Pacific Behavioral Health Collaborating Council (PBHCC)

IC&RC Alcohol and Drug Counselor (ADC) Academy Curriculum

Day 5: Course Review and Test-Taking Strategies

Trainer Guide

Developed in 2018 by the Pacific Southwest Addiction Technology Transfer Center and UCLA Integrated Substance Abuse Programs





IC&RC Alcohol and Drug Counselor Academy, Day 5

Table of Contents

Background Information3
What Does the Training Package Contain?
What Does This Trainer's Guide Contain?
How is This Trainer's Guide Organized?4
General Information about Conducting the Training4
Materials Needed to Conduct the Training4
Overall Trainer Notes4
Icon Key5
Slide-By-Slide Trainer Notes6
Title Slide, Acknowledgements, and Disclaimer (Slides 1-3)6-7
Reviewing the Day's Agenda and Check-In (Slides 4-5)7-8
Reviewing the Practice Exam (Slides 6-47)8-24
Preparing for the Exam (Slides 48-49)25-28
Course Review (Slides 50-81)29-39
Acknowledgements

IC&RC Alcohol and Drug Counselor Academy, Day 5

Background Information

The IC&RC Alcohol and Drug Counselor (ADC) Academy curriculum is a weeklong training designed to prepare individuals based in the six U.S.-affiliated Pacific Jurisdictions to successfully pass the IC&RC ADC certification exam. The duration of the ADC Academy is forty hours of content spread across five full days of training. Funding for the development of the ADC Academy was provided by the Pacific Behavioral Health Collaborating Council (PBHCC). The curriculum is broken into five modules/days, which include:

- Day 1: Introduction to the IC&RC ADC Performance Domains and Review of Psychoactive Drugs
- Day 2: Core Competencies of Addiction Counselors Knowledge and Skill Acquisition of Screening, Intake, Orientation, Assessment, Treatment Planning, and Counseling
- Day 3: Core Competencies of Addiction Counselors Knowledge and Skill Acquisition of Case Management, Crisis Intervention, Client and Family Education, Referral, Report and Record Keeping, and Consultation
- Day 4: Core Competencies of Addiction Counselors Prevention and Treatment of HIV/AIDS and Sexually Transmitted Infections
- Day 5: Course Review and Test-Taking Strategies

What Does the Training Package Contain?

- PowerPoint Training Slides (with notes)
- Trainer's Guide with detailed instructions for how to convey the information and conduct the interactive exercises

What Does This Trainer's Guide Contain?

- Slide-by-slide notes designed to help the trainer effectively convey the content of the slides themselves
- Supplemental information for select content to enhance the quality of instruction
- Suggestions for facilitating group discussions

How is This Trainer's Guide Organized?

For this guide, text that is shown in bold italics is a "*Note to the Trainer*." Text that is shown in normal font relates to the "Trainer's Script" for the slide.

It is important for trainers to become acquainted with the slides and practice delivering the content of the presentation, ensuring a successful, live training experience.

General Information about Conducting the Training

The training is designed to be conducted in medium-sized groups (20-30 people). It is possible to use these materials with larger groups, but the trainer may have to adapt the small group exercises/case studies and discussions to ensure that there is adequate time to cover all of the content.

Materials Needed to Conduct the Training

- Computer with PowerPoint software installed (2010 or higher version recommended) and LCD projector to show the PowerPoint training slides.
- When making photocopies of the PowerPoint presentation to provide as a handout to training participants, it is recommended that you print the slides three slides per page with lines for notes. Select "**pure black and white**" as the color option. This will ensure that all text, graphs, tables, and images print clearly.
- Flip chart paper and easel/white board, and markers/pens to write down relevant information, including key case study discussion points.

Overall Trainer Notes

It is critical that, prior to conducting the actual training, the trainer practice using this guide while showing the slide presentation in Slideshow Mode in order to be prepared to use the slides in the most effective manner.

lcon Key

4	Note to Trainer	\$ }	Activity	
	References		Audience Response System (ARS)-Compatible Slide	
Ô	Image Credit		Video Source	

PBHCC Alcohol and Drug Counselor (ADC) Academy, Day 5

Course Review and Test-Taking Strategies

Slide-By-Slide Trainer Notes

The notes below contain information that can be presented with each slide. This information is designed as a guidepost and can be adapted to meet the needs of the local training situation. Information can be added or deleted at the discretion of the trainer(s).

