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# MAT Counselor Education Course

Exam Questions Packet

## Part 1

- Course No: MA-1901P1
- Course Title: Medication-Assisted Treatment (MAT) Counselor Education Course Part 1
- Course Objective: Includes primer on opioid addiction and treatment, history of opioids and opioid treatment, science and rationale for opiate agonist treatment, pharmacology, pharmacotherapy, screening, admission assessment and assessment, and behavioral pharmacology of methadone.
- CE Credit / Hours: This segment of the MAT Counselor Education Course also qualifies for 10.0 hours Continuing Education (CE) credit.
- Course Material: Chapters 1 through 7  
***The MAT Counselor: Handbook for Certification of Counselors working in a Medication-Assisted Treatment Setting***  
Published: 2010  
Publisher: Breining Institute (Sacramento, California)  
230 pp.
- Exam Questions: Forty (40) 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  
**The MAT Counselor: Chapters 1 – 7**

1. What is the percentage of the population that is vulnerable to opiate addiction?
  - a. 1 to 2%
  - b. 1 to 3%
  - c. 2 to 4%
  - d. 2 to 3%
  
2. What do patients suffering from opiate addiction often report that methadone or buprenorphine does?
  - a. “keeps me high”
  - b. “keeps me happy”
  - c. “makes me tired”
  - d. “makes me feel normal”
  
3. What is true of all short-acting opiates?
  - a. they cause addiction
  - b. they are associated with rapid tolerance
  - c. they are safe when used only for a few weeks
  - d. none of the above
  
4. Opioid dependent individuals, involved in drug-free rehabilitation, relapse at a percentage rate approaching what?
  - a. 30%
  - b. 45%
  - c. 60%
  - d. 95%
  
5. What are individuals with the persistent endorphin deficiency syndrome encouraged to do?
  - a. take endorphin supplements
  - b. begin a detoxification protocol
  - c. stay in medicated assisted recovery
  - d. follow-up on a referral to mental health



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6. What does Dr. Stenson strongly encourage students entering this field to do?
  - a. educate themselves
  - b. treat each person as a unique individual
  - c. discover tools and treatments that work best for each patient
  - d. all of the above
  
7. What is a semi-synthetic derivative that is produced by a chemical modification in morphine to enhance its potency?
  - a. heroin
  - b. codeine
  - c. morphine
  - d. morphine sulphate
  
8. The magnitude of opiate withdrawal symptoms depends on what?
  - a. the opiate used
  - b. the frequency of administration
  - c. the duration of drug dependence
  - d. all of the above
  
9. According to Rettig & Yarmolinsky (1995) what is generally defined as at least one year of daily opiate administration with the development of tolerance, physical dependence, and drug-seeking behavior
  - a. opioid abuse
  - b. opioid addiction
  - c. opioid intoxication
  - d. all of the above
  
10. What is true about the behavioral effects and experiences that follow opiate administration?
  - a. they have no excitatory effect
  - b. they only have a depressant effect
  - c. they may vary remarkably from person to person
  - d. all of the above
  
11. At the end of the 19<sup>th</sup> century doctors became more cautious about prescribing opiates when which two groups of people were dying?
  - a. Chinese laborers and Civil War Veterans
  - b. Civil War Veterans and older white women
  - c. Chinese laborers and younger white women
  - d. Civil War Veterans and younger white women



12. When did the U. S. Food and Drug Administration first approved methadone for the maintenance treatment of heroin addiction?
  - a. 1958
  - b. 1965
  - c. 1972
  - d. 1974
  
13. In 1995, study titled *Federal Regulation of Methadone Treatment* (Institute of Medicine 1995) encouraged an increase in comprehensive services, stressed that continuing clinical assessment be provided throughout the treatment episode, and the discontinuance of what?
  - a. OTP's
  - b. the disease concept
  - c. methadone maintenance treatment
  - d. arbitrary restrictions on OTP practices
  
14. What describes a medication, such as buprenorphine, in which the agonist effects of increasing doses administered over time reach a plateau and are not amplified with further dosing increases?
  - a. "steady-state"
  - b. "ceiling effect"
  - c. "euphoria blocker"
  - d. "craving suppressant"
  
15. Which medication has an effect that controls opioid craving, suppresses withdrawal symptoms for 48-72 hours, and blocks the euphoric effects of opioids?
  - a. LAAM
  - b. nalrexone
  - c. methadone
  - d. buprenorphine
  
16. Which medication is associated with poor compliance in long-term treatment and neither eases the effects nor craving of illicit opioids?
  - a. LAAM
  - b. naltrexone
  - c. methadone
  - d. buprenorphine
  
