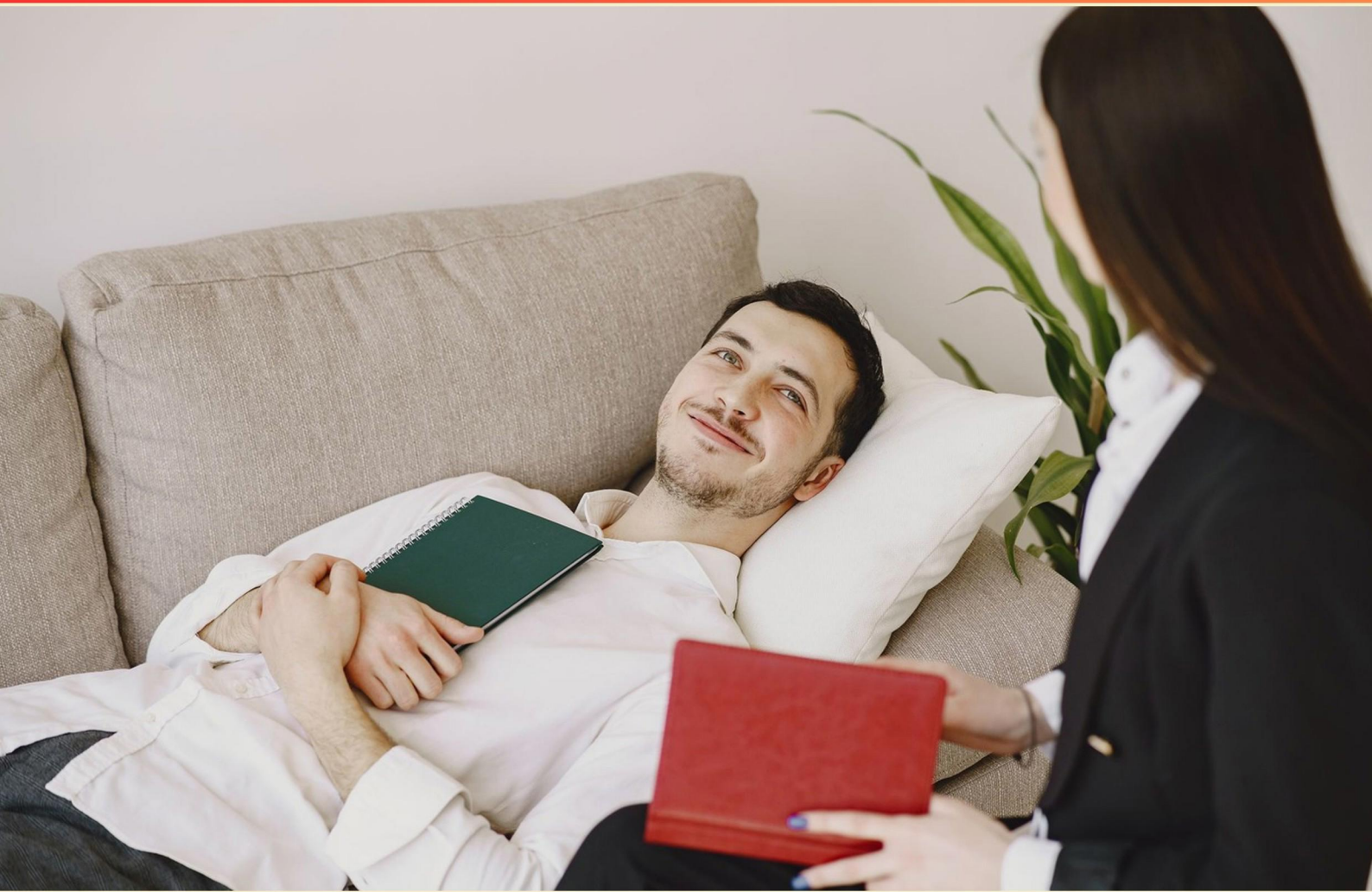


# COMPREHENSIVE GUIDE TO SUBSTANCE USE DISORDER AND TREATMENT STRATEGIES PRACTICE TEST (SAMPLE)

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

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- 1. How does disulfiram function in AUD treatment and what are contraindications?**
  - A. Inhibits aldehyde dehydrogenase; contraindicated in liver disease, pregnancy, poor adherence.
  - B. Opioid receptor antagonist.
  - C. NMDA receptor modulator.
  - D. Partial mu agonist with ceiling.
- 2. Which stage of the Transtheoretical Model is associated with actively changing behavior to sustain change?**
  - A. Precontemplation
  - B. Contemplation
  - C. Preparation
  - D. Action
- 3. Which treatment is recommended urgently if Wernicke encephalopathy is suspected?**
  - A. Administer high-dose thiamine before glucose
  - B. Administer glucose before thiamine
  - C. Administer vitamin C only
  - D. No treatment is necessary
- 4. Which term describes any attribute, characteristic, or exposure that increases the likelihood of developing a substance use disorder?**
  - A. Risk factor
  - B. Remission
  - C. Sober
  - D. Suboxone
- 5. Which term best describes a living arrangement designed to support people in early recovery by providing a structured, drug-free environment?**
  - A. Recovery residence
  - B. Recovery coach
  - C. Rapid detox
  - D. Reinforcement

- 6. Which statement best describes management of neonatal abstinence syndrome (NAS)?**
- A. Surgical intervention is the primary management.
  - B. No treatment is ever required.
  - C. Supportive care and pharmacotherapy (e.g., morphine, methadone) as needed.
  - D. Immediate immunotherapy.
- 7. Which term refers to a factor that increases the likelihood of developing a substance use disorder?**
- A. Risk factor
  - B. Sober
  - C. Suboxone
  - D. Thirteenth stepping
- 8. How do you manage relapse risk by identifying triggers in relapse prevention?**
- A. Only about external cues.
  - B. Relapse can't be prevented.