Pacific Behavioral Health Collaborating Council Alcohol and Drug Counselor (ADC) Academy Enter location here Enter dates here

Enter trainer names and credentials here

Slide 1: [Title Slide]



• Welcome participants to day 5.

Acknowledgements

This training was developed by Dr. Thomas E. Freese, PhD (Director of Training of UCLA ISAP and Director of the Pacific Southwest ATTC), Alex R. Ngiraingas, MEd, CSAC II, ICADC, ICPS, and Dr. Christopher C. C. Rocchio, PhD, LCSW, CSAC, ICADC (Clinical Specialist, UCLA) in August of 2018 under contract number 2018-002 by the University of California Los Angeles, Integrated Substance Abuse Programs (UCLA ISAP) and the Pacific Southwest Addiction Technology Center (PSATTC) for the Pacific Behavioral Health Collaborating Council (PBHCC).

Slide 2: Acknowledgements

 This training was developed by Drs. Thomas Freese and Christopher Rocchio from the University of California Los Angeles, Integrated Substance Abuse Programs (UCLA ISAP) and with Alex Ngiraingas, an addictions counselor and educator from the Republic of Palau.

(Notes for Slide 2, continued)

Disclaimer

The UCLA, its employees, contractors, and affiliates shall not be liable for any damages, claims, liabilities, costs, or obligations arising from the use or misuse of materials or information contained in this presentation. Any use, copying, or distribution without written permission from the UCLA and the PBHCC is prohibited.

Slide 2: Acknowledgements

 We would like to acknowledge and thank the Pacific Behavioral Health Collaborating Council (PBHCC) for their commitment to train individuals across the Pacific to effectively prevent, treat, and support individuals in their own recovery from substance use disorders. Additional resource provided by SAMHSA, grant number UR1TI080211.

Slide 3: Disclaimer



• [READ THE SLIDE]

Agenda for Day 5 (1)

- Check-in
- Review answers for practice exam
- Test-taking strategies
- Course review

Slide 4: Agenda for Day Five (1)



- Orient participants to the agenda
- [ASK PARTICIPANTS] Do you have any questions regarding today's agenda?

Agenda for Day 5 (2)

- Check-in
- Review answers for practice exam Test-taking strategies
- Course review

Slide 5: Agenda for Day Five (2)



- [ASK PARTICIPANTS] Any feedback regarding the practice exam?
- [ASK PARTICIPANTS] How long did it take you to complete the exam?

Slide 6: Agenda for Day Five (3)

Agenda for Day 5 (3)

- Check-in
- Review answers for practice exam
- Test-taking strategies
- Course review

Question 1

John has completed treatment at an inpatient residential facility for his substance use disorder. John asked his counselor to recommend the name of an outpatient therapist to work with him to treat his trauma history and to address his feelings of shame and guilt. This process is BEST viewed as an example of:

- a. Treatment planning
- b. Orientation
- c. Referral
- d. Consultation
- e. Client education

Instruct participants to take out their completed practice exams and to score honestly. Emphasize that the tests may provide some insights on areas where they need to study.

Slide 7: Question 1



- Ask a volunteer to read the question.
- [ASK PARTICIPANTS] What is the correct answer?
- The correct answer is: C. Referral .

Which neurotransmitter is most closely associated with sensory perception, mood control, and temperature regulation?

a. Serotonin

- b. GABA
- c. Norepinephrine d. Dopamine

Slide 8: Question 2



- Ask a volunteer to read the question.
- [ASK PARTICIPANTS] What is the correct answer?
- The correct answer is: A. Serotonin

Slide 9: Question 3



- Ask a volunteer to read the question.
- [ASK PARTICIPANTS] What is the correct answer?
- The correct answer is: False

Question 3

True or False: Confronting an adult about suicide (i.e., asking them if they are considering killing themselves) will only make them angry and increase the risk of them dying by suicide.

In which situation is it not acceptable to release confidential information without prior consent from the client?

- a. When the client assaults another resident in a residential treatment facility that required an immediate medical response
- b. When the client's spouse requests information in writing from the program
- c. When the client is involved in a serious accident or exhibits acute symptoms that necessitates an immediate
- medical intervention d. When the client admits to abusing his mother-in-law, who is 92 years old.

Question 5

Eleven criteria are organized into four groupings in the DSM-5 for substance use disorders. Which of the following is NOT one of the groupings?

