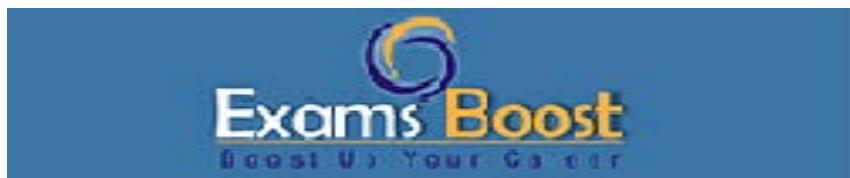


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Question: 1

Compared to cocaine, MAs:

Samuel attends individual therapy at a substance use treatment facility as part of his aftercare plan. He has a long history of methamphetamine (MA) use, which initially required medically supervised withdrawal. During his initial interview, Samuel reported experiencing hallucinations in which demons in the form of shapes would taunt him whenever he left the house. He told the intake counselor that he had become paranoid, depressed, and suicidal.

Samuel has used alcohol, cocaine, and stimulants in the past but primarily desires the effects of smoking MA. Prior to admission, he had engaged in heavy MA use for several months, which involved continuous use of MA for approximately 1 week causing him to go several nights without sleep. Once the substance was stopped, he experienced an unpleasant crash. During those times, his partner described him as a real Dr. Jekyll and Mr. Hyde because he "goes from being a decent guy to someone who is unpredictable and explosive." During this phase, Samuel craved more and more MA when he was unable to attain the high that he desired.

Today, he meets with his counselor and reports that he continues to experience psychosis after abstinence. They review his treatment plan and assess his ongoing needs. Samuel would like to take steps to repair his relationship with his partner. He is concerned about his sexual health and requests additional services to address those needs. Samuel is committed to ongoing therapy and would like to learn how to manage persistent symptoms of psychosis. He is connected with a case manager to help him find specialized behavioral health treatment.

- A. Are metabolized at a much faster rate
- B. Are metabolized at a much slower rate
- C. Have plasma concentration levels that peak and decline more rapidly
- D. Have plasma concentration levels that remain steady

Answer: B

Explanation:

Compared to cocaine, methphetamines (MAs) are metabolized at a much slower rate. MAs have plasma concentration levels that peak rapidly but decline less rapidly than cocaine. MAs have a longer half-life than cocaine, lasting 8-12 hours when smoked, compared to cocaine, which lasts 20 minutes when smoked.

Question: 2

Samuel's symptoms of psychosis have persisted after a period of abstinence. These symptoms have the potential to last a maximum period of:

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- A. Days
- B. Weeks
- C. Months
- D. Years

Answer: D

Explanation:

For individuals with chronic or heavy methamphetamine (MA) use, symptoms of psychosis may persist for years after discontinuing use. This is known as post-acute withdrawal syndrome, which is most common in individuals with chronic or heavy use: symptoms of this syndrome can be continuous or intermittent and can last months to years.

Question: 3

After Samuel goes several days without sleep, Samuel's partner describes him as "unpredictable and explosive," and he requires more MA to attain a desired high and avoid withdrawal. This physical and physiological state is commonly referred to as:

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Samuel has used alcohol, cocaine, and stimulants in the past but primarily desires the effects of smoking MA. Prior to admission, he had engaged in heavy MA use for several months, which involved continuous use of MA for approximately 1 week causing him to go several nights without sleep. Once the substance was stopped, he experienced an unpleasant crash. During those times, his partner described him as a real Dr. Jekyll and Mr. Hyde because he "goes from being a decent guy to someone who is unpredictable and explosive." During this phase, Samuel craved more and more MA when he was unable to attain the high that he desired.

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- A. Delirium
- B. Tweaking
- C. Pharming
- D. A bender

Answer: B

Explanation:

Tweaking is a physical and psychological condition characterized by unpredictable and explosive behaviors when the individual requires more MA to attain the desired high and to avoid withdrawal. Delirium is associated with an overall lack of awareness and confusion associated with drug withdrawal, primarily alcohol and benzodiazepines, and various mental or physical conditions. Pharming is the use of several prescription drugs at once in order to achieve a high. A bender is a term used to describe a period of heavy drug and/or alcohol use.

