BEHAVIORAL MEDICINE – SUBSTANCE USE DISORDERS PRACTICE TEST (SAMPLE)

STUDY GUIDE

SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

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Introduction

Preparing for a certification exam can feel overwhelming, but with the right tools, it becomes an opportunity to build confidence, sharpen your skills, and move one step closer to your goals. At Examzify, we believe that effective exam preparation isn't just about memorization, it's about understanding the material, identifying knowledge gaps, and building the test-taking strategies that lead to success.

This guide was designed to help you do exactly that.

Whether you're preparing for a licensing exam, professional certification, or entry-level qualification, this book offers structured practice to reinforce key concepts. You'll find a wide range of multiple-choice questions, each followed by clear explanations to help you understand not just the right answer, but why it's correct.

The content in this guide is based on real-world exam objectives and aligned with the types of questions and topics commonly found on official tests. It's ideal for learners who want to:

- Practice answering questions under realistic conditions,
- Improve accuracy and speed,
- Review explanations to strengthen weak areas, and
- Approach the exam with greater confidence.

We recommend using this book not as a stand-alone study tool, but alongside other resources like flashcards, textbooks, or hands-on training. For best results, we recommend working through each question, reflecting on the explanation provided, and revisiting the topics that challenge you most.

Remember: successful test preparation isn't about getting every question right the first time, it's about learning from your mistakes and improving over time. Stay focused, trust the process, and know that every page you turn brings you closer to success.

Let's begin.

How to Use This Guide

This guide is designed to help you study more effectively and approach your exam with confidence. Whether you're reviewing for the first time or doing a final refresh, here's how to get the most out of your Examzify study guide:

1. Start with a Diagnostic Review

Skim through the questions to get a sense of what you know and what you need to focus on. Your goal is to identify knowledge gaps early.

2. Study in Short, Focused Sessions

Break your study time into manageable blocks (e.g. 30 – 45 minutes). Review a handful of questions, reflect on the explanations.

3. Learn from the Explanations

After answering a question, always read the explanation, even if you got it right. It reinforces key points, corrects misunderstandings, and teaches subtle distinctions between similar answers.

4. Track Your Progress

Use bookmarks or notes (if reading digitally) to mark difficult questions. Revisit these regularly and track improvements over time.

5. Simulate the Real Exam

Once you're comfortable, try taking a full set of questions without pausing. Set a timer and simulate test-day conditions to build confidence and time management skills.

6. Repeat and Review

Don't just study once, repetition builds retention. Re-attempt questions after a few days and revisit explanations to reinforce learning. Pair this guide with other Examzify tools like flashcards, and digital practice tests to strengthen your preparation across formats.

There's no single right way to study, but consistent, thoughtful effort always wins. Use this guide flexibly, adapt the tips above to fit your pace and learning style. You've got this!

Questions

1. Which risky behavior is listed as associated with stimulant use?

A. Sex work

B. Regular exercise

C. Reading

D. Watching TV

2. Which route is NOT a documented route of PCP administration?

A. Transdermal patch

B. Snorted

C. Smoked

D. Injected

3. CNS involvement in fetal alcohol syndrome can include which of the following?

A. Intellectual disability and behavioral issues

B. Enhanced motor development

C. Increased IQ

D. No neurological issues

4. Which statement describes a drawback of monthly injectable naltrexone?

A. Alcohol Should Not Be Ingested Prior To Starting Or Will Cause Precipitated Withdrawal

B. It Is Incompatible With All Opioids

C. It Has Significant Renal Dosing Requirements

D. It Is Inexpensive And Widely Available

5. Which statement best defines Alcohol Use Disorder (AUD)?

A. Heavy Alcohol Use

B. A medical condition characterized by the impaired ability to stop or control alcohol use despite adverse social, occupational or health consequences

C. Alcohol Use Disorder

D. Binge Drinking

6. What is the primary purpose of the CAGE questionnaire?

A. Screen For Potential Alcohol Use Problems

B. Diagnose Alcohol Use Disorder

C. Assess Nicotine Dependence

D. Screen For Depression

7. What describes the philosophy behind new pharmacotherapies targeting craving?

A. Medications That Only Address Withdrawal Symptoms

B. Medications That Have No Effect On Craving

C. Reliance Solely On Psychosocial Interventions

D. Medications Designed To Reduce Craving Through Novel Mechanisms

8. Which is a component of the Brief Negotiated Interview?

A. Establish rapport

B. Prescribe medication

C. Conduct a long-term group therapy

D. Judge the patient

9. Which of the following is NOT typically associated with stimulant use disorder?

A. Psychosis

B. Suicidal ideation

C. Choreiform movements

D. Diabetic ketoacidosis

10. Which approach is recommended when prescribing benzodiazepines for chronic anxiety disorders in patients with risk of substance use disorder?