- a. Social impairment
- b. Legal involvement
- c. Impaired control d. Pharmacological criteria

Slide 10: Question 4



- Ask a volunteer to read the question.
- [ASK PARTICIPANTS] What is the correct answer?
- The correct answer is: B. When the client's spouse requests information in writing from the program

Slide 11: Question 5



- Ask a volunteer to read the question.
- [ASK PARTICIPANTS] What is the correct answer?
- The correct answer is: B. Legal • involvement

______ is the process by which the counselor, the client, and available significant others review the current situation, symptoms, and other available information to determine the most appropriate initial course of action, given the client's needs and characteristics and the available resources in the community.

a. Orientation

b. Treatment planning

- c. Consultation
- d. Screening

Slide 12: Question 6



- Ask a volunteer to read the question.
- [ASK PARTICIPANTS] What is the correct answer?
- The correct answer is: D. Screening

Slide 13: Question 7



- Ask a volunteer to read the question.
- [ASK PARTICIPANTS] What is the correct answer?
- The correct answer is: B. Orientation

Slide 14: Question 8



~-

- Ask a volunteer to read the question.
- [ASK PARTICIPANTS] What is the correct answer?
- The correct answer is: False

Question 7

_____ is the process of describing to the client the general nature and goals of the program; the rules governing client conduct and infractions that can lead to disciplinary action or discharge from the program, the hours during which services are available; the treatment costs that are to be borne by the client, if any; and the client's rights.

a. Screening

b. Orientation

c. Consultation d. Client education

Ouestion 8

True or False: Tolerance and withdrawal are necessary for a diagnosis of a substance use disorder.

In the DSM-5, what is the minimum number of criteria that must be met for a diagnosis of a severe substance use disorder?

a.	2	
b.	4	
	6	

Question 10

_____ is a chemical substance that is released at the end of a nerve fiber by the arrival of a nerve impulse and, by diffusing across the synapse or junction, causes the transfer of the impulse to another nerve fiber, a muscle fiber, or some other structure.

- a. Epiploic appendagitis
- b. Neurotransmitter

c. Dendrites

d. Neutron

Question 11

_____ is the abnormal physical or psychological features that follow the abrupt discontinuation of a drug that has the capability of producing physical dependence.

a. Acute intoxication

- b. Withdrawal
- c. Craving

d. Tolerance

Slide 15: Question 9



- Ask a volunteer to read the question.
- [ASK PARTICIPANTS] What is the correct answer?
- The correct answer is: C. 6

Slide 16: Question 10



- Ask a volunteer to read the question.
- [ASK PARTICIPANTS] What is the correct answer?
- The correct answer is: B. Neurotransmitter

Slide 17: Question 11



Ask a volunteer to read the question.

- [ASK PARTICIPANTS] What is the correct answer?
- The correct answer is: B. Withdrawal

Which one of the following has the highest risk of acquiring HIV from an infected source?

- a. Needle-sharing injection drug use b. Receptive anal intercourse
- c. Receptive penile-vaginal intercourse d. Mother-to-child transmission

Slide 18: Question 12



- Ask a volunteer to read the question.
- [ASK PARTICIPANTS] What is the correct answer?
- The correct answer is: D. Motherto-child transmission

Slide 19: Question 13



- Ask a volunteer to read the • question.
- [ASK PARTICIPANTS] What is the correct answer?
- The correct answer is: H. All of the • above

Question 13

Objectives for treatment goals must be:

- a. Simple
- b. Measurable
- c. Achievable
- d. Realistic
- e. Timely/time-specific f. A & B only g. B &D only h. All of the above i. None of the above

The DSM-5 now requires healthcare professionals to use the following severity specifiers for substance use disorders:

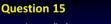
- a. Use, misuse, and abuse
- b. Mild, moderate, and severe
 c. Occasional, Ongoing, and Out of Control
 d. Mild, medium, and dependence

Slide 20: Question 14



- Ask a volunteer to read the question.
- [ASK PARTICIPANTS] What is the correct answer?
- The correct answer is: B. Mild, moderate, and severe

Slide 21: Question 15



_ is a medical emergency associated with untreated alcohol withdrawal. It occurs 3-14 days after drinking is stopped... it includes agitation, restlessness, gross tremor, disorientation, fluid and electrolyte imbalance, sweating and high fevers, visual hallucinations, and paranoia.

