Mindful Continuing Education

Treating Opioid Use Disorder

1. Opioid use disorer affects more than how people in the United States?
A. 500 thousand B. 1 million C. 3 million D. 5 million
2. A person's need to increase the amount of opioids taken to achieve the desired effect.
A. addiction B. withdrawal C. impairment D. tolerance
3. A person's unpleasant experience upon terminating opioid use.
A. addiction B. withdrawal C. impairment D. tolerance
4. Which of the following includes taking the medication in a way or dose other than what is prescribed, taking someone else's prescription medication, or taking the medication expressly to get high and not for the prescribed treatment
A. Heroin B. OUD C. Fentanyl D. Prescription opioid misuse
5. This opioid is derived from morphine.
A. Heroin B. Fentanyl C. Methadone D. Imodium

6. This synthetic opioid is 50-100 times stronger than morphine.				
A. Heroin				
B. Fentanyl				
C. Methadone				
D. Oxycodone				
7. When opioids bind to opioid receptors, the body is flooded with what?				
A. dopamine				
B. testosterone				
C. oxytocin				
D. estradiol				
8. Short-term effects of opioids include all except for which of the following?				
A. pain relief				
B. euphoria				
C. drowsiness				
D. damage to organs				
 9. This group of people are more susceptible to accidental misuse due to multiple prescriptions and health issues. A. Women B. Adolscents C. Elderly D. African Americans 				
10. An environmental risk factors for a person's susceptibility to opiod misues is which of the following?				
A. its effects on brain chemistry				
B. access and exposure C. genetic predisoposition				
D. mental health conditions				
D. Montal Hould's contained				
11. According to the DSM-V, having 4/10 OUD symptoms is considered what?				
A. mild				
B. moderate				
C. severe				
D. extreme				

A. SOAPP-R B. physical exam C. substance use history D. drug test
13. Historically CODs were treated in this manner but it has been show to be ineffective and worsens outcomes.
A. Sequential treatment B. Simultaneous Treatment C. Integrated Treatment D. Cognitive Behavioral Treatment
14. This treatment can minimize withdrawl symptoms and cravings.
A. MAT B. CBT C. Naloxone D. EMDR
15. The following are all medications that treat opioid use disorder except for which of the following?
A. methadone B. buprenorphine C. naltrexone D. benzodiazepine
16. This medication to treat OUD can only be dispensed through a certified opioid treatment program.
A. methadone B. buprenorphine C. naltrexone D. naloxone
17. One of the goals of this treatment model is to strengthen a person's commitment to change in a way that is consistent with their values.
A. CBT B. Contingency Management C. Motivational Interviewing

12. This establishes a baseline of the substance(s) the person is using at the time of evaluation

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18.	This evidence-	based treatm	ent provides	rewards to	motivate change.

- A. CBT
- **B.** Contingency Management
- C. Motivational Interviewing
- D. DBT

19. This type of treatment gives people the flexibility to receive treatment and attend therapy on their own time.

- A. Detoxification Treatment
- B. Inpatient Treatment
- C. Outpatient Treatment
- D. Therapeutic Communities

20. Accoring to the text, which of the following best describes harm reduction?

- A. Harm reduction expects people to follow a "clean & sober" lifestyle.
- B. Harm reduction is an abstinence based program.
- C. Harm reduction has a clear set of rules and regulations.
- D. According to harm reduction, some ways of using drugs are safer than others.

21. Overdose prevention sites globally experience on average how many overdose fatalities/year?

- A. 0
- B. 100
- C. 1000
- D. 10,000

22. A key risk factor for a person relapsing is which of the following?

- A. Stress
- B. MAT
- C. harm reduction
- D. decriminalizing drugs

23. What is the first step of relapse prevention?

- A. coping skills
- B. support system
- C. warning signs
- D. routines

24. Naloxone can quickly reverse an opioid overdose is also known as					
A. Suboxone					
B. Methadone					
C. Narcan					
D. Buprenorphine					
25. If the person overdosing does not respone to the first dose of naloxone treatment in this amount of time a second dose should be given.					
A. 1 minute					
B. 2-3 minutes					
C. 5 minutes					
D. 8-10 minutes					
26. Culturally competent clinicians are aware of which of the following?					
A. abstinence is the best policy.					
B. condone illicit drug use					
C. other's biases and stereotypes.					
D. their own biases and stereotypes.					
27. What do the updated federal regulations in 2024 allow for OTPs to do?					
A. admit someone with less than one year of opioid addiction.					
B. only allow doctors to prescribe methadone.					
C. only admit adults.					
D. admit minors if they have 2 prior failed treatments.					
28. Barriers to care include all except for the following:					
A. insurance					
B. stigma					
C. harm reduction					

29. These type of programs make it easier to access and participate in treatment.

D. fear of criminal prosecution

A. OTPs

B. Low-thresholdC. harm reduction

D. overdose prevention

30. This MAT can be prescribed by doctor's offices making it an easier to access treatment.

- A. Methadone
- B. Dextromethorphan
- C. Naloxone
- D. Loperamide

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