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MAT Counselor Education Course

Exam Questions Packet

Part 2

- Course No: MA-1901P2
- Course Title: Medication-Assisted Treatment (MAT) Counselor Education Course Part 2
- Course Objective: Includes counseling and referral, counseling services in MAT programs, stages in MAT from a counseling perspective, counseling issues in methadone maintenance treatment, take home medication issues, co-occurring mental health issues, working with people with disabilities, and methadone and pregnancy.
- CE Credit / Hours: This segment of the MAT Counselor Education Course also qualifies for 15.0 hours Continuing Education (CE) credit.
- Course Material: Chapters 8 through 16
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: Fifty (50) 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 8 – 16

1. What Counselors should be aware that outcomes are related to what?
 - a. the intensity of substance abuse counseling
 - b. the use of motivational interviewing and intervention approaches
 - c. service delivery that is congruent with the individual treatment plan
 - d. all of the above

2. What are physical injuries, especially patterns of untreated injuries to the face, neck, throat, and breasts, which might become apparent during the initial physical examination signs of?
 - a. suicidal ideation
 - b. domestic violence
 - c. mental health emergency
 - d. underlying mental health disorders

3. Treatment plans should be reviewed and updated every 90 days for 1 year and then biannually or when?
 - a. annually
 - b. every six months
 - c. changes are necessary to reflect the patient's needs and associated outcomes
 - d. they should stay on a 90 day schedule regardless of patient needs or outcomes

4. Who should be involved in the development of the patient's treatment plan?
 - a. a multi-disciplinary team
 - b. the patient and a multi-disciplinary team
 - c. the physician, the patient and the counselor
 - d. the physician, the counselor, nursing and case management staff



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5. Counseling should include discovery and elimination of treatment barriers, monitoring of treatment compliance and of other problem behaviors, assisting patients in compliance with OTP rules and focus on what?
 - a. retention in treatment
 - b. the ultimate goal of abstinence
 - c. attainment of the lowest dose needed by the patient to manage cravings
 - d. all of the above

6. Why should a counselor immediately notify members of the medical treatment team when they become aware that a patient is hospitalized or incarcerated?
 - a. to arrange for discharge of the patient
 - b. to evaluate the patient for non-compliance
 - c. so arrangements can be made for continued dosing
 - d. because the patient's change in status requires notification

7. Continual assessment of the patient's motivation for change should be part of the treatment process and should include focusing on what?
 - a. making goals
 - b. current reality
 - c. striving for goals for the future
 - d. all of the above

8. How often does SAMHSA require random drug testing?
 - a. monthly
 - b. quarterly
 - c. a minimum of ten (10) times annually
 - d. a minimum of eight (8) times annually

9. When referrals are made who should provide coordination of care through on-going collaboration and case management?
 - a. the OTP
 - b. the patient's county social worker
 - c. the patient's primary care physician
 - d. an objective case manager outside the OTP

10. Centers for treatment will want to ensure that all patients are receiving similar services despite the clinician offering them and practitioners will need to have clearly defined clinical treatment protocols that will serve as roadmaps for what?
 - a. treatment planning
 - b. individual counseling
 - c. medical management
 - d. their counselor's therapeutic interventions



11. What can be used to shorten the discovery phase and bring in the treatment phase that much quicker?
 - a. counseling
 - b. assessment
 - c. treatment plan
 - d. a good screening tool

12. What useful assessment tool is nonproprietary, does not require users to have advanced degrees or comprehensive training, and is a “point in time” tool?
 - a. The Addiction Severity Index (ASI)
 - b. The Diagnostic and Statistics Manual (DSM)
 - c. The Depression, Anxiety, Stress Scale (DASS)
 - d. The Tapering Regression/Progression Scale (TRPS)

13. When possible, mental health disorders should be clearly defined in terms of what?
 - a. diagnosis and prognosis
 - b. frequency, intensity and duration
 - c. whether a primary or secondary diagnosis
 - d. what is most likely to achieve the best individual results

14. How can the clinician aid the patient in developing a plan to achieve large, sometimes overwhelming goals?
 - a. that depends on the enormity of the goal
 - b. by counseling the patient to abandon the goal
 - c. the clinician should not assist with these large goals
 - d. by assisting the patient in making long- and short-term goals

15. Timelines should be set based on which of the following factors?
 - a. reasonable norms
 - b. the patient’s ability to change
 - c. the patient’s motivation to change
 - d. all of the above