- a. Stevens Johnson syndrome b. Neuroleptic Malignant Syndrome
- c. Tardive Dyskinesia d. Delirium Tremens



- Ask a volunteer to read the question.
- [ASK PARTICIPANTS] What is the correct answer?
- The correct answer is: D. Delirium ٠ **Tremens**

- 14 -

The core functions of case management include all the following except:

a. Engagement

- b. Assessment
- c. Confrontation
- d. Planning, goal setting, and implementation e. Linking, monitoring, and advocating f. Disengagement

Slide 22: Question 16



- Ask a volunteer to read the question.
- [ASK PARTICIPANTS] What is the • correct answer?
- The correct answer is: C. Confrontation

Slide 23: Question 17



- Ask a volunteer to read the question.
- [ASK PARTICIPANTS] What is the correct answer?
- The correct answer is: E. Use ٠ confrontation for reality testing

Slide 24: Question 18



- 15 -

- Ask a volunteer to read the question.
- [ASK PARTICIPANTS] What is the correct answer?
- The correct answer is: A. Projection

Question 17

Crisis intervention should include all the following except:

- a. Plan and conduct a thorough biopsychosocial and lethality/imminent danger assessment
- b. Identify the major problems, including crisis precipitants
 c. Encourage an exploration of feelings and emotions
- d. Generate and explore alternatives and new coping
- strategies e. Use confrontation for reality testing

Question 18

is ascribing or attributing an intolerable idea, feeling, unacceptable desire or impulse onto someone else.

a. Projection

- b. Rationalization
- c. Reaction formation d. Regression

Unconditional positive regard, accurate empathy, and genuineness are three key concepts associated with:

- a. Psychodynamic therapy
- b. Gestalt therapy
- c. Person-centered therapy d. Cognitive-behavioral therapy

Slide 25: Question 19



- Ask a volunteer to read the question.
- [ASK PARTICIPANTS] What is the • correct answer?
- The correct answer is: C. Personcentered therapy

Slide 26: Question 20



- Ask a volunteer to read the question.
- ٠ [ASK PARTICIPANTS] What is the correct answer?
- The correct answer is: True

Slide 27: Question 21



- Ask a volunteer to read the question.
- [ASK PARTICIPANTS] What is the • correct answer?
- The correct answer is: B. 50

Question 20

Ouestion 21

True or False: Almost all clients who verbalize suicidal ideation are ambivalent about killing themselves.

is estimated that genetics account for
rson's risk for addiction.
25
50
75
99

% of a

True or False: Providing basic education about addiction and recovery, assisting the client with meeting basic survival needs, coordinating referrals, facilitating conversations that remind or help the client gain insight into past and future consequences of continued substance abuse, and orienting and educating clients to program requirements and review potential consequences (if known) of nonadherence are stage appropriate interventions for the precontemplation and preparation stage of change.

Question 23

The concept of informed consent requires that before agreeing to accept substance use treatment, clients should be made aware of and understand the goals of therapy and treatment, any risks involved with treatment, their rights and obligations, financial obligation for services received, and _____.

- a. Availability of peers who are available and open to supporting them in the community following discharge
- b. The limits of confidentiality c. All available resources in the community that can and will
- be used d. Names and ages of other clients

Question 24

When a substance interferes with or inhibits the physiological action of another, it is best classified as:

a. An antagonist

- b. A neurotransmitter
- c. An agonist
- d. A barbiturate

Slide 28: Question 22



- Ask a volunteer to read the question.
- [ASK PARTICIPANTS] What is the correct answer?
- The correct answer is: True

Slide 29: Question 23



- Ask a volunteer to read the question.
- [ASK PARTICIPANTS] What is the correct answer?
- The correct answer is: B. The limits of confidentiality

Slide 30: Question 24



Ask a volunteer to read the question.

- [ASK PARTICIPANTS] What is the correct answer?
- The correct answer is: A. An antagonist

An HIV-positive person is defined as having progressed to AIDS, when they get an AIDS-defining illness or if their CD4 cells fall below:

a. 1,500 b. 1,000 c. 500

- d. 200
- e. 50

Question 26

Which of the following statements is TRUE in regards to acute HIV infection?