Question: 4

Recreational MA use is correlated with increased rates of sexually transmitted infections (e.g., human immunodeficiency virus [HIV]):

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- A. Only when injected
- B. Only when smoked

- C. Only when snorted
- D. Through any route of administration

Answer: D

Explanation:

Recreational methamphetamine (MA) use is associated with increased rates of sexually transmitted infections, such as HIV, through any route of administration. MA is known to heighten libido and increase risky sexual behavior, including having casual sex without a condom. Although sharing needles is associated with an increased risk of HIV and other sexually transmitted infections, recreational use of MA, whether injected, smoked, or snorted, increases sexual libido, and it is often followed by unsafe sexual practices.

Question: 5

Compared to females, which is true of male drinking patterns?

- A. Males are less likely to report excessive alcohol use.
- B. Males are less likely to die as a consequence of alcohol use.
- C. Males aged 12-17 are less likely to have alcohol use disorder.
- D. Males have lower instances of alcohol-related hospitalizations.

Answer: C

Explanation:

Compared to females, males aged 12—17 are less likely to have alcohol use disorder. Men are more likely to report excessive alcohol use, are more likely to die as a consequence of alcohol use, and have higher instances of alcohol-related hospitalizations. Despite these statistics, alcohol consumption among males is declining, narrowing the gap between male and female alcohol use and alcohol use disorder. According to the National Center for Drug Abuse Statistics (2023), females aged 12—17 are 61.5% more likely to have alcohol use disorder than their same-aged male peers. This is a concerning trend because it places women at higher risk for experiencing the long-term effects of alcohol use, including breast cancer, heart disease, liver damage, brain damage, and pregnancy complications.

Question: 6

An addiction counselor with 6 months of sobriety actively attends Narcotics Anonymous (NA) meetings and is eager to share his success. During an initial intake, the counselor meets a client with SUD with the same ethnicity and gender as the counselor. The client has been hesitant to attend NA. The counselor should:

- A. Self-disclose as a way to offer hope to a culturally similar client
- B. Support the client in his own pathway of recovery
- C. Provide information on NA and allow the client to make an informed decision
- D. Self-disclose and offer to meet the client at a local NA meeting

Answer: B

Explanation:

At this point in treatment, the counselor should support the client in his own pathway of recovery. According to Principle VII-17 of the NAADAC Code of Ethics (2021), APS must obtain supervision or consultation before disclosing personal recovery, and the disclosure must benefit the client rather than the AP. If the client and counselor belong to similar ethnic and racialized groups, self-disclosure may be beneficial later in the client's therapy. Providing information on NA is not the best response because the reasons for the client's hesitancy are unknown. Arranging to meet a new client at a local NA meeting may constitute a dual relationship and should be avoided.

Question: 7

Individuals with opioid use disorder (OUD) wishing to attain a longer-lasting heroin high engage in which one of the following methods of heroin administration?

- A. Injecting
- B. Smoking
- C. Snorting
- D. Oral ingestion

Answer: C

Explanation:

Heroin is snorted to achieve a longer-lasting high among individuals with opioid use disorder (OUD). The most common form of heroin administration is injection, which is achieved by heating heroin powder to turn it into a liquid. Injection is also the quickest route. The second most common means of ingesting heroin is by smoking/inhaling it. Snorting heroin is most commonly coupled with cocaine and is less common because the high is longer but not as intense. When taken orally, heroin is converted to morphine, causing deacetylation and leading to significantly lower highs, making this form of administration unlikely among individuals with OUD.

Question: 8

In motivational interviewing (MI), what is the role of the counselor?

