

**TEST QUESTIONS FOR  
CM Home Study Course  
DUAL DISORDERS  
Course Code: DUL**

14 Hours for CRC, CCM and CDMS  
14 Hours for California RN Continuing Education

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Select the best answer to each of the following questions, based on the text *Assessment and Treatment of Patients with Coexisting Mental Illness and Alcohol and Other Drug Abuse* by Richard Ries, MD.

Based on Chapter 1 of the text, answer questions 1 and 2.

1. The treatment needs of patients who have a psychiatric disorder in combination with an alcohol and other drug use disorder \_\_\_\_\_ treatment needs of patients with either an AOD use disorder or psychiatric disorder itself.
  - a. are the same as
  - b. differ significantly from
  
2. AOD refers to:
  - a. assumption of diagnosis
  - b. alcohol and dual diagnosis
  - c. alcohol and other drug abuse

Based on Chapter 2 of the text, answer questions 3 through 9.

3. The diagnostic process of AOD use and psychiatric disorders can be complicated because AODs may induce, worsen, \_\_\_\_\_ diminish psychiatric symptoms.
  - a. but not
  - b. or
  
4. Individuals may use AODs to:
  - a. purposely dampen unwanted psychiatric symptoms
  - b. ameliorate the unwanted side effects of medications
  - c. both
  
5. Which of the following is true of psychiatric and AOD disorders:
  - a. they can coexist
  - b. one disorder may prompt the emergence of the other
  - c. the two disorders may exist independently
  - d. all of the above
  
6. The symptoms of a coexisting psychiatric disorder may be misinterpreted as poor or incomplete recovery from AOD addiction.
  - a. true
  - b. false

7. Acronyms used in dual disorders include:
- MICA and MISA
  - CAMI and SAMI
  - both a and b
8. Relapse prevention must be specifically designed for patients with dual disorders. Compared with patients who have a single disorder, patients with dual disorders often:
- require longer treatment
  - have more crises
  - progress more gradually in treatment
  - all of the above
9. Given a certain substance, \_\_\_\_\_, the more likely is the development of tolerance, dependence, and subsequent withdrawal symptoms.
- the higher the dose
  - the longer the period of consumption
  - both a and b

Based on Chapter 3 of the text, answer questions 10 through 15.

10. Which of the following is true:
- Psychoactive medications prescribed to the average patient with psychiatric problems pose little or no risk of abuse or addiction
  - use of psychoactive medications by patients with a personal or family history of an AOD use disorder is associated with a high risk of abuse or addiction
  - both a and b
11. "Double Trouble":
- refers to twins with AOD
  - refers to specialized 12-step groups for people with dual disorders
  - includes medication compliance as part of working the program
  - both b and c
12. Treatment should include an integrated dual disorder case management program. This program should be located within:
- a mental health setting
  - an addiction treatment setting
  - a collaborative program
  - any of the above

13. Acute stabilization of patients with dual disorders refers to the management of physical, psychiatric, or drug toxicity crises, such as:
- a. injury or illness
  - b. AOD-induced toxic or withdrawal states
  - c. behavior that is suicidal, violent, impulsive, or psychotic
  - d. any of the above

14. Recently detoxified patients with dual disorders may experience subacute symptoms of insomnia and anxiety as:
- a. subacute withdrawal symptoms
  - b. a prelude to relapse with depression
  - c. either a or b

Note: For question 15, Exhibit 3-2 is located in Chapter 3 in the print version of the textbook; for the online text version of this course, Exhibit 3-2 is located in the Exhibit Section near the end of the text reading materials.

15. The CAGE and CAGEAID Questionnaires in Exhibit 3-2 refer to which of the following:
- a. cutting down
  - b. being annoyed by other people criticizing the behavior
  - c. feeling guilty
  - d. all of the above

Note: There are no questions for Chapter 4.

Based on Chapter 5, answer questions 16 through 33. For question 17, Exhibit 5-1 is located in Chapter 5 in the print version of the textbook; for the online text version of this course, Exhibit 5-1 is located in the Exhibit Section near the end of the text reading materials.

16. During the first months of sobriety, many AOD abusers may exhibit symptoms of depression that fade over time and that are related to acute withdrawal. Thus, which of the following is true:
- a. an initial diagnosis of depression is always accurate
  - b. a period of time should elapse before depression is diagnosed

17. Which of the following is illustrated in Exhibit 5-1:
  - a. depression and dysthymia can occur after use (withdrawal) of barbiturates, opiates, and chronic use of steroids
  - b. mania and cyclothymia can occur after use (withdrawal) of barbiturates, opiates, and chronic use of steroids
  - c. both a and b
  
18. Daily marijuana use can be a chronic marijuana intoxication and may include symptoms of:
  - a. low grade lethargy and depression
  - b. anxiety
  - c. memory loss
  - d. any of the above
  
19. Medical conditions and medications which can either precipitate or mimic mood disorders include:
  - a. hypothyroidism and lupus
  - b. postcardiac condition and stroke
  - c. medications for hypertension and hypotension
  - d. all the above
  
20. Screening personnel should assess whether suicidal feelings are transitory or reflect a chronic condition. Facts to consider include:
  - a. a suicidal plan or serious intentions
  - b. past attempts
  - c. prior psychiatric hospitalization or current treatment
  - d. all the above
  
21. Patients who have manic and hypomanic symptoms often minimize AOD and psychiatric disorders.
  - a. true
  - b. false
  
