying out the behavior, or with some expressed inability or aversion to doing so, or with ability to contract for safety.
    d. No indication of suicidal or homicidal thoughts or impulses, no history of suicidal or homicidal ideation, and no indication of significant distress.

27. Safety screening for potential risk of harm considers a person's potential to cause significant harm to self or others. “Risk of harm” may be rated as minimal, low, moderate, serious or extreme. Which of the following criteria would suggest an *extreme* risk of harm?
    a. History of chronic impulsive suicidal/homicidal behavior or threats and current expressions do not represent significant change from baseline.
    b. Repeated episodes of violence toward self or others, or other behaviors resulting in harm while under the influence of intoxicating substances with pattern of nearly continuous and uncontrolled use.
    c. Current suicidal or homicidal ideation with expressed intentions and/or past history of carrying out such behavior but without means for carrying

out the behavior, or with some expressed inability or aversion to doing so, or with ability to contract for safety.

d. No indication of suicidal or homicidal thoughts or impulses, no history of suicidal or homicidal ideation, and no indication of significant distress.

28. *Motivational Interviewing* or *MI* is a "client-centered, directive method for enhancing intrinsic motivation to change by exploring and resolving ambivalence." There are four principles guiding the practice of MI: expressing empathy; developing discrepancies; rolling with resistance; and supporting self-efficacy. Which of the following is descriptive of *expressing empathy*?
    a. Recognizes that an individual must believe he or she actually can make a change before attempting to do so.
    b. When resistance is encountered, the counselor does not oppose it outright. Instead, the counselor offers new information and alternative perspectives, giving the client respectful permission to "take what you want and leave the rest."
    c. The counselor advances the cause of change not by insisting on it, but by helping the client perceive the discrepancy between the current situation and the client's personal goals.
    d. The counselor refrains from judging the client; instead, through respectful, reflective listening, the counselor projects an attitude of acceptance.

29. *Motivational Interviewing* or *MI* is a "client-centered, directive method for enhancing intrinsic motivation to change by exploring and resolving ambivalence." There are four principles guiding the practice of MI: expressing empathy; developing discrepancies; rolling with resistance; and supporting self-efficacy. Which of the following is descriptive of *rolling with resistance*?
    a. Recognizes that an individual must believe he or she actually can make a change before attempting to do so.
    b. When resistance is encountered, the counselor does not oppose it outright. Instead, the counselor offers new information and alternative perspectives, giving the client respectful permission to "take what you want and leave the rest."
    c. The counselor advances the cause of change not by insisting on it, but by helping the client perceive the discrepancy between the current situation and the client's personal goals.
    d. The counselor refrains from judging the client; instead, through respectful, reflective listening, the counselor projects an attitude of acceptance.

30. *Motivational Interviewing* or *MI* is a "client-centered, directive method for enhancing intrinsic motivation to change by exploring and resolving ambivalence." There are four principles guiding the practice of MI: expressing empathy; developing discrepancies; rolling with resistance; and supporting self-efficacy. Which of the following is descriptive of *supporting self-efficacy*?
    a. Recognizes that an individual must believe he or she actually can make a change before attempting to do so.

b. When resistance is encountered, the counselor does not oppose it outright. Instead, the counselor offers new information and alternative perspectives, giving the client respectful permission to "take what you want and leave the rest."
c. The counselor advances the cause of change not by insisting on it, but by helping the client perceive the discrepancy between the current situation and the client's personal goals.
d. The counselor refrains from judging the client; instead, through respectful, reflective listening, the counselor projects an attitude of acceptance.

The following questions are based upon the material contained in
Substance Abuse Treatment for Persons with Co-occurring Disorders
Chapters 6 through 9

31. There are the *seven essential programming elements* in COD programming for substance abuse treatment agencies that treat clients with COD identified in the course material, which include all of the following *except*:
    a. Screening, assessment, and referral.
    b. Mental and physical health consultation.
    c. The use of a prescribing onsite psychiatrist.
    d. Group and personal one-on-one counseling sessions.