  - C. Identifying internal cues like cravings, mood, stress and external cues like environments and people; develop coping strategies, plan for high-risk situations, and use relapse prevention tools.
  - D. Only medications prevent relapse.
- 9. Which option refers to the long-acting injectable approach used in substance use disorder treatment?**
- A. Depot injections
  - B. Oral antagonist therapy
  - C. Transdermal patch
  - D. Sublingual tablets
- 10. What is the name of a structured treatment approach that combines various therapeutic techniques?**
- A. Matrix model
  - B. Motivational enhancement therapy
  - C. Maintenance dose
  - D. Neonatal abstinence syndrome

## **Answers**

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

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## **Explanations**

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**1. How does disulfiram function in AUD treatment and what are contraindications?**

- A. Inhibits aldehyde dehydrogenase; contraindicated in liver disease, pregnancy, poor adherence.**
- B. Opioid receptor antagonist.
- C. NMDA receptor modulator.
- D. Partial mu agonist with ceiling.

*Disulfiram works by irreversibly inhibiting aldehyde dehydrogenase, so when a person who takes it drinks alcohol, acetaldehyde rapidly builds up. That buildup triggers uncomfortable, aversive effects (flushing, tachycardia, nausea, vomiting, hypotension, headache), creating a strong discouragement against drinking. The idea is to support abstinence through this conditioned negative reaction. This approach carries serious risks for people with liver problems, because the drug's effects depend on liver processing and the acetaldehyde surge can be hazardous if the liver is already compromised. It's also unsafe in pregnancy due to fetal risk. Because the aversive reaction only occurs if alcohol is consumed, and adherence is essential to maintain the protective effect, disulfiram is contraindicated in individuals who have poor adherence to the medication regimen.*