- a. Symptoms are rare with acute HIV infection (<25%) as most people are asymptomatic
- b. Signs and symptoms usually occur after a month postinitial exposure
- c. Symptoms are nonspecific and may mimic other viral infections
- d. The diagnosis is made with a routine HIV antibody test

Question 27

_____ is a federal law that sets minimum privacy protections for all health information held by: Health Plans, Healthcare Providers and those who transmit protected health information and allows the sharing of info between organizations for the purpose of healthcare coordination.

a. FERPA b. 43 CFR 15

- c. HIPAA
- d. Title IX

Slide 31: Question 25



- Ask a volunteer to read the question.
- [ASK PARTICIPANTS] What is the correct answer?
- The correct answer is: D. 200

Slide 32: Question 26

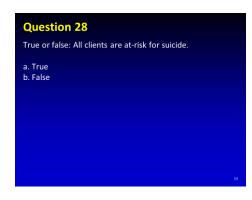


- Ask a volunteer to read the question.
- [ASK PARTICIPANTS] What is the correct answer?
- The correct answer is: C. Symptoms are nonspecific and may mimic other viral infections

Slide 33: Question 27



- Ask a volunteer to read the question.
- [ASK PARTICIPANTS] What is the correct answer?
- The correct answer is: C. HIPAA



Assembling and completing screening forms, collecting & analyzing information from referral sources, and analyzing all information to determine client appropriateness for a program are all processes that are best described as:

a. Screening

- b. Orientation
- c. Consultation
- d. Client education

Question 30

is the process of synthesizing, integrating, analyzing and interpreting information necessary for planning treatment and evaluating client progress; identifying the client's unique needs and preferences; ensuring that the client is matched to the right level of care within the SUD treatment continuum; identifying client strengths and resources that may support them in their own recovery; identifying potential and real barriers to treatment; and communicating findings and treatment recommendations to clients, their supporters, and to others involved in their care.

- a. Screening b. Treatment planning
- c. Assessment d. Client education

Slide 34: Question 28



- Ask a volunteer to read the question.
- [ASK PARTICIPANTS] What is the • correct answer?
- The correct answer is: A. True

Slide 35: Question 29



- Ask a volunteer to read the question.
- [ASK PARTICIPANTS] What is the correct answer?
- The correct answer is: A. Screening ٠

Slide 36: Question 30



- Ask a volunteer to read the question.
- [ASK PARTICIPANTS] What is the correct answer?
- The correct answer is: C. • Assessment

- 19 -

True or False: Counselors should avoid examining the benefits to not change when facilitating decisional balance exercises.

a. True b. False

Question 32

The dimensions for the ASAM Criteria include all the following except for:

a. Recovery Environment

- b. Readiness to Change
- c. Bio-Medical Conditions & Complications
- d. Financial Complications e. Emotional, Behavioral or Cognitive Conditions &
- Complications
- f. Acute Intoxication/Withdrawal Potential g. Relapse/Continues Use/Continues Problem Potential

Question 33

is a condition of cellular adaptation to a pharmacologically active substance so that increasingly larger doses are required to produce the same physiological or psychological effect obtained earlier with smaller doses

- a. Acute intoxication
- b. Withdrawal
- Craving
- d. Tolerance

Slide 37: Question 31



- Ask a volunteer to read the question.
- [ASK PARTICIPANTS] What is the correct answer?
- The correct answer is: B. False

Slide 38: Question 32



- Ask a volunteer to read the question.
- [ASK PARTICIPANTS] What is the correct answer?
- The correct answer is: D. Financial Complications

Slide 39: Question 33



Ask a volunteer to read the question.

- [ASK PARTICIPANTS] What is the • correct answer?
- The correct answer is: D. Tolerance

- 20 -

can develop between sedative-hypnotics and alcohol.

- a. Cross-tolerance
- b. Neuroleptic malignant syndrome
- c. Negative symptoms d. Post-acute withdrawal symptoms

Slide 40: Question 34



- Ask a volunteer to read the question.
- [ASK PARTICIPANTS] What is the correct answer?
- The correct answer is: A. Crosstolerance

Slide 41: Question 35



- Ask a volunteer to read the question.
- [ASK PARTICIPANTS] What is the correct answer?
- The correct answer is: D. Protective •

Question 35

Regular attendance at a place of worship, presence of a with a service provider or healthcare professional, and employment are all examples of _____ factors for suicide

a. Risk

- b. Situational
- c. Dialectical d. Protective

Which of the following is false?