32. There are the *seven essential programming elements* in COD programming for substance abuse treatment agencies that treat clients with COD identified in the course material, which include all of the following *except*:
    a. Crisis intervention.
    b. Medication and medication monitoring.
    c. Psycho-educational classes.
    d. Offsite dual recovery mutual self-help groups.

33. "Double Trouble" groups refer to which of the following?
    a. Criminal offenders with two or more "strikes."
    b. Client groups with participants who have at least two participants with criminal convictions related to the use of drugs or alcohol.
    c. On-site groups that provide a forum to discussion of the interrelated problems of mental disorders and substance abuse.
    d. Off-site groups that provide a forum to discussion of the interrelated problems of mental disorders and substance abuse.

34. The course material suggests that group therapy should be modified for clients with COD, and recommends that, generally:

a. It is best to immediately confront clients with the most intensive emotional interaction as possible, in order to set the tone for honest and open communication.
b. It is best to reduce the emotional intensity of interpersonal interaction in COD group sessions.
c. Both A and B above.
d. Neither A nor B above.

35. Typically, some persons with COD have trouble sitting still, while others may have trouble getting moving at all, and the course material makes which of the following suggestions regarding group therapy for clients with COD?
    a. The duration of a group is too long for a COD client, so there should be no group activity until the client has resolved the mental health challenge.
    b. The duration of a group should increased to approximately two hours at the beginning of the treatment protocol, in order for the COD client to become acclimated to a group environment.
    c. The duration of a group should be shortened to less than an hour, typically 40 minutes.
    d. The duration of a group should be shortened to no more than 20 minutes, and the frequency of the group meetings should increase to twice daily.

36. The course material suggests that there are five elements needed to design an evaluation process for an outpatient program that can provide useful feedback to program staff and administrators on the effectiveness or outcome of treatment for persons with COD. Which of the following is not one of those suggested?
    a. Formulate a fiscally responsible approach to providing treatment accessibility to all potential clients, regardless of means to pay for services.
    b. Decide who the study clients will be and devise a plan for selecting or sampling those clients.
    c. Locate and/or develop instruments that can be used to assess client functioning in the areas of concern for outcome.
    d. Develop a plan for data analysis and reporting.

37. “Acute care” refers to which of the following?
    a. When providers are primarily concerned with treating substance use disorders.
    b. Short-term care provided in intensive care units, brief hospital stays, and emergency rooms.
    c. When providers offer comprehensive information on substance abuse treatment, including integrated treatment for people who have substance use disorders and HIV/AIDS as well as co-occurring mental disorders.
    d. None of the above.

38. In recent years, dual recovery mutual self-help organizations have emerged as a source of support for people in recovery from COD. The rationale for establishing

dual recovery programs as additions to previously existing 12-Step community groups include several issues. Which of the following describes the *stigma and prejudice* issue?

a. The new dual recovery programs offer an opportunity to begin drawing on the experiences that members have encountered during both the progression of their COD and the process of their dual recovery.
b. Confusion about the appropriate role of psychiatric medication exists, and as a result, some members may offer well-intended, but inappropriate, advice by cautioning newcomers against using medications.
c. Stigma related to both substance abuse and mental illness continues to be problematic, despite the efforts of many advocacy organizations.
d. Dual recovery meetings may offer members and newcomers a setting of emotional acceptance, support, and empowerment.

39. In recent years, dual recovery mutual self-help organizations have emerged as a source of support for people in recovery from COD. The rationale for establishing dual recovery programs as additions to previously existing 12-Step community groups include several issues. Which of the following describes the *inappropriate advice* issue?

a. The new dual recovery programs offer an opportunity to begin drawing on the experiences that members have encountered during both the progression of their COD and the process of their dual recovery.
b. Confusion about the appropriate role of psychiatric medication exists, and as a result, some members may offer well-intended, but inappropriate, advice by cautioning newcomers against using medications.
c. Stigma related to both substance abuse and mental illness continues to be problematic, despite the efforts of many advocacy organizations.
d. Dual recovery meetings may offer members and newcomers a setting of emotional acceptance, support, and empowerment.