22. Medical assessment should include consideration for:
  - a. hypoglycemia, stroke, or infections
  - b. withdrawal and toxic drug reaction
  - c. endocrine disorders such as thyroid problems, neurological disorders such as multiple sclerosis, and HIV infection
  - d. all of the above

23. Examples of initial addiction assessment questions are:
- “Have you ever cut down or increased your AOD use related to being severely depressed?”
  - “Do you drink or use other drugs to deal with guilt feelings?”
  - “Do you feel more moody in the morning or evening?”
  - all the above
24. Initial AOD assessment should focus on:
- recent use of alcohol and other drugs, including what drug, quantity, frequency, and how recently
  - past treatments, blackouts, and destructive behavior
  - both a and b
25. Sample questions for assessment of depression are:
- “Are you able to get out of bed in the morning or do you feel chronically tired?”
  - “Have there been any recent changes in your sleeping patterns or in your appetite?”
  - both a and b
  - neither a nor b should be asked during assessment because these questions are too threatening to a depressed patient
26. The textbook indicates which of the following:
- addicted patients tend to emphasize psychiatric symptoms
  - psychiatric patients often underemphasize psychiatric symptoms
  - both a and b
  - neither a nor b
27. In subacute and longer-term assessment, toxicology screens and/or abnormal liver function tests such as the GGT should be obtained when symptoms and AOD use reports don't match.
- true
  - false
28. Recommended assessment instruments are:
- SCID and Brief Psychiatric Rating Scale
  - Hamilton Scale, ASI, and Beck Scale
  - both a and b
  - neither a and b

29. Psychosocial and vocational assessment can include:
- a. support network including extended family
  - b. financial support and job skills
  - c. ethnic and cultural background
  - d. all the above
30. Low blood sugar from insulin overdose can resemble intoxication and depression.
- a. true
  - b. false
31. Encouraging, emotional expression is recommended regardless of the patients stage of AOD recovery and stability.
- a. true
  - b. false
32. Vocational planning should be:
- a. short term
  - b. long term
33. Neuropsychological, educational, and vocational testing assessments are more reliable and accurate when performed:
- a. within the first two months of sobriety
  - b. following several months of sobriety

Based on Chapter 6 of the text, answer questions 34 through 44.

34. Medications that can cause anxiety symptoms are:
- a. antispasmodics, cold medicines and thyroid supplements
  - b. digitalis, diet medications, and antidepressant medications
  - c. some antianxiety drugs such as benzodiazepines
  - d. any of the above
35. PTSD and dissociative disorders are \_\_\_\_\_ diagnosed among individuals with AOD disorders.
- a. seldom
  - b. often

36. Chronic and high-dose stimulant use can provoke the onset of obsessions and compulsive behaviors.
- a. true
  - b. false
37. Benzodiazepine-related subacute withdrawal may cause:
- a. muscle spasm
  - b. tinnitus
  - c. paresthesias
  - d. any of the above
38. Formications are:
- a. a type of tactile hallucination that involves the sensation of something creeping or crawling on or under the skin.
  - b. seen in patients with alcohol withdrawal delirium
  - c. seen during the withdrawal phase of stimulant intoxication
  - d. all the above

Based on Chapter 7 of the text, answer questions 39 through 44.

39. Issues in personality disorders include:
- a. suicidal behavior
  - b. patient contracting
  - c. transference and countertransference
  - d. all the above
40. Subacute withdrawal may include:
- a. mood swings and irritability
  - b. impairment in cognitive functioning
  - c. short-term but not long-term memory problems
  - d. both a and b
41. During crisis stabilization with a borderline personality disorder:
- a. a written release for medical information is important
  - b. the therapist should use psychodynamic confrontations
  - c. written and verbal contracts should be avoided



42. Assessment of antisocial personality disorder can include:
- a. taking a history of the patient's ability to bond with others
  - b. asking questions to find out about possible parasitic relationships
  - c. neuropsychological testing, MMPI, MCMI, PCL-R or CAGE questionnaire
  - d. any of the above
43. When a narcissistic personality disorder is in a narcissistic rage, the patient may become homicidal.
- a. true
  - b. false
44. Which of the following are considerations of passive-aggressive personality disorders:
- a. use of over-the-counter drugs such as NyQuil, Benadryl, niacin, and laxatives
  - b. compulsive behaviors such as eating disorders and compulsive shopping
  - c. individual counseling helps patients to express their emotions directly
  - d. all the above

Based on Chapter 8 of the text, answer questions 45 through 50.

45. If vivid auditory, visual and tactile hallucinations emerge during a brief episode of mild alcohol intoxication, it is likely that the symptoms represent:
- a. related only to AOD and not a psychotic disorder
  - b. an underlying psychotic process that has been exacerbated by the use of alcohol
46. Assessment of medical symptoms of psychotic disorders should include a thorough cognitive examination of patients':
- a. orientation
  - b. memory and concentration
  - c. language and comprehension
  - d. all the above
47. The MAST standardized assessment has been demonstrated to \_\_\_\_\_ for assessing psychotic disorders with AOD.
- a. have value
  - b. have no value

48. Vocational services for psychotic disorders with AOD may include temporary hire placements and job coaching options.
- a. true
  - b. false
49. Patients who have dual disorders that involve psychosis:
- a. must have aggressive treatment of medication side effects.
  - b. should be educated and thoroughly informed about medication issues
  - c. both a and b
50. When medication is prescribed to psychotic patients with dual disorders, which of the following should be discussed with patients:
- a. their understanding of the purpose for the medication
  - b. their beliefs about the meaning of medication
  - c. their understanding of the meaning of compliance
  - d. all of the above

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