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MAT Counselor (MATC)

Exam Questions Packet

Certification Exam

Course No: MT-1921

Course Title: *Medication-Assisted Treatment Counselor (MATC) – Certification Exam*

Objective: Tests the Medication-Assisted Treatment Counselor (MATC) candidate knowledge and skills related to opioid addiction and treatment, history of opioids and opioid treatment, science and rationale for opiate agonist treatment, pharamacology, pharmacotherapy, screening, admission assessment and assessment, and behavioral pharmacology of methadone. 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. 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 *Medication-Assisted Treatment Counselor (MATC) Certification Exam* also qualifies for 16.0 hours Continuing Education (CE) credit.

Course Material: ***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: Sixty (60) 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 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

2. Opioid dependent individuals, involved in drug-free rehabilitation, relapse at a percentage rate approaching what?
    a. 30%
    b. 45%
    c. 60%
    d. 95%

3. 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

4. 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

5. 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

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6. 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

7. At the end of the 19th 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

8. 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

9. 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

10. 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

11. 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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12. 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

13. 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

14. 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

15. Which medication is associated with drop-out rates as high as 70 to 80%?
    a. LAAM
    b. naltrexone
    c. methadone
    d. buprenorphine

16. What common side effects are associated with LAAM, buprenorphine and methadone?
    a. spontaneous withdrawal symptoms
    b. diarrhea and complaints of loose bowels
    c. sweating, constipation and a reduction in sexual excitement/performance
    d. all of the above

17. At which stage of treatment is the goal to eliminate craving, illicit opioid and prescription opioid abuse, and drug-seeking behavior in the patient?
    a. induction
    b. stabilization
    c. maintenance
    d. detoxification

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18. 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?
    a. induction
    b. stabilization
    c. maintenance
    d. detoxification

19. When does on-going assessment begin in an OTP?
    a. after induction
    b. after the patient is stabilized
    c. immediately upon admission
    d. after the initial treatment plan is developed

20. What is most important when the OTP has determined the applicant is appropriate for admission?
    a. that admission not be delayed
    b. that the applicant be placed on the waiting list
    c. that the applicant be instructed to return when in withdrawal
    d. that it is in the best interests of both the OTP and the applicant

21. During induction, patients are a critical phase until their body achieves what?
    a. methadone
    b. a steady-state
    c. maintenance medication
    d. methadone or buprenorphine

22. Science has provided compelling evidence that the development and manifestation of addiction is influenced by what?
    a. genetic and environmental factors
    b. genetic, biological, psychosocial and environmental factors
    c. genetic, social, medical/mental health and environmental factors
    d. moral, psychosocial, medical/mental health and environmental factors

23. Most addictive drugs create the sensations they do because they imitate the brain's natural chemicals, which are called what?
    a. catalysts
    b. neurotransmitters
    c. mu opioid receptors
    d. kappa dispatch agents

24. What will bind at opiate receptors and signal a response?
    a. endorphins
    b. certain opiate drugs
    c. any type of opiate drug
    d. endorphins and any type of opiate drug

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25. Medications for opioid addiction decrease drug craving behaviors, block the actions from other opioid drugs such as heroin, and what else?
    a. suspend withdrawal symptoms
    b. replace heroin and other opioids
    c. act as a substitute for heroin and other opioids
    d. all of the above

The following questions are based upon the material contained in

The MAT Counselor: Chapters 8 – 16

26. 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

27. 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

28. 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

29. 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

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30. 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)

31. 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

32. 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

33. 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

34. What can help increase self-efficacy and reinforce accomplishments achieved by the patient during the action and maintenance stages?
    a. motivational interviewing techniques
    b. forcing compliance with OTP requirements
    c. to motivate the patient through consequences, such as holding their dose
    d. to convince the patient of the medical and psychological hazards of continued use

35. 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
    a. medical
    b. harm reduction
    c. therapeutic/medical
    d. medication assisted treatment

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36. Patients with a history of schizophrenia:
    a. are more dangerous than other patients
    b. will be made worse by opioid medications
    c. should not be seen in an OTP because they are too disturbed
    d. can benefit from the frequent but non-intrusive contact with the clinic

37. 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?
    a. influenza
    b. infections
    c. endocarditis
    d. all of the above

38. 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

39. 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

40. 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

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41. 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

42. 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

43. 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

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?
    a. withdrawal symptoms may emerge
    b. her methadone blood level may fall
    c. her methadone dose may be increased
    d. all of the above

48. Which of the following is safer for the fetus of a pregnant woman?
    a. heroin exposure
    b. opioid withdrawal
    c. methadone exposure
    d. none of the above

49. The risk of Neonatal Abstinence Syndrome (NAS) is related to what?
    a. the baby's methadone blood level at birth
    b. the mother's methadone blood level at birth
    c. how quickly the baby's level drops in the first 4 days of life
    d. all of the above

The following questions are based upon the material contained in

The MAT Counselor: Chapters 17 – 20, Appendix

50. Which of the following is <u>NOT</u> 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

51. What is <u>not</u> 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

52. The <u>average</u> 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

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53. 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

54. 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

55. 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.

56. 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

57. Which of the following principles of medical ethics means "the duty to do no harm"?
    a. justice
    b. autonomy
    c. beneficence
    d. nonmalfeasance

58. A counselor should strive for all of the following, but which is specifically required within the Breining Institute MATC Credential Code of Ethics?
    a. a history of commitment to self-assessment
    b. an individual responsibility for my own conduct in all areas
    c. maintenance of a subjective, professional relationship with all my clients
    d. willingness to assist clients in dependence upon the counseling relationship

59. What is the most frequently used opioid agonist medication?
    a. naltrexone
    b. methadone
    c. buprenorphine
    d. buprenorphine/naloxone

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60. What is a compound that alleviates pain without causing loss of consciousness?
    a. agonist
    b. analgesic
    c. antagonist
    d. opiate antagonist

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