40. In recent years, dual recovery mutual self-help organizations have emerged as a source of support for people in recovery from COD. The rationale for establishing dual recovery programs as additions to previously existing 12-Step community groups include several issues. Which of the following describes the *direction for recovery* issue?

a. The new dual recovery programs offer an opportunity to begin drawing on the experiences that members have encountered during both the progression of their COD and the process of their dual recovery.
b. Confusion about the appropriate role of psychiatric medication exists, and as a result, some members may offer well-intended, but inappropriate, advice by cautioning newcomers against using medications.
c. Stigma related to both substance abuse and mental illness continues to be problematic, despite the efforts of many advocacy organizations.
d. Dual recovery meetings may offer members and newcomers a setting of emotional acceptance, support, and empowerment.

41. In recent years, dual recovery mutual self-help organizations have emerged as a source of support for people in recovery from COD. The rationale for establishing dual recovery programs as additions to previously existing 12-Step community groups include several issues. Which of the following describes the *acceptance* issue?
    a. The new dual recovery programs offer an opportunity to begin drawing on the experiences that members have encountered during both the progression of their COD and the process of their dual recovery.
    b. Confusion about the appropriate role of psychiatric medication exists, and as a result, some members may offer well-intended, but inappropriate, advice by cautioning newcomers against using medications.
    c. Stigma related to both substance abuse and mental illness continues to be problematic, despite the efforts of many advocacy organizations.
    d. Dual recovery meetings may offer members and newcomers a setting of emotional acceptance, support, and empowerment.

42. Four dual recovery mutual self-help organizations have gained recognition in the field. Which of following describes the format utilized by the *Double Trouble in Recovery* group?
    a. This organization provides a hybrid approach that uses 5 additional steps in conjunction with the traditional 12 steps. The five steps differ from those of other dual recovery groups in underscoring the potential need for medical management, clinical interventions, and therapies.
    b. This organization provides 12 steps that are an adapted and expanded version of the traditional 12 steps, similar to those used by DTR and Dual Disorders Anonymous.
    c. This organization provides 12 steps that are based on a traditional adaptation of the original 12 steps.
    d. None of the above.

43. Four dual recovery mutual self-help organizations have gained recognition in the field. Which of following describes the format utilized by the *Dual Disorders Anonymous* group?
    a. This organization provides a hybrid approach that uses 5 additional steps in conjunction with the traditional 12 steps. The five steps differ from those of other dual recovery groups in underscoring the potential need for medical management, clinical interventions, and therapies.
    b. This organization provides 12 steps that are an adapted and expanded version of the traditional 12 steps, similar to those used by DTR and Dual Disorders Anonymous.
    c. This organization provides 12 steps that are based on a traditional adaptation of the original 12 steps.
    d. None of the above.

44. Four dual recovery mutual self-help organizations have gained recognition in the field. Which of following describes the format utilized by the *Dual Recovery Anonymous* group?
    a. This organization provides a hybrid approach that uses 5 additional steps in conjunction with the traditional 12 steps. The five steps differ from those of other dual recovery groups in underscoring the potential need for medical management, clinical interventions, and therapies.
    b. This organization provides 12 steps that are an adapted and expanded version of the traditional 12 steps, similar to those used by DTR and Dual Disorders Anonymous.
    c. This organization provides 12 steps that are based on a traditional adaptation of the original 12 steps.
    d. None of the above.

45. Four dual recovery mutual self-help organizations have gained recognition in the field. Which of following describes the format utilized by the *Dual Diagnosis Anonymous* group?
    a. This organization provides a hybrid approach that uses 5 additional steps in conjunction with the traditional 12 steps. The five steps differ from those of other dual recovery groups in underscoring the potential need for medical management, clinical interventions, and therapies.
    b. This organization provides 12 steps that are an adapted and expanded version of the traditional 12 steps, similar to those used by DTR and Dual Disorders Anonymous.
    c. This organization provides 12 steps that are based on a traditional adaptation of the original 12 steps.
    d. None of the above.