- A. An expert, providing unilateral direction and guidance
- B. A subordinate, primarily listening and reflecting
- C. A coach or consultant, asking key questions for learning
- D. An authority figure, creating a professional treatment plan

Answer: C

Explanation:

Motivational interviewing (MI) was developed by Miller and Rollnick. It utilizes techniques derived from numerous theoretical approaches that clarify the progressive stages of recovery. MI is designed to explore and lessen the uncertainty about accepting treatment by using an empathic, client-centered, yet directive counseling approach. This frequently involves building on clients' prior successes and the problem-solving strategies and solutions that supported those achievements. To be successful, MI requires a nonjudgmental, collaborative style that reveals the often-disguised negative hazards and effects of substance abuse. Thus, the counselor serves as a coach or consultant, not as an expert or authority figure. Four basic MI principles are: (1) empathy—acknowledging and respecting the clients decisions yet noting the clients accountability for change: (2) discrepancy identification—contrasting current behavior with expressed ideals and goals: (3) resistance reduction—remaining neutral to client resistance, rather than confronting or correcting, to allow resistance to recede in the face of available information: (4) supporting self- efficacy—reflecting client strengths and encouraging a conviction that change can be achieved.

Question: 9

The counselor is looking for an assessment tool that would assess the client's drug and alcohol use in the past 30 days in the following domains: medical, employment, legal, family, and interpersonal status. Which instrument would meet these qualifications?

The client is a 26-year-old female who presents for an initial assessment with reports of depression, isolation, anhedonia, and a history of drug and alcohol use. She is accompanied by her mother, who expresses a concern that the client has been misusing opioids after a period of abstinence and fears that the client will overdose. The client was previously in separate treatment programs for opioid use disorder. The client received methadone as part of a detox program. She reports maintaining sobriety, but she was recently fired from her job when a random urine drug screen detected methadone, which registered positive for opioid use.

The client began using drugs and alcohol at age 14. She has a history of polysubstance use, including alcohol, stimulants, and heroin. This progressed to frequent heroin use beginning 2 years ago, after a sexual assault. The client was walking home from a bar late one evening when she was approached by a group of acquaintances. The client has little recollection of the encounter due to severe alcohol intoxication: she recalls that, when she woke up early that morning, she did not know where she was, but she recalls bits and pieces of the assault. She did not report the abuse to the police, has stated that she continues to feel shame, and blames herself for the incident.

The client reports that she continues to remain sober for the most part but has not complied with her inpatient aftercare plans. She states that she didn't like 12-step programs and just "gave up" after losing her dream job as a veterinary technician. This has contributed to sadness and anhedonia. She currently admits to heavy alcohol use and occasional misuse of prescription opioids; however, she believes that her heroin use is under control. She agrees to counseling to help with depression, but she states that she does not want to re-engage with treatment for drug and alcohol use. The client also states that she has worked hard to put the sexual assault behind her and is not open to processing past trauma, stating that this has been a trigger for increased substance use and sleeplessness in the past.

- A. The Prescription Opioid Misuse Index
- B. The Opioid Risk Tool
- C. The Addiction Severity Index
- D. The Tobacco, Alcohol, Prescription Medication, and Other Substance Use (TAPS) tool

Answer: C

Explanation:

The Addiction Severity Index assesses drug and alcohol use in the past 30 days in the following domains: medical, employment, legal, family, and interpersonal status. The Prescription Opioid Misuse Index is a six-item assessment used to determine the likelihood of an opioid use disorder diagnosis. The Opioid Risk Tool is used to detect opioid misuse in patients who are prescribed opioids for chronic pain. TAPS is a four-item screening tool for tobacco, alcohol, prescription drug misuse, and substance use.

Question: 10

When used in isolation, a standardized risk assessment for opioid use is found to be superior to which one of the following?

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- A. Collateral reports
- B. Urine drug screen
- C. Mental status exam
- D. Biopsychosocial assessment

Answer: A

Explanation:

Using one instrument to assess the client's risk for opioid use is insufficient; however, when compared to subjective collateral reports, the standardized instrument is found to be superior. Best practices for

assessing the risk of opioid use disorder include standardized instruments, a clinical interview/assessment, a biopsychosocial assessment, and a urine drug screen when indicated.

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