

Mindful Continuing Education

Treating Stimulant Use Disorders-Part One

Background

1. The Matrix IOP method was developed to treat individuals dependent on stimulant drugs by incorporating elements of relapse prevention, cognitive behavioral therapy, psychoeducation, 12-Step program support, and:

- A. Transactional group therapy
 - B. Family approaches
 - C. Client-centered psychotherapy
 - D. Structural integration
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Matrix IOP Approach-Overview

2. With the Matrix IOP approach, clients receive information, assistance in structuring a substance-free lifestyle, and support to achieve and maintain abstinence, as well as specific tools to address dependency on stimulant drugs, particularly methamphetamine and cocaine.

- A. True
 - B. False
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Program Components

3. All Matrix IOP groups are closed, with a specific beginning and ending time period, and with the content of sessions being dependent on that of previous sessions.

- A. True
 - B. False
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Early Recovery Skills Groups

4. Each of the following is an accurate statement about Early Recovery Skills (ERS) Groups EXCEPT:

- A. The ERS group teaches clients an essential set of skills for establishing abstinence from drugs and alcohol
 - B. The group provides the message that professional treatment can be one source of information and support, but full participation also includes 12-Step or mutual-help groups
 - C. The techniques used in ERS group sessions are behavioral and have a strong “how to” focus
 - D. Therapy is intended to create strong bonds among group members
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Social Support Group (Continuing Care)

5. Social Support group sessions help clients learn or relearn socialization skills by focusing on issues being experienced by group members and discussion of specific recovery topics such as patience, intimacy, isolation, rejection, and work.

- A. True
 - B. False
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The Role of the Counselor

6. Counselors should be sensitive to cultural and other diversity issues relevant to the population being served, including not only obvious markers such as race, ethnicity, and religion, but also socioeconomic status, level of acculturation to the U.S., and:

- A. Level of education
 - B. Lifestyle factors
 - C. Gender roles
 - D. Social expectations
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Working With Client Co-Leaders and Client–Facilitators

7. Clients may be considered for co-leading a relapse prevention (RP) group if they have achieved a minimum of 6 months of uninterrupted abstinence, have completed Phase I of the Matrix IOP intervention, and are willing to serve as co-leaders for at least 3 months.

- A. True
 - B. False
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The Role of Drug and Breath-Alcohol Testing in Matrix IOP

8. The goals of testing for substances in treatment include:

- A. Deterring a client from resuming substance use

- B. Providing a counselor with objective information about a client's substance use and providing a client who is denying use with objective evidence of use
 - C. Identifying a substance use problem severe enough to warrant residential or hospital-based treatment
 - D. All of the above
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9. Although a client should not be discharged from the Matrix IOP intervention because of positive drug test or Breathalyzer results, if positive drug tests continue, the counselor may be required to refer the client to a higher level of care.

- A. True
 - B. False
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III. Individual/Conjoint Sessions

10. Individual/conjoint sessions are used in the Matrix IOP Model to help clients and their families during the treatment process, to allow clients to discuss their addiction openly in a nonjudgmental context, and as a format to encourage positive changes.

- A. True
 - B. False
-

Session 2: Client Progress/Crisis Intervention

11. Goals of the second session of conjoint treatment are to discuss client progress, address any crises that are occurring, and:

- A. Orient clients and their family members to the specifics of the Matrix IOP approach
 - B. Enlist family members' help in supporting clients' continued recovery
 - C. Reinforce recovery principles clients have learned in treatment
 - D. Help clients set continuing treatment goals
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IC 2B Relapse Analysis Chart

12. Although numerous events, behaviors, and thoughts can influence whether or not an individual returns to substance use, a relapse episode does not begin until the person actually takes the drug.

- A. True
 - B. False
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IV. Early Recovery Skills Group Introduction-Session Format and Counseling Approach

13. First-time participants to the Early Recovery Skills Group (ERS) should be given several minutes to give a brief history, but clients giving detailed drug or alcohol histories can be interrupted politely and asked to discuss:

- A. Their perceptions of recovery benefits
 - B. Previous experiences with recovery
 - C. Issues that prompted treatment
 - D. Behaviors they feel they need to change
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Clients Who Resist Participation in 12-Step, Mutual-Help, or Other Spiritual Groups

14. Clients who are willing to attend 12-Step meetings but resist getting a sponsor and working the steps should be allowed to fully engage in the 12-Step process as they are ready.

- A. True
 - B. False
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15. ERS group session descriptions use the metaphorical struggle between the desire to stay committed to recovery and the desire to begin using stimulants again, which occurs between:

- A. The rational brain versus the addicted brain
 - B. Conflicting thoughts and behaviors
 - C. Wishes versus needs
 - D. Expectations versus desires
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Session 1: Stop the Cycle

16. When discussing cravings, it is imperative to know that cravings have a psychological basis and must be addressed accordingly.

- A. True
 - B. False
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Session 2: Identifying External Triggers-Making Progress

17. Keeping a daily record of abstinence keeps clients mindful that their recovery is a day-to-day process, and marking progress allows them to take pride in how far they have come.

- A. True
 - B. False
-

Session 3: Identifying Internal Triggers

18. When clients feel depression, shame, fear, confusion, or self-doubt during early recovery, the counselor can help them understand that how they respond to those internal triggers is under their control.

- A. True
 - B. False
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19. Charting internal struggles can assist clients in anticipating and heading off problems by:

- A. Encouraging honest and authentic reflection
 - B. Identifying safe and unsafe emotional states
 - C. Promoting accountability
 - D. Relieving stress and allowing for expression
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Session 5: Body Chemistry in Recovery-Discussing the Stages of Recovery

20. Recovery from stimulant use can be divided into the four stages of awareness and early engagement, consideration, initial recovery, and reclamation.

- A. True
 - B. False
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Session 7: Thinking, Feeling, and Doing

21. In order for clients to exercise control over their responses during recovery, it is important that they recognize how thoughts and feelings are expressed in behavior, body language, and:

- A. Somatic sensations
 - B. Non-verbal reactions
 - C. Physical changes
 - D. None of the above
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Session 8: 12-Step Wisdom

22. 12-Step wisdom calls on the use of HALT as a component of returning the body to a normal, healthy state, which includes a self-check to evaluate if one is feeling Hopeless, Afraid, Lost, or Troubled.

- A. True
 - B. False
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Handouts for Early Recovery Skills Group Sessions -ERS 1B Trigger-Thought-Craving-Use

23. During early recovery, thoughts about using substances often follow a pattern of trigger, thought, craving, and use, so clients should be taught to use thought stopping techniques such as visualization, snapping, relaxation, and calling someone.

- A. True
 - B. False
-

ERS 5 Roadmap for Recovery

24. People who use stimulants generally experience the same degree of physical and psychological withdrawal symptoms as do people who use alcohol.

- A. True
 - B. False
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ERS 5 Roadmap for Recovery

25. Each of the following is an accurate statement about the 6-week to 5-month recovery period that follows early abstinence EXCEPT:

- A. This period, called the Wall, often includes a variety of annoying and troublesome symptoms
 - B. Difficulties with thoughts and feelings are caused by the continuing healing process in the brain
 - C. The most common symptoms are depression, irritability, difficulty concentrating, low energy, and a general lack of enthusiasm
 - D. Because cravings occur less often and feel less intense 2-3 months into recovery, clients may be less aware of relapse risk and put themselves in high-risk situations and increase their relapse risk
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