**2. Which stage of the Transtheoretical Model is associated with actively changing behavior to sustain change?**

- A. Precontemplation
- B. Contemplation
- C. Preparation
- D. Action**

*In this model, the stage where you are actively making and implementing changes to your behavior is the Action stage. That's when you've moved beyond simply thinking about or planning change and you're actually doing new behaviors and using strategies to make the change happen. It's the period of tangible change—you're cutting back or stopping the old behavior, adopting new routines, finding ways to cope, and applying the plan you've prepared. The goal during this stage is to solidify these new behaviors and keep them going as you continue toward longer-term change. Maintenance, by contrast, comes after the initial change has been made, focusing on sustaining the new behavior over time and preventing relapse. Precontemplation and contemplation are earlier stages where change isn't yet being pursued, and preparation is about planning to take action.*

**3. Which treatment is recommended urgently if Wernicke encephalopathy is suspected?**

- A. Administer high-dose thiamine before glucose**
- B. Administer glucose before thiamine
- C. Administer vitamin C only
- D. No treatment is necessary

*Wernicke encephalopathy is a medical emergency caused by thiamine deficiency, and the brain relies on thiamine to metabolize glucose. If glucose is given before thiamine, the brain's energy failure can worsen because the increased glucose demand cannot be met without adequate thiamine, potentially accelerating brain injury. Therefore, the best course is to administer high-dose thiamine urgently before any glucose-containing fluids. This replenishes the essential cofactor for key enzymes in energy production and helps prevent progression to irreversible damage. Administering glucose first, giving vitamin C alone, or doing nothing do not address the deficient state and can lead to worse outcomes.*

**4. Which term describes any attribute, characteristic, or exposure that increases the likelihood of developing a substance use disorder?**

**A. Risk factor**

B. Remission

C. Sober

D. Suboxone

*Risk factor describes any attribute, characteristic, or exposure that increases the likelihood of developing a substance use disorder. These can include genetic predisposition, family history, early or heavy exposure to substances, trauma or mental health issues, peer environment, and ongoing stress. Importantly, having risk factors raises probability but doesn't guarantee addiction; protective factors like strong coping skills and supportive surroundings can offset some risk. By contrast, remission means symptoms have reduced or disappeared, being sober means abstaining from use, and Suboxone is a medication used to treat opioid use disorder.*

**5. Which term best describes a living arrangement designed to support people in early recovery by providing a structured, drug-free environment?**

**A. Recovery residence**

B. Recovery coach

C. Rapid detox

D. Reinforcement

*Recovery residence is a living arrangement that provides a structured, drug-free environment to support people in early recovery. It offers safe housing with rules and routines that promote sobriety, accountability, and peer support, helping residents build stable routines, maintain sobriety, and gradually transition back to independent life. This setting acts as a bridge from treatment to everyday living, giving one a sober community, guidance on daily responsibilities, and support for finding work or education. It's not a recovery coach (a person who guides sobriety efforts), nor a rapid detox (a medical withdrawal procedure), nor a reinforcement concept (a learning principle about rewarding behaviors).*

**6. Which statement best describes management of neonatal abstinence syndrome (NAS)?**

A. Surgical intervention is the primary management.

B. No treatment is ever required.

**C. Supportive care and pharmacotherapy (e.g., morphine, methadone) as needed.**

D. Immediate immunotherapy.

*Management centers on easing withdrawal symptoms while supporting the infant's growth and comfort. Start with thorough supportive care: careful monitoring, a calm and low-stimulus environment, gentle handling, swaddling, rooming-in with the mother when possible, and small, frequent feeds with good hydration and weight gain. Breastfeeding can be encouraged if the mother is on stable opioid maintenance and the infant is not at risk. If withdrawal signs are significant or not adequately controlled with supportive care alone, pharmacotherapy is used to relieve symptoms, most commonly opioids such as morphine or methadone, with dosing guided by a standardized scoring tool and then tapered as the infant improves. The aim is to balance relief from withdrawal with a safe, gradual withdrawal of drugs, avoiding unnecessary interventions. Immunotherapy or surgical interventions are not part of NAS treatment.*