46. Dual recovery fellowships tend to have all of the following in common, *except*:
    a. A series of steps that provides a plan to achieve and maintain dual recovery, prevent relapse, and organize resources.
    b. A perspective describing co-occurring disorders and dual recovery.
    c. A format to structure and conduct meetings in a way that provides a setting of acceptance and support.
    d. A policy of exclusivity in order to make certain that dual recovery individuals are not subjected to the biased scrutiny of mono-diagnosed individuals.

47. For a significant portion of homeless clients with COD, the impact of substance abuse and mental illness bears a direct relationship to their homeless status. National Institute on Alcohol Abuse and Alcoholism demonstration projects identified substance abuse problems as the primary reason for their homelessness, in both the first and most recent episodes, in approximately what percentage of participants?
    a. 30%
    b. 50%

c. 70%
d. 90%

48. The course material offers all of the following advice to counselors working with homeless clients with COD, except:
    a. Work closely with shelter workers and other providers of services to the homeless.
    b. Help clients obtain housing.
    c. Help clients obtain employment.
    d. Address real-life issues in addition to housing, such as substance abuse treatment, legal and pending criminal justice issues.

49. According to the survey cited in the course material, within Chapter 7, what is one of the most important barriers to women entering treatment?
    a. Responsibility for care of dependent children.
    b. Responsibility for care of parents.
    c. Afraid of losing employment.
    d. Afraid of losing freedom to leave at will.

50. The term “postpartum depression” encompasses several conditions. Which of the following is true of *postpartum or maternity blues*?
    a. Develops following about one per 500–1,000 births.
    b. Affects between 10 and 15 percent of new mothers.
    c. Affects up to 85 percent of new mothers.
    d. None of the above.

51. The term “postpartum depression” encompasses several conditions. Which of the following is true of *postpartum depression*?
    a. Develops following about one per 500–1,000 births.
    b. Affects between 10 and 15 percent of new mothers.
    c. Affects up to 85 percent of new mothers.
    d. None of the above.

52. The term “postpartum depression” encompasses several conditions. Which of the following is true of *postpartum psychosis*?
    a. Develops following about one per 500–1,000 births.
    b. Affects between 10 and 15 percent of new mothers.
    c. Affects up to 85 percent of new mothers.
    d. None of the above.

53. The criteria for a major depressive episode exists when at least five symptoms (identified in the course material) present during the same 2-week period, representing a change from previous functioning. Which of the following is *not* included in the course material within Chapter 7?
    a. Depressed mood most of the day, nearly every day.
    b. Fatigue or loss of energy.

c. Jaundice or yellowing of the eyes.
d. Diminished ability to think or concentrate, or indecisiveness.

54. The criteria for a major depressive episode exists when at least five symptoms (identified in the course material) present during the same 2-week period, representing a change from previous functioning. Which of the following is *not* included in the course material within Chapter 7?
    a. Two or more hyper-plexia episodes occurring within 5 hours of each other.
    b. Psychomotor agitation or retardation nearly every day
    c. Recurrent thoughts of death, recurrent suicidal ideation, or a suicide attempt.
    d. Diminished interest or pleasure in activities.

55. Substance use disorders alone increase suicidality, while the added presence of some mental disorders doubles an already heightened risk. The course material suggests that counselors should be aware of which of the following facts about the association between suicide and substance abuse?
    a. Alcohol abuse is associated with 25 to 50 percent of suicides.
    b. Between 5 and 27 percent of all deaths of people who abuse alcohol are caused by suicide, with the lifetime risk for suicide among people who abuse alcohol estimated to be 15 percent.
    c. Both A and B above.
    d. Neither A nor B above.

