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MAT Counselor Education Course

Exam Questions Packet

Part 3

- Course No: MA-1901P3
- Course Title: Medication-Assisted Treatment (MAT) Counselor Education Course Part 3
- Course Objective: Includes opioid maintenance, effectiveness of methadone as a medical treatment for opioid addiction, a review of outcomes in methadone treatment, and ethical considerations in MAT.
- CE Credit / Hours: This segment of the MAT Counselor Education Course also qualifies for 15.0 hours Continuing Education (CE) credit.
- Course Material: Chapters 17 through 20, and Appendix
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!



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 17 – 20, Appendix

1. Which of the following is NOT a goal of opioid maintenance therapy:
 - a. prevention or reduction of opioid craving or withdrawal symptoms
 - b. transition as quickly as possible to life without opioid medications
 - c. prevention of relapse to use of addictive opioids
 - d. restoration to or toward normalcy of any physiologic function disrupted by chronic opioid use

2. What continues to contribute to the stigmatization of methadone as a treatment modality and creates many barriers to providing treatment to those who need it?
 - a. the drug war
 - b. crimes related to opioid use and abuse
 - c. simply, the continued use of illicit opioids by MMT patients
 - d. regulatory requirements unmatched by anything in medicine

3. What is not an affect of negative attitudes about opioid maintenance treatment (OMT)?
 - a. physician's withholding pain medication
 - b. being refused treatment by other physicians
 - c. transitioning to a drug-free lifestyle and then withdrawn from OMT
 - d. mandatory withdrawal from OMT to receive treatment for anther condition

4. The average effective dose of methadone is:
 - a. between 80 – 120 mg per day
 - b. between 40-60 mg per day
 - c. between 150 – 170 mg per day
 - d. between 180 – 220 mg per day

5. What is central to OMT as a treatment modality?
 - a. the regulations
 - b. the medication itself
 - c. the nature of the patients
 - d. the comprehensive team approach



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6. To make appropriate dose determinations:
 - a. the physician can consult standard protocols
 - b. peak and trough blood levels should be used
 - c. it is necessary to make sure the patient is not feeling “high”
 - d. clinical observation and patient reporting are adequate in most cases
7. For methadone patients with acute or chronic pain:
 - a. the maintenance dose of methadone also will relieve pain from an injury or procedure
 - b. the danger of overdose is great if more pain killers are added
 - c. patients may need high doses of opioids to control their pain
 - d. buprenorphine may be added to control pain
8. Breast feeding should not be recommended:
 - a. if the woman is positive for Hepatitis C
 - b. if the woman is positive for HIV
 - c. if the woman’s methadone dose is over 60 mg
 - d. if the woman has never done it before
9. What is likely the most consistent factor in relapse to heroin after tapering off methadone or buprenorphine?
 - a. poor motivation
 - b. failure to attend self help meetings
 - c. failure to deal with PTSD issues
 - d. persistent derangement of the opioid receptor system
10. For most people, methadone, regularly administered at steady state, is present at levels sufficient to maintain alertness without craving or drug preoccupation for:
 - a. 6 hours
 - b. 12 hours
 - c. 24 hours
 - d. 48 hours
11. In the United States what is the maximum first dose of methadone is limited to?
 - a. 20 mg.
 - b. 30 mg.
 - c. 40 mg
 - d. 50 mg.
12. Because addiction is chronic, what is one measure of a good outcome of treatment?
 - a. the patient remained in treatment
 - b. the patient discharged from treatment
 - c. the patient began detoxification from maintenance medication
 - d. all of the above



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13. What is not an outcomes measurement for addictions treatment?
 - a. disease prevention
 - b. self-efficacy and personal growth
 - c. development of criminal activity
 - d. improvement in family and social relationships

14. What does a legal, steady, long-acting dose of prescribed daily methadone do?
 - a. stabilizes the brain opiate receptors
 - b. allows normalization of brain function
 - c. the patient starts 'acting normal'
 - d. all of the above

15. Which of the following is not prevented by methadone maintenance treatment?
 - a. cellulitis
 - b. botulism
 - c. hepatitis C
 - d. endocarditis

16. What treatment, in which the use of illicit drugs is tolerated, is strongly related to decreased mortality from natural causes and from overdoses?
 - a. abstinence
 - b. medication assisted treatment
 - c. harm-reduction-based methadone
 - d. long-term detoxification with methadone

17. Drs. Dole and Nyswander state that methadone is necessary to correct brain chemistry anomalies and does what else?
 - a. replaces one addiction with another
 - b. addicts prefer the high over illicit opioids
 - c. normalizes but does not cure a dysfunction
 - d. none of the above

18. What makes it more likely that a commitment to honesty will be seen as part of the recovery process, and that patients will disengage from social networks of users?
 - a. participation in counseling
 - b. participation in self-help groups
 - c. all of the above
 - d. none of the above

19. Significantly better outcomes are achieved by programs that offer what services for their patients?
 - a. substance abuse counseling
 - b. full-time case management services
 - c. comprehensive physical examinations
 - d. comprehensive physical and mental health services



