

**TEST QUESTIONS FOR  
CM Home Study Course  
Drug Treatment: I  
Course Code: DTA**

10 Contact Hours for CRC, CCM, CDMS, and NBCC  
10 Contact Hours for California RN Continuing Education  
10 Hours (see below) for California Board of Behavioral Sciences, MFT and  
LCSW Continuing Education  
10 Advanced Education CEH (Continuing Education Hours) for California Association  
of Alcoholism and Drug Abuse Counselors (CFAAP/CAADAC) and National Association of  
Alcoholism and Drug Abuse Counselors (NAADAC)

Please note that different certifying organizations may approve different credit hours/CEUs for this course.

Please include your certification/licensure title(s) and corresponding number(s) on your registration form. After you return the Registration and Answer Sheet Form with 75% or higher correct answers and the registration fee, a certificate verifying your completion will be mailed directly to you for your submission to your certifying or licensing organization.

Note: Not all courses have the same approvals. **BE SURE THAT THIS COURSE HAS THE APPROVAL FOR THE CREDENTIAL/LICENSE WHICH YOU NEED.** Refer to the approvals listed at the top of this page and to our website "approvals" section for details. Certificates verifying completion are subject to any changes, limitations or restrictions by the professional certification/licensure organization granting continuing education approval. Some organizations restrict the number of home study credits. It is your responsibility to determine if any restrictions apply to your credential.

**ATTENTION CALIFORNIA MFT'S AND LCSW'S AND COUNSELORS FOR NAADAC**

The number of contact hours may be greater than the number you may be able to apply to your situation. Note the following: California Board of Behavioral Sciences has indicated: "A licensee may accrue no more than twelve (12) hours of continuing education earned through self-study courses during a single renewal period" and "you can take only up to one-third of your required CE hours through self-study." NAADAC has indicated that no more than 12 hours of training may be under the home study program category.

Select the best answer to each of the following questions based on the text material "*Approaches to Drug Abuse Counseling*" by the National Institute of Drug Abuse, U.S. Department of Health and Human Services.

For questions 1 through 8, select the best answer to each of the following questions based on the article “Dual Disorders Recovery Counseling” by Dennis C. Daley.

1. Which of the following is true for the Dual Disorders Recovery Counseling (DDRC) approach:
  - a. treatment during Phase 4, late recovery, may involve maintenance pharmacotherapy
  - b. both psychiatric and addiction illnesses are viewed as biopsychosocial disorders
  - c. the model assumes that PCP or cocaine use may trigger a first manic episode in a vulnerable individual
  - d. all of the above
  
2. In the DDRC approach:
  - a. the self-help programs are very important in the DDRC model
  - b. the model assumes that a patient cannot recover without involvement in a 12-step group
  - c. the counselor should extensively explore past traumas during the early phase of recovery
  
3. Which of the following may be in a typical session:
  - a. the patient is usually asked at the beginning of the session what concern or problems he or she wants to focus on in that day's session
  - b. the session ends with a review of what the patient will be doing between this and the next session relating to his or her recovery
  - c. both a and b
  - d. neither a nor b
  
4. Which of the following may be topics or recovery themes explored in the PE (psychoeducational) groups:
  - a. discovering ways to use leisure time
  - b. coping with guilt and shame
  - c. changing negative or maladaptive thinking
  - d. all of the above
  
5. Patients who fail to show or who call to cancel the appointment should never be called by the clinician.
  - a. true
  - b. false

6. All lapses and relapses to drug use are explored in an attempt to identify warning signs.
  - a. true
  - b. false
7. Which of the following is true regarding the role of significant others in treatment:
  - a. counselors are encouraged to include families in assessment and treatment sessions
  - b. particular attention is paid to children of patients so that assessments can be arranged if a counselor feels that a psychiatric evaluation is warranted for a patient's child
  - c. both a and b
  - d. neither a nor b
8. The appendix provides a sample for dual recovery-psychoeducational group for relapse prevention. Which of the following is indicated in the methods:
  - a. stress the importance of taking medications even after symptoms are under control
  - b. ask patients who have failed to comply with treatment in the past, and those who did, to state how this affected their addiction and psychiatric disorder
  - c. both a and b

For questions 9 through 17, select the best answer to each of the following questions based on the article "The CENAPS® Model of Relapse Prevention Therapy (CMRPT®)" by Terence T. Gorski.

9. Symptoms of brain dysfunction are \_\_\_\_\_ severe during the first 6 to 18 months of sobriety.
  - a. most
  - b. least
10. CENAPS® Model of Relapse Prevention Therapy (CMRPT®):
  - a. does not use guided imagery
  - b. makes extensive use of guided imagery and spontaneous imagery
11. Group rules for CMRPT®:
  - a. permit dating, romantic involvement, and sexual involvement among members of the group