A. Use short-acting benzodiazepines

B. Avoid benzodiazepines entirely

C. Use long-acting benzodiazepines

D. Use only diazepam

Answers

1. A
2. A
3. A
4. B
5. B
6. A
7. D
8. A
9. D
10. C

Explanations

1. Which risky behavior is listed as associated with stimulant use?

A. Sex work

B. Regular exercise

C. Reading

D. Watching TV

Stimulants increase disinhibition and arousal, which can elevate sexual desire and lower judgment. This combination often leads to riskier sexual behavior, including compatibility with transactional sex or sex work, especially in environments where drugs and sexual activity intersect. Because sex work can be a pathway for obtaining money or drugs and because stimulant use can prolong sexual activity while diminishing caution, it stands out as the behavior most commonly associated with stimulant use. Regular exercise, reading, and watching TV are not typically described as risky behaviors tied to stimulant use; they're neutral or healthful activities that don't capture the pattern of risk linked to stimulant-related sexual behavior.

2. Which route is NOT a documented route of PCP administration?

A. Transdermal patch

B. Snorted

C. Smoked

D. Injected

The route not documented for PCP administration is the transdermal patch. PCP is typically used via inhalation (smoked), intranasal (snorted), or parenteral routes (injected). A transdermal patch would deliver the drug slowly through the skin, leading to gradual, unpredictable absorption and a much slower onset, which doesn't align with the known patterns of PCP use and its rapid, dissociative effects. In practice, there are no established transdermal PCP formulations or widely recognized use via patches, whereas smoking, snorting, and injecting PCP are well documented ways people have used it.

3. CNS involvement in fetal alcohol syndrome can include which of the following?

A. Intellectual disability and behavioral issues

B. Enhanced motor development

C. Increased IQ

D. No neurological issues

Prenatal alcohol exposure disrupts brain development, leading to neurodevelopmental problems that fall under CNS involvement. These typically appear as intellectual disability or lower cognitive functioning, along with behavioral and self-regulation difficulties due to deficits in attention, memory, and executive function. Therefore, intellectual disability and behavioral issues best reflect the CNS impact seen in fetal alcohol spectrum disorders. Options proposing enhanced motor development, increased IQ, or no neurological issues do not fit, as CNS effects are the common pattern rather than improvements or absence of problems.

4. Which statement describes a drawback of monthly injectable naltrexone?

A. Alcohol Should Not Be Ingested Prior To Starting Or Will Cause Precipitated Withdrawal

B. It Is Incompatible With All Opioids

C. It Has Significant Renal Dosing Requirements

D. It Is Inexpensive And Widely Available

Long-acting naltrexone is an opioid receptor antagonist, meaning it blocks the effects of opioids at the receptors. The big drawback is that it is incompatible with any opioid use. If a person takes an opioid while the antagonist is active, they won't get the usual opioid effects and can experience precipitated withdrawal because the blocker displaces the opioid from the receptors. That blockade lasts about a month, which means patients must be opioid-free before starting and must stay abstinent while on treatment. This limitation is a fundamental reason clinicians use naltrexone only after detoxification and choose it when the goal is complete opioid blockade rather than allowing ongoing opioid use for pain relief or relapse management.

5. Which statement best defines Alcohol Use Disorder (AUD)?

A. Heavy Alcohol Use

B. A medical condition characterized by the impaired ability to stop or control alcohol use despite adverse social, occupational or health consequences

C. Alcohol Use Disorder

D. Binge Drinking

Alcohol Use Disorder is defined as a medical condition in which a person has an impaired ability to stop or control alcohol use despite adverse social, occupational, or health consequences. This captures why it's considered a disorder: the behavior persists and causes harm, and the person has difficulty stopping even when they want to or when it would be beneficial to do so. In practice, a diagnosis reflects patterns across multiple domains, not just how much or how often someone drinks. Criteria typically include craving, using more or for longer than intended, unsuccessful attempts to cut down, spending a lot of time obtaining, using, or recovering from alcohol, giving up important activities, continuing use despite problems, tolerance, and withdrawal. A clinician looks for a certain number of these signs within a year. Heavy use by itself and binge drinking describe amounts or patterns of drinking, but they don't necessarily imply the persistent impairment and loss of control that define the disorder.