17. For addiction, the location of the dysfunction has been determined to be in the part of the brain largely responsible for what?
  - a. the motor system
  - b. mood modulating
  - c. the cognitive system
  - d. reinforcement and motivation



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18. Scientific evidence continues to support Dr. Dole's initial theory, that opiate addiction is a persistent derangement of the endogenous ligand-narcotic receptor system, and that opiate agonist treatment is a matter greater than what?
  - a. external stabilizing intervention
  - b. persistent differences in brain function
  - c. simple substitution or replacement for illicit opioids
  - d. coping mechanisms to promote the addict's ability to cope with stress
  
19. In 1998, the National Institute of Health published a consensus report. Which of the following was one of their conclusions?
  - a. opiate dependence is a brain-related medical disorder
  - b. methadone should be used primarily for detoxification only
  - c. certain persons dependant on opiates should be provided treatment
  - d. more data needs to be gathered to decide the long-term efficacy of methadone
  
20. Which medication maintains patients in a lesser degree of physical dependence and cessation of use produces milder symptoms of withdrawal?
  - a. LAAM
  - b. naloxone
  - c. methadone
  - d. buprenorphine
  
21. The length of time it takes methadone to leave the body is influenced by factors such as metabolism, pregnancy, diet, age, physical condition, and use of herbs and vitamins. Which of the following is true about the metabolism rate?
  - a. it varies from person to person
  - b. it is not influenced by the use of certain herbs or vitamins
  - c. other medications do not interfere with time it takes methadone to leave the body
  - d. all of the above
  
22. Which of the following can cause lethal effects when taken with buprenorphine?
  - a. illicit drugs
  - b. benzodiazepines
  - c. other central nervous system depressants
  - d. all of the above
  
23. Which medication is associated with drop-out rates as high as 70 to 80%?
  - a. LAAM
  - b. naltrexone
  - c. methadone
  - d. buprenorphine



24. What common side effects are associated with LAAM, buprenorphine and methadone?
- spontaneous withdrawal symptoms
  - diarrhea and complaints of loose bowels
  - sweating, constipation and a reduction in sexual excitement/performance
  - all of the above
25. At which stage of treatment is the goal to eliminate craving, illicit opioid and prescription opioid abuse, and drug-seeking behavior in the patient?
- induction
  - stabilization
  - maintenance
  - detoxification
26. At which stage of treatment is the goal for the patient to be functioning normally while receiving regular dosages of MAT medication without continual dosage adjustments?
- induction
  - stabilization
  - maintenance
  - detoxification
27. Which stage of treatment usually begins when the patient is beginning to show signs of withdrawal symptoms and is not showing signs of opioid sedation or intoxication and dosing is observed?
- induction
  - stabilization
  - maintenance
  - detoxification
28. What is the first opportunity for the treatment provider to establish the rapport necessary for a therapeutic alliance?
- admission
  - initial screening
  - intake assessment
  - during treatment planning
29. When does on-going assessment begin in an OTP?
- after induction
  - after the patient is stabilized
  - immediately upon admission
  - after the initial treatment plan is developed



30. Why should counselors include in the assessment questions specific to homicidal ideation that include previous arrests; weapons charges; gestures, thoughts, plans, or attempts within the last year; restraining orders and other legal procedures related to violent behavior in the home or at work?
- to avoid emergencies
  - to assist in treatment placement
  - to determine the treatment phase
  - to assess the necessity for a “buddy system”
31. What is most important when the OTP has determined the applicant is appropriate for admission?
- that admission not be delayed
  - that the applicant be placed on the waiting list
  - that the applicant be instructed to return when in withdrawal
  - that it is in the best interests of both the OTP and the applicant
32. During induction, patients are a critical phase until their body achieves what?
- methadone
  - a steady-state
  - maintenance medication
  - methadone or buprenorphine
33. Science has provided compelling evidence that the development and manifestation of addiction is influenced by what?
- genetic and environmental factors
  - genetic, biological, psychosocial and environmental factors
  - genetic, social, medical/mental health and environmental factors
  - moral, psychosocial, medical/mental health and environmental factors
34. Research from the National Institute of Drug Abuse (NIDA) has shown that opioid dependent individuals will compulsively continue to use opioids despite adverse physical, emotional and life altering consequences because of at least two motivational factors: the desire to self medicate the pain of narcotic withdrawal symptoms, and what other reason?
- relief from depression
  - the euphoria associated with use
  - the driving force of drug craving
  - all of the above
35. When the external opioid drug is removed by metabolism, how is the nervous system?
- in standard condition
  - in an unbalanced state
  - it immediately returns to a steady state
  - the nervous system is not influenced by opioids