20. If a patient is continuing to use opiates, what should be the first question that will dominate or undermine other factors in producing improvement?
- Is this person prone to chronic relapse?
 - Is he or she is taking an adequate dose?
 - Should this person be considered for detoxification and discharge?
 - Did something change in his or her home environment?
21. In 1997, at the NIH Consensus Development Conference a panel reviewed the existing medical literature and attended a series of expert presentations, and then strongly recommended what?
- broader access to methadone treatment
 - stiffer regulations on methadone treatment
 - increased regulation of methadone treatment in OTP's only
 - all of the above
22. Professional ethics requires that counselors balance professional and agency standards with what?
- patient rights
 - best-practices
 - personal beliefs
 - all of the above
23. What should a counselor do when faced with an ethical dilemma?
- talk to their friend
 - seek supervisory guidance
 - take action, something must be done
 - keep it to themselves until they decide what to do
24. Which of the following is not a good professional ethics practice for a MAT counselor?
- Explaining the admission agreement and patient rights and responsibilities to the patient?
 - Disclosure of circumstances in which a counselor must disclose confidential information?
 - Disclosure of patient information to the police because they have a warrant?
 - None of the above
25. Which of the following principles of medical ethics means “the duty to do no harm”?
- justice
 - autonomy
 - beneficence
 - nonmalfeasance



26. Which ethical principle requires the counselor to have good time management and to disclose reporting requirements?
- justice
 - fidelity
 - beneficence
 - nonmalfeasance
27. Because patients often express a sense of powerlessness because they do not want to jeopardize their treatment, counselors should continually be aware of bias and seek balance between beneficence and what?
- justice
 - fidelity
 - autonomy
 - nonmalfeasance
28. Which of the following was not listed as a fear by patients?
- psychological growth
 - a demand for compliance by the OTP
 - having to leave treatment due to lack of resources
 - power and control by the counselor within the counseling relationship
29. How can a counselor develop an improved understanding of professional ethics, become more conscious of ethics as situations arise in the day to day activities, and reinforced in the development of ethical relationships with patients and other staff members?
- through observation
 - through trial and error
 - by taking an ethics class
 - by utilizing clinical supervision
30. It is suggested that when faced with an ethical dilemma, the counselor speak with someone before taking action whenever possible. Most agencies expect that ethical problems that arise at the agency be discussed with whom?
- your supervisor
 - the medical director
 - the program director
 - your certification body
31. A counselor should strive for all of the following, but which is specifically required within the Breining Institute MATC Credential Code of Ethics?
- a history of commitment to self-assessment
 - an individual responsibility for my own conduct in all areas
 - maintenance of a subjective, professional relationship with all my clients
 - willingness to assist clients in dependence upon the counseling relationship



32. What is retention in treatment influenced by?
- a combination of patient and program characteristics
 - the ability and willingness of the patient to remain in therapy
 - the continuing therapeutic relationship between recovering patients and their treatment providers
 - all of the above
33. What is the most frequently used opioid agonist medication?
- naltrexone
 - methadone
 - buprenorphine
 - buprenorphine/naloxone
34. What is a time-limited pharmacotherapeutic regimen in conjunction with appropriate medical services while a patient awaits transfer to an OTP that provides comprehensive maintenance treatment?
- medication unit
 - brief intervention
 - naloxone challenge
 - interim maintenance treatment
35. What does continuous therapy with medication in conjunction with a wide range of medical, psychiatric, and psychosocial services refer to?
- MAT treatment
 - altruistic treatment regimen
 - comprehensive maintenance treatment
 - treatment team intervention and involvement
36. What are instruments (e.g., questionnaires) used to capture the range of patient variables affecting treatment planning, methods, and outcomes?
- the DSM
 - assessment tools
 - patient discrepancy indicators
 - all of the above
37. What is a compound that alleviates pain without causing loss of consciousness?
- agonist
 - analgesic
 - antagonist
 - opiate antagonist
38. What is true of best-treatment practices?
- They are guidelines based on the experience of experts.
 - They are optimal methods for defined therapeutic situations.
 - They are guidelines based partly on published research findings.
 - all of the above



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39. In MAT, what is a treatment service in which a trained counselor and a case manager evaluate both a patient's external circumstances and immediate treatment progress and offer appropriate advice and assistance or referral to other experts and services as needed?
- a. counseling
 - b. case management
 - c. treatment planning
 - d. detoxification conference
40. What is a major objective in MAT?
- a. to encourage abstinence from alcohol
 - b. to encourage abstinence from psychoactive substances
 - c. to provide skills and support for a substance-free lifestyle
 - d. all of the above

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Course No. MA-1901P3: 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.

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Date



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SECTION 3. Course Title: MA-1901P3 / MAT Counselor Education Course – Circle correct answer

Table with 5 columns (1-5) and 20 rows (1-20) containing options A, B, C, D.

Table with 5 columns (21-25) and 20 rows (21-40) containing options A, B, C, D.

Table with 5 columns (41-45) and 20 rows (41-60) containing options 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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