56. In 2003 an estimated 29.8 percent of the general population aged 12 or older report current (past month) use of a tobacco product. The U.S. Public Health Service Guidelines encourage the use of the *5 A's* as an easy road map to guide clinicians to help their patients who smoke. Those *5 A's* include all of the following, *except*:
    a. Advise
    b. Assess
    c. Arrange
    d. Aggrieve

57. The essential features of antisocial personality disorder include which of the following?
    a. A pervasive disregard for and violation of the rights of others.
    b. An inability to form meaningful interpersonal relationships.
    c. Both A and B above.
    d. Neither A nor B above.

58. The course material suggests "what counselors should know about mood and anxiety disorders and substance abuse," which includes all of the following, except:

a. Approximately one quarter of United States residents are likely to have some anxiety disorder during their lifetime, and the prevalence is higher among women than men.
b. Youth and adolescents are the group at highest risk for combined mood disorder and substance problems.
c. People with co-occurring mood or anxiety disorders and a substance use disorder typically use a variety of drugs.
d. It is now believed that substance use is more often a cause of anxiety symptoms rather than an effort to cure these symptoms.

59. As defined in the *Diagnostic and Statistical Manual of Mental Disorders,* 4th edition, *substance-induced disorders* include all of the following, except:
    a. Substance-induced persisting dementia
    b. Substance-induced anxiety disorder
    c. Substance-induced hyper-plexia
    d. Hallucinogen persisting perceptual disorder

60. Substance-induced disorders are distinct from independent co-occurring mental disorders for which reason?
    a. None of the psychiatric symptoms are the result of substance use.
    b. All or most of the psychiatric symptoms are the direct result of substance use.
    c. Substance use will typically result in the opposite effect as that intended by the substance (for example, caffeine will make the user drowsy).
    d. None of the above.

The following questions are based upon the material contained in
Substance Abuse Treatment for Persons with Co-occurring Disorders
Appendices C and D

61. Within the *Glossary of Terms*, the term “acute care” refers to which of the following?
    a. Short-term care provided in intensive care units, brief hospital stays, and emergency rooms for those who are severely intoxicated or dangerously ill.
    b. Treatment episodes in which a client receives medications both to reduce cravings for substances and to medicate a mental disorder.
    c. A form of treatment that typically employs intensive outreach activities, continuous 24-hour responsibility for client's welfare, active and continued engagement with clients, a high intensity of services, as well as the provision of services by multidisciplinary teams.

d. Treatment for HIV/AIDS infection that employs several medications in combination to suppress the HIV virus or delay both the development of resistant viruses and the appearance of AIDS symptoms.

62. Within the *Glossary of Terms*, the term “antiretroviral combination therapy” refers to which of the following?
    a. Short-term care provided in intensive care units, brief hospital stays, and emergency rooms for those who are severely intoxicated or dangerously ill.
    b. Treatment episodes in which a client receives medications both to reduce cravings for substances and to medicate a mental disorder.
    c. A form of treatment that typically employs intensive outreach activities, continuous 24-hour responsibility for client's welfare, active and continued engagement with clients, a high intensity of services, as well as the provision of services by multidisciplinary teams.
    d. Treatment for HIV/AIDS infection that employs several medications in combination to suppress the HIV virus or delay both the development of resistant viruses and the appearance of AIDS symptoms.

63. Within the *Glossary of Terms*, the term “assertive community treatment” refers to which of the following?
    a. Short-term care provided in intensive care units, brief hospital stays, and emergency rooms for those who are severely intoxicated or dangerously ill.
    b. Treatment episodes in which a client receives medications both to reduce cravings for substances and to medicate a mental disorder.
    c. A form of treatment that typically employs intensive outreach activities, continuous 24-hour responsibility for client's welfare, active and continued engagement with clients, a high intensity of services, as well as the provision of services by multidisciplinary teams.
    d. Treatment for HIV/AIDS infection that employs several medications in combination to suppress the HIV virus or delay both the development of resistant viruses and the appearance of AIDS symptoms.

