

Oral Examination Study Guide

I. **Be able to do a Presentation of Client for 10 minutes explaining each of the following:**

a. Core Functions

i. Screening

ii. Intake

iii. Orientation

iv. Assessment

a. Dimension 1

d. Dimension 4

b. Dimension 2

e. Dimension 5

c. Dimension 3

f. Dimension 6

2. Appropriate level of care -

3. Diagnoses –

4. Identified Specifiers for diagnoses -

v. Treatment Planning

vi. Counseling

1. Individual

2. Group

3. Family

vii. Case Management

viii. Crisis Management

ix. Client Education

x. Record Keeping (documentation)

xi. Case Consultation

xii. Discharge and Continuing Care

II. **Know the DSM-5 criterion for Substance Use Disorders**

- a. Tolerance
- b. Withdrawal
- c. Larger amount used than intended
- d. Desire or unsuccessful attempts to cut down or control substance
- e. Great deal of time spent in activities to obtain, use or recover from drug
- f. Important social, occupational, or recreational activities given up or reduced
- g. Use continues despite knowledge of its effects
- h. Failure to fulfill obligations at work, school, home
- i. Finding self in situations that are physically hazardous
- j. Cravings
- k. Persistent social or interpersonal issues
 - i. Identify Specifiers for DSMV diagnoses Mild - 2-3, moderate 4-5, severe 6 or more

III. **Know the Stages of Change**

- a. Pre-contemplation
- b. Contemplation
- c. Preparation
- d. Action
- e. Maintenance

IV. **Know about CFR 42 part 2.**

- a. What is the significance of CFR 42?
- b. Why needed?
- c. What is the difference between CFR 42 and HIPPA?
- d. Exclusions
 - i. Mandated reporting
 - ii. Tarasoff's Duty to Warn
 - iii. ROI
 - iv. Court order

- v. Crime on property
- vi. Medical issues
- vii. Audit/Research
- viii. Internal communication
- ix. Whitner's Law

V. **Know the Disease Model**

- a. Primary
- b. Chronic
- c. Progressive
- d. Treatable
- e. Fatal if not treated

VI. **Know the Levels of Care and what is the appropriate ASAM for each LOC**

- a. Level 0.5
- b. Level 1
- c. Level 2d
 - i. 2.1
 - ii. 2.5
- d. Level 3
 - i. 3.1
 - ii. 3.3
 - iii. 3.5
 - iv. 3.7
- e. Level 4

VII. **Know about Motivational Interviewing**

- a. CATS – Commitment, Activation, Taking Steps
- b. OARS – Open-ended, affirmations, reflective listening, and summarizing
- c. DARN – desires, abilities, reasons, and needs
- d. What are some specific interventions used in MI?
 - i. Decisional balance, readiness ruler

VIII. **Possible Ethics Questions**

- a. The Counseling Relationship
- b. Evaluation, Assessment and Interpretation of Client Data
- c. Confidentiality/Privileged Communication and Privacy
- d. Professional Responsibility
- e. Working in a Culturally Diverse World
- f. Workplace Standards
- g. Supervision and Consultation
- h. Resolving Ethical Issues
- i. Communication and Published Works
- j. Policy and Political Involvement

IX. **Medication Assisted Treatments**

- a. What are they and what do they do?
- b. What drugs are one medically detoxed from?
- c. Name the main MAT medications
 - i. Methadone
 - ii. Subutex
 - iii. Suboxone
 - iv. Vivitrol
 - v. Sublocade
 - vi. Narcan

X. **Safety Issues – Crisis Management**

- a. What are situations where it would be appropriate to develop a safety / crisis plan?
 - i. Suicidal Ideation / plan
 - ii. Homicidal Ideation
 - iii. Self-Harming behaviors
 - iv. history of overdose
 - v. Domestic Violence
- b. How would you utilize MI to engage a client in safety planning?
- c. How would you respond to a client who refused to safety plan?

XI. **General Questions:**

- a. How did you use your philosophy of treatment with your client?
- b. Court orders vs. Subpoenas
- c. What is Whitner's Law
- d. How would you explain addiction to a client?
- e. How do you take care of yourself?
- f. What do you expect to do with this certification?
- g. Transference and countertransference

XII. What is Harm Reduction?

- a. Therapeutic
- b. Fentanyl Strips
- c. Narcan
- d. Xylazine Strips

XIII. **DSM 5 Withdrawal Criteria/Symptoms**

Reminder – tolerance can occur without withdrawal, but withdrawal needs tolerance.

Alcohol: At least TWO that develop within several hours to a few days after use is stopped.

1. Autonomic hyperactivity (sweating or pulse rate greater than 100bpm).
2. Increased hand tremor.
3. Insomnia.
4. Nausea or vomiting.
5. Transient visual, tactile, or auditory hallucinations of illusions.
6. Psychomotor agitation.
7. Anxiety.
8. Generalized tonic-clonic seizures.

Caffeine: Abrupt stop or reduction of caffeine use followed within 24 hours of at least THREE.

1. Headache.
2. Marked fatigue or drowsiness.
3. Dysphoric mood, depressed mood, or irritability.
4. Difficulty concentrating.
5. Flu-like symptoms (nausea, vomiting, or muscle pain / stiffness).

Cannabis: At least THREE of the following that develop approximately 1 week after use is stopped:

1. Irritability, anger, or aggression.
2. Nervousness or anxiety.
3. Sleep difficulty (e.g. insomnia, disturbed dreams).
4. Decreased appetite or weight loss.
5. Restlessness.
6. Depressed mood.
7. At least one of the following physical symptoms causing significant discomfort: abdominal pain, shakiness / tremors, sweating, fever, chills, or headache.

Opioid: At least THREE developing within minutes to several days of stopping use or administration of opioid antagonist.

1. Dysphoric mood.
2. Nausea or vomiting.
3. Muscle aches.
4. Lacrimation or rhinorrhea.
5. Pupillary dilation, piloerection (hair standing on end), or sweating.
6. Diarrhea.
7. Yawning.
8. Fever.
9. Insomnia.

Sedative/ Hypnotic/Anxiolytic: At least TWO developing within several hours of reducing / stopping use.

1. Autonomic hyperactivity (sweating or pulse rate greater than 100bpm).
2. Hand tremor.
3. Insomnia.
4. Nausea or vomiting.
5. Transient visual, tactile, or auditory hallucinations or illusions.
6. Psychomotor agitation.
7. Anxiety.
8. Grand mal seizures.

Stimulant: Dysphoric mood AND at least TWO developing within several hours to several days of reducing / stopping use.

1. Fatigue.
2. Vivid, unpleasant dreams.
3. Insomnia or hypersomnia.
4. Increased appetite.
5. Psychomotor retardation or agitation.

Tobacco: Abrupt stop or reduction of nicotine use followed within 24 hours of at least FOUR.

1. Irritability, frustration, anger.
2. Anxiety.
3. Difficulty concentrating.
4. Increased appetite.
5. Restlessness.
6. Depressed mood.
7. Insomnia.

Hallucinogen Related Disorder – Withdrawal symptoms and signs are not established for hallucinogens and so this criteria does not apply.