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36. Most addictive drugs create the sensations they do because they imitate the brain's natural chemicals, which are called what?
- catalysts
  - neurotransmitters
  - mu opioid receptors
  - kappa dispatch agents
37. What is true about the nature of addiction?
- it alters normal brain function
  - it is a chronic, relapsing condition
  - it is not unlike other neurological or psychiatric illnesses that alter normal brain function
  - all of the above
38. What will bind at opiate receptors and signal a response?
- endorphins
  - certain opiate drugs
  - any type of opiate drug
  - endorphins and any type of opiate drug
39. Medications for opioid addiction decrease drug craving behaviors, block the actions from other opioid drugs such as heroin, and what else?
- suspend withdrawal symptoms
  - replace heroin and other opioids
  - act as a substitute for heroin and other opioids
  - all of the above
40. In terms of safety, a meta-analysis of methadone dosing studies found that patients having access to which dose were actually at a greater reduced risk of fatal heroin overdose during treatment?
- lower dose
  - mid-range doses
  - high-dose maintenance
  - none of the above

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**Course No. MA-1901P1: Answer Sheet**

**SECTION 1.** Please use this sheet only if you have not already submitted your answers on-line.

[Grid for First Name]

First Name

[Grid for Middle Name]

Middle Name

[Grid for Last Name]

Last Name

[Grid for Address]

Address (Number, Street, Apt or Suite No.)

[Grid for City]

City

[Grid for State]

State (or Province)

[Grid for USA Zip Code]

USA Zip Code

[Grid for Country]

Country (other than USA)

[Grid for Country Code]

Country Code

[Grid for Primary Telephone Number]

Primary Telephone Number (including Area Code)

[Grid for Facsimile Number]

Facsimile Number (including Area Code)

[Grid for E-mail Address]

E-mail Address

**SECTION 2.** Credit Card Payment information if paying by credit card: Circle which card used - **VISA** or **MasterCard**

[Grid for Credit card number]

Credit card number

[Grid for Expiration date]

Expiration date

[Grid for Full name on credit card]

Full name on credit card.

[Grid for Billing Address]

Billing Address where you receive the credit card bill, if different than address above (Number, Street, Apt or Suite No.)

[Grid for City]

City

[Grid for State]

State (or Province)

[Grid for USA Zip Code]

USA Zip Code

Breining Institute is authorized to charge thirty-nine dollars (\$39.00) to this card.

Authorized signature

Date



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**SECTION 3. Course Title: MA-1901P1 / MAT Counselor Education Course – Circle correct answer**

|    |   |   |   |   |
|----|---|---|---|---|
| 1  | A | B | C | D |
| 2  | A | B | C | D |
| 3  | A | B | C | D |
| 4  | A | B | C | D |
| 5  | A | B | C | D |
| 6  | A | B | C | D |
| 7  | A | B | C | D |
| 8  | A | B | C | D |
| 9  | A | B | C | D |
| 10 | A | B | C | D |
| 11 | A | B | C | D |
| 12 | A | B | C | D |
| 13 | A | B | C | D |
| 14 | A | B | C | D |
| 15 | A | B | C | D |
| 16 | A | B | C | D |
| 17 | A | B | C | D |
| 18 | A | B | C | D |
| 19 | A | B | C | D |
| 20 | A | B | C | D |

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|----|---|---|---|---|
| 21 | A | B | C | D |
| 22 | A | B | C | D |
| 23 | A | B | C | D |
| 24 | A | B | C | D |
| 25 | A | B | C | D |
| 26 | A | B | C | D |
| 27 | A | B | C | D |
| 28 | A | B | C | D |
| 29 | A | B | C | D |
| 30 | A | B | C | D |
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| 32 | A | B | C | D |
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| 35 | A | B | C | D |
| 36 | A | B | C | D |
| 37 | A | B | C | D |
| 38 | A | B | C | D |
| 39 | A | B | C | D |
| 40 | A | B | C | D |

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| 41 | A | B | C | D |
| 42 | A | B | C | D |
| 43 | A | B | C | D |
| 44 | A | B | C | D |
| 45 | A | B | C | D |
| 46 | A | B | C | D |
| 47 | A | B | C | D |
| 48 | A | B | C | D |
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| 52 | A | B | C | D |
| 53 | A | B | C | D |
| 54 | A | B | C | D |
| 55 | A | B | C | D |
| 56 | A | B | C | D |
| 57 | A | B | C | D |
| 58 | A | B | C | D |
| 59 | A | B | C | D |
| 60 | A | B | C | D |

THE UNDERSIGNED ATTESTS that he / she is the person who completed this exam.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

IF YOU HAVE NOT ALREADY COMPLETED THE ON-LINE ANSWER SHEET,  
return both pages of this Answer Sheet, with Course examination fee, by mail or facsimile to:

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