64. Within the *Glossary of Terms*, the term “combined psychopharmacological intervention” refers to which of the following?
    a. Short-term care provided in intensive care units, brief hospital stays, and emergency rooms for those who are severely intoxicated or dangerously ill.
    b. Treatment episodes in which a client receives medications both to reduce cravings for substances and to medicate a mental disorder.
    c. A form of treatment that typically employs intensive outreach activities, continuous 24-hour responsibility for client's welfare, active and continued engagement with clients, a high intensity of services, as well as the provision of services by multidisciplinary teams.

d. Treatment for HIV/AIDS infection that employs several medications in combination to suppress the HIV virus or delay both the development of resistant viruses and the appearance of AIDS symptoms.

65. Within the *Glossary of Terms*, the term “anorexia nervosa” refers to which of the following?
    a. A state of confusion accompanied by trembling and vivid hallucinations. Symptoms may include restlessness, agitation, trembling, sleeplessness, rapid heartbeat, and possibly convulsions.
    b. Rigid, inflexible, and maladaptive behavior patterns of sufficient severity to cause internal distress or significant impairment in functioning.
    c. An illness whose essential feature is the development of characteristic symptoms following exposure to an extreme traumatic stressor involving direct personal experience of an event that involves actual or threatened death or serious injury, or other threat to one's physical integrity.
    d. A disorder in which the individual refuses to maintain a minimal normal body weight, is intensely afraid of gaining weight, and exhibits a significant disturbance in the perception of the shape or size of his or her body.

66. Within the *Glossary of Terms*, the term “delirium tremens” refers to which of the following?
    a. A state of confusion accompanied by trembling and vivid hallucinations. Symptoms may include restlessness, agitation, trembling, sleeplessness, rapid heartbeat, and possibly convulsions.
    b. Rigid, inflexible, and maladaptive behavior patterns of sufficient severity to cause internal distress or significant impairment in functioning.
    c. An illness whose essential feature is the development of characteristic symptoms following exposure to an extreme traumatic stressor involving direct personal experience of an event that involves actual or threatened death or serious injury, or other threat to one's physical integrity.
    d. A disorder in which the individual refuses to maintain a minimal normal body weight, is intensely afraid of gaining weight, and exhibits a significant disturbance in the perception of the shape or size of his or her body.

67. Within the *Glossary of Terms*, the term “personality disorders” refers to which of the following?
    a. A state of confusion accompanied by trembling and vivid hallucinations. Symptoms may include restlessness, agitation, trembling, sleeplessness, rapid heartbeat, and possibly convulsions.
    b. Rigid, inflexible, and maladaptive behavior patterns of sufficient severity to cause internal distress or significant impairment in functioning.
    c. An illness whose essential feature is the development of characteristic symptoms following exposure to an extreme traumatic stressor involving direct personal experience of an event that involves actual or threatened death or serious injury, or other threat to one's physical integrity.

d. A disorder in which the individual refuses to maintain a minimal normal body weight, is intensely afraid of gaining weight, and exhibits a significant disturbance in the perception of the shape or size of his or her body.

68. Within the *Glossary of Terms*, the term “posttraumatic stress disorder” refers to which of the following?
    a. A state of confusion accompanied by trembling and vivid hallucinations. Symptoms may include restlessness, agitation, trembling, sleeplessness, rapid heartbeat, and possibly convulsions.
    b. Rigid, inflexible, and maladaptive behavior patterns of sufficient severity to cause internal distress or significant impairment in functioning.
    c. An illness whose essential feature is the development of characteristic symptoms following exposure to an extreme traumatic stressor involving direct personal experience of an event that involves actual or threatened death or serious injury, or other threat to one's physical integrity.
    d. A disorder in which the individual refuses to maintain a minimal normal body weight, is intensely afraid of gaining weight, and exhibits a significant disturbance in the perception of the shape or size of his or her body.

69. Within the *Glossary of Terms*, the term “countertransference” refers to which of the following?
    a. The feelings, reactions, biases, and images from the past that the client with COD may project onto the clinician.
    b. A process for facilitating client/consumer access to specialized treatments and services through linkage with, or directing clients/consumers to, agencies that can meet their needs.
    c. The use of strategies that soothe and distract the client who is experiencing intense pain or other strong emotions, helping the client anchor in the present and in reality.
    d. The feelings, reactions, biases, and images from the past that the clinician may project onto the client with COD.