- b. does not permit dating, romantic involvement, or sexual involvement among members of the group.
12. Group members agree to fulfill basic responsibilities such as completing the closure exercise which includes reporting to the group:
- a. what was learned in the session
  - b. what could be done differently as a result of what was learned
  - c. both a and b
  - d. neither a nor b
13. The problem solving group counseling format involves report on assignments. The counselor asks all group members who have received assignments to briefly answer questions \_\_\_\_\_ "What feelings and emotions were experienced while working on the assignment?"
- a. including
  - b. which should not include
14. A special occupational RP protocol focuses on:
- a. identifying on-the-job relapse warning signs
  - b. teaching EAP counselors and supervisors how to intervene on relapse warning signs
  - c. both a and b
  - d. neither a nor b
15. Group therapy format includes which of the following:
- a. have clients list alternatives on paper
  - b. have the group come up with a list of at least five possible solutions
  - c. have the clients project implications of each alternative
  - d. all of the above
16. The standard agenda in the individual therapy format \_\_\_\_\_ having each client rehearse how he or she will present issues to the group.
- a. includes
  - b. does not include
17. In the PE group format the relapse process includes explaining:
- a. common warning signs that precede relapse
  - b. methods to identify and intervene on warning signs without using alcohol or other drugs
  - c. both a and b
  - d. neither a nor b

For questions 18 through 27 select the best answer to each of the following questions based on the article “The Living In Balance Counseling Approach” by Jeffrey A. Hoffman, et al.

18. Relapse prevention in the Living In Balance (LIB) approach includes helping clients:
  - a. identify situations that trigger cravings
  - b. understand the chain of events, including “small decisions,” that lead from trigger to drug use
  - c. both a and b
  
19. The counselor:
  - a. must be adept at pointing out weaknesses in a client.
  - b. should put a major emphasis on noting strengths
  - c. both a and b
  
20. In discussion of drugs used in RP, the counselor should:
  - a. discourage detailed discussions of drug use that may glorify use or stimulate or trigger a conditioned craving for drugs
  - b. should reframe the discussion in terms of understanding the precipitants and associations to drug use
  - c. both a and b
  
21. In the LIB, the counselor’s role is:
  - a. an educator
  - b. a therapist
  - c. an advisor to the client
  - d. both a and b
  
22. In a typical session, progressive relaxation exercises:
  - a. teach clients stress reduction skills
  - b. correspond to session subject matter and reinforce recovery-oriented goals that relate to session topics
  - c. both a and b
  - d. neither a nor b
  
23. Which of the following is included in typical session topics or themes:
  - a. discussions about classical conditioning

- b. techniques to diminish the power of conditioned cues
  - c. how to eliminate or extinguish learned associations
  - d. all of the above
24. Topics for vocational development provide an opportunity for clients to review his or her vocational history, interests, aptitudes, and skills training and preparation to gain, maintain, and enhance employment.
- a. true
  - b. false
25. Which of the following is included in typical session topics or themes:
- a. stages of grief
  - b. strategies to deal with important losses
  - c. developmental stages of children and specific parenting skills
  - d. all of the above
26. Discussion of dealing with a crisis provides the client with an opportunity to examine:
- a. how the crisis developed
  - b. how he or she dealt with it
  - c. what could be done in the future to avoid it
  - d. all of the above
27. Which of the following should be included in discussions in an RP session regarding a relapse or slip:
- a. what happened and when it started
  - b. how the client addressed it and what should have been done differently to address the problem
  - c. what can be done next time it happens
  - d. all of the above

For questions 28 through 36, select the best answer to each of the following questions based on the article "Treatment of Dually Diagnosed Adolescents: The Individual Therapeutic Alliance Within a Day Treatment Model by Elizabeth Driscoll Jorgensen and Richard Salwen.

28. In the Center for Child and Adolescent Treatment Services (CCATS) Model, the involvement of family members or a foster parent or legal guardian \_\_\_\_\_.
- a. is not considered necessary
  - b. is mandatory

29. Clinical techniques of the CCATS Model include which of the following:
- a. eliciting ambivalence
  - b. reframing
  - c. providing advice and empathic feedback
  - d. all of the above
30. Format may include which of the following treatment modalities:
- a. use of therapeutic challenge such as rock climbing
  - b. relaxation training
  - c. psychopharmacology, when appropriate
  - d. all of the above
31. Behavior modification techniques used in the CCATS Model include:
- a. privilege system
  - b. token system
  - c. both a and b
  - d. neither a nor b
32. The adolescent client receives a recovery workbook. Blank pages for adolescent clients to use in recording individual recovery goals and behavioral progress toward those goals, \_\_\_\_\_ included in this workbook.
- a. are
  - b. are not
33. The assessment process involved obtaining information about psychosocial history which \_\_\_\_\_ spiritual life.
- a. includes
  - b. does not include
34. A typical session topic or theme may include:
- a. positive aspects of use of mood-altering drugs
  - b. negative consequences related to the use of mood-altering drugs
  - c. both a and b

35. Which of the following is true regarding 12-step attendance:
- a. 12-step attendance is a nonnegotiable part of treatment
  - b. the clients' ambivalence and resistance are elicited
  - c. clients are forced to adopt the philosophical and social aspects of 12-step programs
  - d. only a and b
36. Adolescent clients are required to invite their sponsors to participate in a conjoint meeting:
- a. with their parents at home
  - b. with their primary counselor during program hours
  - c. both a and b

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