**7. Which term refers to a factor that increases the likelihood of developing a substance use disorder?**

- A. Risk factor**
- B. Sober
- C. Suboxone
- D. Thirteenth stepping

*The main idea is understanding what a risk factor is: a characteristic, condition, or exposure that makes developing a substance use disorder more likely. Risk factors can be biological (like a family history or genetic predisposition), psychological (such as mental health challenges or poor coping skills), or social/environmental (peer substance use, unstable living conditions, or high stress). Importantly, having risk factors increases probability but does not guarantee that someone will develop the disorder. Sober is simply a state of abstaining from substances, not a descriptor of factors that raise risk. Suboxone is a medication used to treat opioid use disorder, not a term for what heightens risk. Thirteenth stepping describes an inappropriate behavior in some recovery settings, not a scientific term for factors that influence risk.*

**8. How do you manage relapse risk by identifying triggers in relapse prevention?**

- A. Only about external cues.
- B. Relapse can't be prevented.
- C. Identifying internal cues like cravings, mood, stress and external cues like environments and people; develop coping strategies, plan for high-risk situations, and use relapse prevention tools.**
- D. Only medications prevent relapse.

*Recognizing triggers is central to preventing relapse because risk arises when cravings, mood states, stress, and environmental cues combine to push someone toward using again. By identifying both internal and external triggers, you build a map of situations that raise risk and can prepare effective responses in advance. Internal cues include cravings, thoughts, emotions, and stress levels. External cues include environmental factors like places, people, routines, or triggers in social settings. The key is to pair this awareness with practical coping strategies (such as urge surfing, paced breathing, cognitive restructuring, or distraction) and a concrete plan for high risk situations (having a safe exit, altering routines, or enlisting support). Relapse prevention tools—crisis plans, coping cards, relapse prevention planning, and accessible supports—make those strategies actionable when temptation arises. This approach is broader and more effective than focusing on external cues alone, claiming relapse cannot be prevented, or relying solely on medications. Medications can help, but without identifying triggers and practicing coping skills, the risk remains high.*

**9. Which option refers to the long-acting injectable approach used in substance use disorder treatment?**

- A. Depot injections**
- B. Oral antagonist therapy
- C. Transdermal patch
- D. Sublingual tablets

*Depot injections use formulations that release medication gradually over weeks to months, so treatment can be given less frequently while maintaining steady drug levels. This approach improves adherence and continuity of care, which are crucial for staying in recovery. In practice, you'll see long-acting injectables like extended-release naltrexone (typically given monthly) and buprenorphine extended-release injections (also on a monthly schedule). The other options involve routes that are not injectable depots: oral antagonist therapy is taken by mouth and requires daily dosing, a transdermal patch delivers drug through the skin over a short period but is not an injectable formulation, and sublingual tablets are dissolved under the tongue and are not long-acting injections.*

**10. What is the name of a structured treatment approach that combines various therapeutic techniques?**

- A. Matrix model**
- B. Motivational enhancement therapy
- C. Maintenance dose
- D. Neonatal abstinence syndrome

*Structured programs that blend multiple therapeutic techniques into one cohesive treatment plan address motivation, coping skills, and social support all at once. The Matrix Model fits this by integrating several proven components into a single outpatient framework: motivational enhancement to boost readiness for change, cognitive-behavioral strategies to develop relapse-prevention skills, contingency management to reinforce abstinence with incentives, family education to engage loved ones, and 12-step facilitation elements to connect with mutual-support networks. It uses a manualized, regular schedule of individual and group sessions along with routine urine testing, creating a consistent, multi-faceted approach rather than relying on any one technique. This combination is what makes it the best example of a structured, multi-method treatment. In contrast, motivational enhancement therapy by itself is just one technique, a maintenance dose is a medication management concept, and neonatal abstinence syndrome is a neonatal condition, not a treatment program.*

## 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](mailto:hello@examzify.com).

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

<https://guidetosubstanceusedisordertreatmentstrat.examzify.com>

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

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