70. Within the *Glossary of Terms*, the term “grounding” refers to which of the following?
    a. The feelings, reactions, biases, and images from the past that the client with COD may project onto the clinician.
    b. A process for facilitating client/consumer access to specialized treatments and services through linkage with, or directing clients/consumers to, agencies that can meet their needs.
    c. The use of strategies that soothe and distract the client who is experiencing intense pain or other strong emotions, helping the client anchor in the present and in reality.
    d. The feelings, reactions, biases, and images from the past that the clinician may project onto the client with COD.

71. Within the *Glossary of Terms*, the term “referral” refers to which of the following?

a. The feelings, reactions, biases, and images from the past that the client with COD may project onto the clinician.
b. A process for facilitating client/consumer access to specialized treatments and services through linkage with, or directing clients/consumers to, agencies that can meet their needs.
c. The use of strategies that soothe and distract the client who is experiencing intense pain or other strong emotions, helping the client anchor in the present and in reality.
d. The feelings, reactions, biases, and images from the past that the clinician may project onto the client with COD.

72. Within the *Glossary of Terms*, the term "transference" refers to which of the following?
    a. The feelings, reactions, biases, and images from the past that the client with COD may project onto the clinician.
    b. A process for facilitating client/consumer access to specialized treatments and services through linkage with, or directing clients/consumers to, agencies that can meet their needs.
    c. The use of strategies that soothe and distract the client who is experiencing intense pain or other strong emotions, helping the client anchor in the present and in reality.
    d. The feelings, reactions, biases, and images from the past that the clinician may project onto the client with COD.

73. Within *Appendix D*, the prevalence of suicide, as indicated in a report in 2002 from the Centers for Disease Control and Prevention's National Center for Health Statistics, is which of the following?
    a. The leading cause of death for people ages 15 to 24.
    b. The third leading cause of death for people ages 15 to 24.
    c. The eleventh leading cause of death for people ages 15 to 24.
    d. None of the above.

74. Within *Appendix D*, it is reported that for people with substance use disorders, the incidence of suicide is how much greater than the general population?
    a. 10 times greater.
    b. 20 times greater.
    c. 50 times greater.
    d. None of the above.

75. Within *Appendix D*, which of the following is reported as the most common substance use disorder in the United States?
    a. Alcohol abuse.
    b. Illicit drug abuse.
    c. Tobacco dependence.
    d. Amphetamine dependence.

76. Within *Appendix D*, it is reported that the rates of smoking in people with substance use disorders are generally which of the following?
    a. About the same as the general population.
    b. About twice the amount in the general population.
    c. About three to four times than in the general population.
    d. None of the above.

77. Within *Appendix D*, the most prominent feature of "borderline personality disorder" or "BPD" is which of the following?
    a. Graciousness.
    b. Callousness.
    c. Over-sensitivity.
    d. Instability.

78. Within *Appendix D*, it is suggested that therapists working with clients with BPD be realistic in their expectations, as progress BPD clients can be which of the following?
    a. Surprisingly about the same as individuals with no personality disorders.
    b. Slow.
    c. Fast.
    d. None of the above.

79. Within *Appendix D*, the essential diagnostic feature of "antisocial personality disorder" or "APD" is which of the following?
    a. Pervasive disregard for and violation of the rights of others.
    b. Withdrawal from human contact; greater reliance in inanimate objects and / or pets.
    c. Extreme energy and marked inability to stay focused on any one task for an extended period of time.
    d. None of the above.

80. Within *Appendix D*, it is suggested that the key issues and concerns in the treatment of people with APD include all of the following, except?
    a. Countertransference and transference.
    b. Counselor / therapist well-being.
    c. Resistance.
    d. Counseling.

81. Within *Appendix D*, "dysthymia" is described as which of the following?
    a. Mood disorder.
    b. Characterized by a depressed mood for most of the day, for more days than not, for at least two years.
    c. Both A and B above.
    d. Neither A nor B above.