6. What is the primary purpose of the CAGE questionnaire?

A. Screen For Potential Alcohol Use Problems

B. Diagnose Alcohol Use Disorder

C. Assess Nicotine Dependence

D. Screen For Depression

The main idea behind the CAGE is to serve as a quick flag for possible alcohol-related problems, prompting a more thorough evaluation. It's a brief screening tool used in many clinical settings to identify individuals who may have problematic drinking patterns and would benefit from additional assessment, rather than to diagnose an alcohol use disorder. A positive screen (often defined as two or more affirmative responses) signals the need for more detailed assessment with DSM-5 criteria or another validated tool like the AUDIT. It does not assess nicotine dependence or depression, which are addressed by separate screeners.

7. What describes the philosophy behind new pharmacotherapies targeting craving?

A. Medications That Only Address Withdrawal Symptoms

B. Medications That Have No Effect On Craving

C. Reliance Solely On Psychosocial Interventions

D. Medications Designed To Reduce Craving Through Novel Mechanisms

The central idea is to target craving itself by using drugs that act on brain pathways involved in urges, reward, and stress with mechanisms not used in older treatments. Craving is a key driver of relapse, so medications that can blunt this urge—especially through novel targets—offer a proactive way to support long-term recovery and work alongside behavioral therapies. This perspective contrasts with simply addressing withdrawal, ignoring craving, or relying only on psychosocial approaches; the emphasis is on pharmacologically dampening the craving experience through innovative mechanisms. That's why the description of medications designed to reduce craving through novel mechanisms best captures the philosophy behind these new pharmacotherapies.

8. Which is a component of the Brief Negotiated Interview?

A. Establish rapport

B. Prescribe medication

C. Conduct a long-term group therapy

D. Judge the patient

Establishing rapport is the foundation of a Brief Negotiated Interview. It creates a collaborative, nonjudgmental atmosphere that invites honest conversation about substance use, making it possible to share feedback, discuss risks, and negotiate a plan that the patient is willing to try. The BNI is a brief, motivational interview designed to elicit change talk in a respectful, patient-centered way, and you can't effectively do that without first building trust and connection. Prescribing medication is a separate clinical decision and not a component of the brief interview itself. Long-term group therapy is a distinct treatment modality and goes beyond the brief, individual-focused format of the BNI. Judging the patient undermines the therapeutic stance of motivational interviewing, which emphasizes empathy, partnership, and respect.

9. Which of the following is NOT typically associated with stimulant use disorder?

A. Psychosis

B. Suicidal ideation

C. Choreiform movements

D. Diabetic ketoacidosis

Stimulant use disorder often leads to neuropsychiatric and motor symptoms because these drugs increase dopamine and other catecholamines in the brain. Psychosis can result from this dopaminergic overactivity, producing paranoia, delusions, and hallucinations. Suicidal ideation can occur in the context of mood disturbances, depressive crashes, or withdrawal. Movement abnormalities like choreiform movements can arise from dopaminergic effects on the basal ganglia, leading to involuntary, dance-like movements. Diabetic ketoacidosis, however, is a metabolic emergency caused by severe insulin deficiency and uncontrolled hyperglycemia with acidosis. It is not a typical consequence of stimulant use disorder, so it is not commonly associated with these conditions. If DKA is present, it points more toward an underlying diabetes-related issue rather than stimulant-induced pathology.

10. Which approach is recommended when prescribing benzodiazepines for chronic anxiety disorders in patients with risk of substance use disorder?

A. Use short-acting benzodiazepines

B. Avoid benzodiazepines entirely

C. Use long-acting benzodiazepines

D. Use only diazepam

When managing chronic anxiety in someone at risk for substance use disorders, the goal is to minimize misuse potential while still providing symptom relief. Long-acting benzodiazepines achieve steadier, more gradual drug effects with longer duration, which reduces the rapid onset and peaks that can reinforce misuse and drive dose escalation. This smoother pharmacokinetic profile also lessens abrupt withdrawal between doses, making it somewhat easier to manage and taper if needed. Consequently, if a benzodiazepine is necessary, opting for a long-acting agent (such as diazepam) is safer in this context than a short-acting one. Of course, use should be at the lowest effective dose, for the shortest feasible period, and always alongside nonpharmacologic therapies and non-benzodiazepine options when possible, with careful monitoring for dependence and withdrawal.

Next Steps

Congratulations on reaching the final section of this guide. You've taken a meaningful step toward passing your certification exam and advancing your career.

As you continue preparing, remember that consistent practice, review, and self-reflection are key to success. Make time to revisit difficult topics, simulate exam conditions, and track your progress along the way.

If you need help, have suggestions, or want to share feedback, we'd love to hear from you. Reach out to our team at hello@examzify.com.

Or visit your dedicated course page for more study tools and resources:

https://behavioralmedsubstanceuse.examzify.com

We wish you the very best on your exam journey. You've got this!