

Mindful Continuing Education

Early Intervention, Treatment, and Management of Substance Use Disorders

Introduction

1. The recent addition of services to address substance use problems and disorders in mainstream health care has extended the continuum of overall care, and includes a range of effective, evidence-based medications, behavioral therapies, and supportive services for those struggling with these issues.

- A. True
 - B. False
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2. Each of the following accurately describes the scientific evidence supporting the effectiveness of treatment interventions available to identify, treat, and manage substance use problems and disorders EXCEPT:

- A. Well-supported scientific evidence shows that medications can be effective in treating serious substance use disorders, but they are under-used
 - B. Research indicates that substance use disorders can be effectively treated, with recurrence rates only moderately higher than those for other chronic illnesses such as diabetes, asthma, and hypertension
 - C. Supported scientific evidence indicates that substance misuse and substance use disorders can be reliably and easily identified through screening and that less severe forms of these conditions often respond to brief physician advice and other types of brief interventions
 - D. The primary goals and general management methods of treatment for substance use disorders are the same as those for the treatment of other chronic illnesses
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Continuum of Treatment Services

3. Continuum of care refers to an integrated system of care that guides and tracks a person over time through a comprehensive array of health services appropriate to the individual's needs.

- A. True
 - B. False
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Components of Early Intervention-SBI: Brief Interventions

4. Although structured therapy is not a component of screening and brief intervention (SBI) for substance misuse and substance use disorders, it is often used as a means to engage those who receive specialty treatment.

- A. True**
 - B. False**
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Reasons for Not Seeking Treatment

5. Among individuals who recognize that they need substance abuse treatment, the most common reason they don't seek an intervention is lack of health care coverage or inability to afford services.

- A. True**
 - B. False**
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6. Which of the following is NOT a correct statement about opioid overdose and the use of naloxone to reverse the effects?

- A. Rates of opioid overdose deaths are particularly high among individuals with an opioid use disorder who have recently stopped their use as a result of detoxification or incarceration**
 - B. Naloxone is an opioid antagonist medication approved by the FDA to reverse opioid overdose in injectable and nasal spray forms which works by displacing opioids from receptors in the brain, thereby blocking their effects on breathing and heart rate**
 - C. Naloxone can be particularly effective since opioid overdose occurs immediately after a person has taken the drug**
 - D. Interventions that combine take-home doses of naloxone with education and training for those actively using opioids and their loved ones have the potential to help decrease overdose related deaths**
-

Acute Stabilization and Withdrawal Management

7. Substances that tend to cause the most significant physical withdrawal include alcohol, opioids, and:

- A. Sedatives**
- B. Stimulants**

- C. Caffeine
 - D. Marijuana
-

Table 4.2: Principles of Effective Treatment for Substance Use Disorders

8. Medically assisted detoxification has proven to be an effective intervention to change long-term drug use, particularly among adolescents.

- A. True
 - B. False
-

Individualized Treatment Planning

9. Substance use disorder treatment plans and goals should be person-centered, include strength-based approaches, and:

- A. Focus on crisis intervention
 - B. Foster immediate connections to 12-step programs
 - C. Incorporate family-systems strategies
 - D. Keep the patient engaged in care
-

Treatment Setting and the Continuum of Care

10. A typical progression for someone who has a severe substance use disorder might start with 3 to 7 days in a medically managed withdrawal program, followed by a 1 to 3 month period of intensive rehabilitative care in a residential treatment program, followed by continuing care.

- A. True
 - B. False
-

Medications and Medication-Assisted Treatment

11. The use of psychotherapies to treat alcohol and opioid use disorders include:

- A. Naltrexone is provided by prescription to block opioid receptors, reduces cravings, and diminish the rewarding effects of alcohol and opioids
- B. Buprenorphine-naloxone is considered the preferred formulation for the treatment of opioid dependence in pregnant patients and patients with hepatic impairment
- C. Buprenorphine hydrochloride is used for detoxification or maintenance of abstinence

for individuals aged 16 or older

D. Disulfiram is administered in a delayed-release tablet to promote maintenance of alcohol abstinence

Medication-Assisted Treatment (MAT) for Opioid Use Disorders

12. Patients who receive MAT to treat opioid disorders for as few as 30 days have shown improved overall outcomes.

- A. True
 - B. False
-

Medication-Assisted Treatment for Alcohol Use Disorders

13. According to the authors, when considering the need for medication-assisted treatment for alcohol use disorders, factors to be considered include the patient's motivation for treatment, potential for relapse, and:

- A. Previous treatment experiences
 - B. Physical and behavioral health histories
 - C. Severity of co-existing conditions
 - D. Ability to comply with a medication regimen when indicated
-

Behavioral Therapies

14. Behavioral therapies, which can be provided in individual, group, and/or family sessions in virtually all treatment settings, help patients recognize the impact of their behaviors on their substance use and ability to function in a healthy, safe, and productive manner.

- A. True
 - B. False
-

15. Contingency management is a well-respected intensive 24-week outpatient program that uses incentives and reinforcers to reward individuals who reduce their substance use, and helps them improve relations, acquire skills to minimize substance use, and reconstruct social activities to support recovery.

- A. True
 - B. False
-

Family Therapies

16. Family behavior therapy (FBT) is a therapeutic approach used for both adolescents and adults that addresses not only substance use but other issues the family may also be experiencing, and it includes:

- A. Addressing antisocial behaviors and unfavorable influences**
 - B. Up to 20 treatment sessions that focus on developing skills and setting behavioral goals, while basic necessities are reviewed and inventoried**
 - C. Identifying patterns of negative behaviors and interactions within the family**
 - D. A "daily sobriety contract" between the affected patient and his/her family in which the patient states his or her intent not to drink or use drugs, and the family expresses support for the patient's efforts to stay abstinent**
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Emerging Treatment Technologies

17. Technology-based interventions in health care offer many potential advantages such as increasing access to care in underserved areas and settings, freeing up time so that service providers can care for more clients, providing alternative care options for individuals hesitant to seek in-person treatment, and increasing the chances that interventions will be delivered as they were designed and intended to be delivered.

- A. True**
 - B. False**
-

Considerations for Special Populations

18. Culturally sensitive substance use disorder interventions have shown to be more effective when they account for such factors as discrimination, acculturation, ethnic pride, and:

- A. Cultural betrayal**
 - B. Cultural imposition**
 - C. Cultural mistrust**
 - D. Cultural ignorance**
-

Veterans

19. A large study examining improvement in substance use outcomes for veterans with

PTSD found that treatment in longer-term specialized programs resulted in improvements in family functioning and mood disorder symptoms.

- A. True**
 - B. False**
-

Recommendations for Research

20. Recommendations for further research in the field of treatment for substance use disorders include:

- A. Moving research involving early interventions and various components of treatment from rigorously controlled trials to natural delivery settings and a broader mix of patient types**
 - B. More rigorously controlled trials that continue to establish efficacy, but can also be implemented in real-world settings**
 - C. Treatment research highlighting the use of buprenorphine or naloxone treatment for opioid misuse outside of traditional substance use disorder treatment programs**
 - D. All of the above**
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