82. Within *Appendix D*, which of the following describes a *panic disorder*?

a. A distinct period of intense fear or discomfort that develops abruptly, usually reaching a crescendo within a few minutes or less.
b. Episodes of panic attacks followed by a period of persistent fear of the recurrence of more panic attacks.
c. Both A and B above.
d. Neither A nor B above.

83. Within *Appendix D*, which of the following describes a *psychosis*?
    a. A term for a severely incapacitated mental and emotional state involving a person's thinking, perception, and emotional control.
    b. Distorted thoughts in which an individual has false beliefs, sensations or perceptions that are imagined, and/or very extreme and unusual emotional states along with deterioration in thinking, judgment, self-control, or understanding.
    c. Both A and B above.
    d. Neither A nor B above.

84. Within *Appendix D*, *attention deficit / hyperactivity disorder*, or AD/HD, is described as a persistent pattern of inattention and/or hyperactivity-impulsivity that is more frequently displayed and more severe than typically is observed in individuals at a comparable level of development. Thus, strictly speaking:
    a. Those with attention deficit have a deficit in attention.
    b. Those with attention deficit have a lack of consistency in direction and control.
    c. Both A and B above.
    d. Neither A nor B above.

85. Within *Appendix D*, it is reported that adults with AD/HD have been found to abuse primarily which of the following?
    a. Alcohol.
    b. Marijuana.
    c. Amphetamines.
    d. Stimulants.

86. Within *Appendix D*, *posttraumatic stress disorder* or PTSD is described as following the experience of a psychologically traumatic stressor such as witnessing death, being threatened with death or injury, or being sexually abused. PTSD entails three sets of symptoms that last longer than one month and result in a decline in functioning, including all of the following, except:
    a. *Ambivalence*: persistent symptoms of lack of concern or care about surrounding environment or interaction with people.
    b. *Arousal*: persistent symptoms of increased arousal such as insomnia, irritability, hypervigilance, and exaggerated startle response.
    c. *Avoidance:* persistent avoidance of stimuli related to the trauma such as activities, feelings, and thoughts associated with the traumatic event.
    d. *Intrusion:* a persistent reexperiencing of the trauma in the form of intrusive

images and thoughts, recurrent nightmares, or experiencing episodes during which the trauma is relived, as in flashbacks.

87. Within *Appendix D*, *anorexia nervosa* is characterized by which of the following?
    a. Marked by a refusal to maintain body weight above the minimally normal weight for age and height
    b. Rapid consumption of an unusually large amount of food by comparison with social “norms” in a discrete period of time.
    c. Binge eating in the absence of compensatory behaviors and commonly is associated with obesity.
    d. None of the above.

88. Within *Appendix D*, *bulimia nervosa* is characterized by which of the following?
    a. Marked by a refusal to maintain body weight above the minimally normal weight for age and height
    b. Rapid consumption of an unusually large amount of food by comparison with social “norms” in a discrete period of time.
    c. Binge eating in the absence of compensatory behaviors and commonly is associated with obesity.
    d. None of the above.

89. Within *Appendix D*, *anorexia nervosa* is described primarily as a disorder of females, with a gender ratio of approximately 10:1. This disorder is found across which social classes and ethnic groups?
    a. Primarily middle- to upper-economic classes (“rich person’s condition”) and Caucasian.
    b. Primarily poorer neighborhoods with lesser access to healthy diet, with no particular ethnic group in greater or lesser percentage.
    c. Is found across social classes and ethnic groups.
    d. Is generally found only in urban areas, with the condition being virtually non-existent in rural communities.

90. Within *Appendix D*, *pathological gambling* or PG is described as having which of the following characteristics?
    a. A progressive disorder characterized by a continuous or periodic loss of control over gambling.
    b. A preoccupation with gambling or obtaining money with which to gamble.
    c. Irrational thinking, and a continuation of the behavior despite adverse consequences.
    d. All of the above.