16. A patient who enters treatment may have all the right motivations and intentions to meet treatment goal timelines, but not have what?
 - a. reasonable objectives
 - b. the actual ability to do so
 - c. the drive needed to meet the goal
 - d. enough self-efficacy to meet the goal

17. How are MAT programs different than social model programs?
 - a. they must meet DEA regulations
 - b. they are licensed medical facilities
 - c. they provide mental health and behavioral interventions
 - d. all of the above



18. Addressing the social work needs of patients is a primary step in ensuring what are resolved for the patient so they may concentrate as much attention and energy as possible to their abstinence, recovery and relapse prevention?
- homelessness
 - all potential destabilizing issues
 - domestic violence or other abuse issues
 - patients are not living with substance abusers
19. What does an independent research study by Aegis Medical Systems show regarding the incidence of positive testing for opiates and other illicit drugs for gainfully employed patients?
- slightly lower
 - slightly higher
 - about the same
 - substantially lower
20. A study with methadone patients conducted by McClellan, Woody, Luborsky, and Goehl (1988), concluded that what is an “active ingredient” in the rehabilitation of substance abuse patients even in treatment modalities utilizing medical and pharmacological interventions?
- nursing
 - counseling
 - drug testing
 - case management
21. In the stages of change model when does the counselor’s role change from motivating the patient to coaching the patient?
- action
 - preparation
 - contemplation
 - pre-contemplation
22. What can help increase self-efficacy and reinforce accomplishments achieved by the patient during the action and maintenance stages?
- motivational interviewing techniques
 - forcing compliance with OTP requirements
 - to motivate the patient through consequences, such as holding their dose
 - to convince the patient of the medical and psychological hazards of continued use



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23. What model recognizes abstinence as the ideal outcome, however, when abstinence is not possible, this model accepts alternatives that reduce harm to self, others, and the community at large
- medical
 - harm reduction
 - therapeutic/medical
 - medication assisted treatment
24. What must counselors be conscious of themselves and help patients to be aware of, once the patient is no longer dealing with withdrawal symptoms or drug cravings?
- becoming complacent, now that the “crisis” is over
 - continued assessment is not necessary, “just stay on the path”
 - the need to progress linearly through the stages of change
 - all of the above
25. What unique factor is specific to MAT should be taken into consideration when determining which stage of change the patient is in and how to proceed in meeting the patient’s needs and goals?
- dose induction
 - dose stabilization
 - tapering off methadone or buprenorphine
 - all of the above
26. Psychotherapy (in addition to case management) is most needed for:
- all patients who are opioid dependent
 - patients who do not attend consistently
 - patients with high levels of psychiatric symptoms
 - patients who are angry and challenge their counselors
27. Patients with a history of schizophrenia:
- are more dangerous than other patients
 - will be made worse by opioid medications
 - should not be seen in an OTP because they are too disturbed
 - can benefit from the frequent but non-intrusive contact with the clinic
28. Counselors need to be alert for signals of medical problems, as these often disguise themselves in discussions about dose. Symptoms of what illness can be easily confused with those of withdrawal?
- influenza
 - infections
 - endocarditis
 - all of the above
29. What did an empirical study by Havassy, Hargreaves and DeBarros (1979) on self-regulation of conclude?



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- a. patients on a self-regulation regimen behaved responsibly
 - b. some increased their dose substantially
 - c. both a. and b.
 - d. none of the above
30. Caplehorn and Bell (1991), in a well controlled study, documented that retention rates rose significantly with dose; the best rates being obtained with doses above what?
- a. 80 mg.
 - b. 90 mg.
 - c. 100 mg.
 - d. 110 mg.
31. Which of the following is preferable with regard to dosing?
- a. for the patient know their dose if they wish
 - b. blind dosing is recommended for most patients
 - c. that dose changes are based only on withdrawal symptoms
 - d. for counselors be aware that patients usually want a dose increase to “get high”
32. It is imperative that the treatment system avoid condoning what?
- a. harm reduction treatment
 - b. patient’s remaining on methadone long-term
 - c. negative attitudes toward remaining on methadone
 - d. none of the above
33. Prior to receiving take-home medication and pursuant to confidentiality regulations, staff should contact other healthcare providers to verify all prescription medication is documented and the patient should be counseled on the risks of what?
- a. safe storage of the medication
 - b. the dangers of accidental overdose
 - c. concurrent use of other medications or drugs
 - d. all of the above
34. The monitoring of patients receiving take-home maintenance medications for treatment adherence including the self-administration of maintenance medication as directed and maintaining freedom from illicit drug use as determined by random drug testing is part of what?
- a. diversion control
 - b. the stabilization phase
 - c. compliance control procedures
 - d. SAMHSA’s “healthy living” requirement
35. Roughly what percent of individuals with severe mental disorders are affected by substance abuse?



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- a. 30%
 - b. 40%
 - c. 50%
 - d. 60%
36. Which of the following does research show regarding patients with both a substance abuse and mental health disorder?
- a. it can go either way
 - b. substance abuse came first
 - c. mental health disorder came first
 - d. substance abuse rarely contributes to later mental health disorders in adolescents
37. Why must the person go through withdrawal from alcohol and/or other drugs before the clinician can accurately assess whether there is a psychiatric problem also?
- a. it is not safe for the clinician
 - b. the patient won't tell the truth while under the influence
 - c. psychiatric hospitals won't assess the patient until detoxification has occurred
 - d. many symptoms of substance abuse mimic or mask other psychiatric conditions
38. What is the term that includes all types of depression, bipolar disorder and the related anxiety and psychosis and covers 70-75% of all psychiatric presentations?
- a. symptomology
 - b. anxiety disorder
 - c. the mood disorders
 - d. psychotic disorders
39. The hallmark of this condition is hyper arousal, i.e., an increase symptoms anxiety, feelings of worthlessness and has pending doom. What is the condition?
- a. bi-polar disorder
 - b. major depressive disorder
 - c. generalized anxiety disorder
 - d. post-traumatic stress disorder
40. It seems that major depression rarely exists in a pure form. What are seen up to 90% of the cases?
- a. psychosis
 - b. narcissism
 - c. anxiety and related disorders
 - d. antisocial personality disorder



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41. What has been identified as the largest underserved minority population in alcohol and drug prevention, treatment and recovery systems and is brought on by a number of factors including isolation, societal enabling, and lack of accessibility to aftercare and support groups and services?
 - a. older adults
 - b. people with disabilities
 - c. persons with co-occurring disorders
 - d. none of the above

42. Small amounts of alcohol and drugs can compromise the already impaired functioning of an individual with what disability?
 - a. physical disability
 - b. congenital disability
 - c. intellectual disability
 - d. a spinal cord injury (SCI)

43. Studies have found that at least what percent of all persons receiving state vocational rehabilitation services exhibit symptoms qualifying them for a diagnosis of substance abuse or substance dependence?
 - a. 20%
 - b. 30%
 - c. 40%
 - d. 50%

44. What referral for persons with disabilities is free of charge, available in most cities and that offers peer counseling and assistance with daily living issues from people who have had similar issues?
 - a. Independent Living Center (ILS)
 - b. American's with Disabilities Act (ADA)
 - c. Society for the Removal of Attitudinal Barriers (SRAB)
 - d. all of the above

45. When the body has become used to having opioids around constantly, sudden cessation results in a whole cascade of neuro-hormonal activity. What does the increased activity of the nervous system and stress hormone system do?
 - a. slow fetal growth
 - b. result in fetal death
 - c. creates an adverse in utero environment
 - d. all of the above

46. What is the standard of care for any opioid addicted woman?
 - a. naloxone withdrawal
 - b. methadone maintenance
 - c. immediate abstinence from opioids
 - d. medically weaning the woman off opioids



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47. What is likely to occur at the woman progresses in her pregnancy?
- withdrawal symptoms may emerge
 - her methadone blood level may fall
 - her methadone dose may be increased
 - all of the above
48. Perhaps the most critical issue when treating the heroin-addicted pregnant patient is to understand that treatment is not likely to be successful unless what happens?
- medical detoxification occurs
 - the treatment plan remains constant
 - multiple issues are addressed simultaneously
 - barriers to participating in treatment are reported
49. Which of the following is safer for the fetus of a pregnant woman?
- heroin exposure
 - opioid withdrawal
 - methadone exposure
 - none of the above
50. The risk of Neonatal Abstinence Syndrom (NAS) is related to what?
- the baby's methadone blood level at birth
 - the mother's methadone blood level at birth
 - how quickly the baby's level drops in the first 4 days of life
 - all of the above

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Course No. MA-1901P2: 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

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Country (other than USA)

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Facsimile Number (including Area Code)

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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)

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SECTION 3. Course Title: MA-1901P2 / MAT Counselor Education Course – Circle correct answer

1	A	B	C	D
2	A	B	C	D
3	A	B	C	D
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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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