- a. You will get infected with HIV from kissing someone who is HIV positive
- b. An HIV positive woman can give birth to an HIV negative baby
- c. You could have HIV and not know it
 d. You can get infected with HIV by having unprotected oral sex with someone who is HIV positive

Slide 42: Question 36



- Ask a volunteer to read the question.
- [ASK PARTICIPANTS] What is the correct answer?
- The correct answer is: A. You will get infected with HIV from kissing someone who is HIV positive

Slide 43: Question 37



- Ask a volunteer to read the question.
- [ASK PARTICIPANTS] What is the correct answer?
- The correct answer is: B. CNS depressants

Question 37

Alcohol, benzodiazepines, and opioids are classified as:

a. CNS stimulants

b. CNS depressants c. Hallucinogens

The half-life for methamphetamine is approximately:

a. 2 – 4 hours b. 5 – 7 hours c. 8 – 10 hours

Slide 44: Question 38



- Ask a volunteer to read the question.
- [ASK PARTICIPANTS] What is the correct answer?
- The correct answer is: C. 8 10 hours

Slide 45: Question 39



The five stages of change include all the following except:

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



- Ask a volunteer to read the question.
- [ASK PARTICIPANTS] What is the correct answer?
- The correct answer is: B. Selfactualization

Confidentiality of records for individuals who have or are currently substance abuse treatment is governed by:

- a. 23 CFR Part 6 b. 42 CFR Part 2
- c. 43 CFR Part 2 d. 112 CFE Part 2, Subsection 9.1

Slide 46: Question 40



- Ask a volunteer to read the question.
- [ASK PARTICIPANTS] What is the correct answer?
- The correct answer is: B. 42 CFR Part 2

Slide 47: Results



Please write down the number of correct answers on a sheet of paper and submit to the instructors.
You do not need to write down your name.

- Ask participants to write down the number of correct answers on a sheet of paper and ask that they submit the scores to an instructor.
- [ASK PARTICIPANTS] Any questions about the practice exam?
- [ASK PARTICIPANTS] How will you prepare for the exam?

Agenda for Day 5 (4)

- Check-in
- Review answers for practice exam
 Test-taking strategies
 Course review

Slide 48: Agenda for Day Five (4)

• Let's spend a few minutes to discuss test-taking strategies.

Test-Taking Strategies

- Arrive early
- Orient yourself to the test taking space Allow yourself enough time to relax
- Minimize distractions and concentrate Wear a basic watch (not a smart watch) Be a minimalist
- Exercise, eat and sleep
- How else would you prepare for the test?

Slide 49: Test-Taking Strategies

- We strongly recommend considering the following strategies to prepare for the exam. If possible, visit the test room beforehand. If possible, study there. If you are familiar with the environment, you are better prepared and may perform differently than you would in an unfamiliar environment. Allow yourself enough time to relax prior to taking the exam. You may want to consider the following questions:
 - If you drive, where will you park?
 - What is the parking situation on days where you and others will be taking the exam?
 - What can you bring into the • room?
 - Are you able to bring water into the room?
 - What is the temperature of the room?
 - What are the distractions in the room?
 - How will you minimize them?

(Notes for Slide 49, continued)

Slide 49: Test-Taking Strategies

- In most cases, you cannot use your cell phone. If possible, establish an automated message to notify users that you will be unavailable for a specified amount of time.
- Kessleman-Turkel and Peterson, the authors of test-taking strategies, suggest that test takers avoid sitting next to windows, avoid sitting in the aisles and next to the door so that you won't pay attention to people entering and exiting the room – you may begin comparing the amount of time you have spent in the room with theirs. Avoid sitting next to friends and other acquaintances. Avoid sitting next to the door. Wear a basic watch to avoid looking at clocks in the room. Also, the clocks in the room may not be correct or working. It is more than likely that you will not be able to access your cell phone. Also, most test taking centers will require you to remove your smart watch (e.g., apple watches). Do what you can to only bring what you need to the test site. It is possible that you may not have access to a secure locker.

(Notes for Slide 49, continued)

Slide 49: Test-Taking Strategies

 Also, some sites will have you sign a waiver releasing them of any liability. If possible, exercise in the morning. Eat and rest well the night prior. Refrain from studying the night before.



 [ASK PARTICIPANTS] What other recommendations or strategies would you like to share to help your colleagues prepare for the exam?



REFERENCE

Kesselman-Turkel, J. & Peterson, F. (2003). *Test-taking strategies.* Madison, WI: University of Wisconsin Press.

Agenda for Day 5 (5)

- Check-in
- Review answers for practice exam
- Test-taking strategies Course review

Slide 50: Agenda for Day Five (5)



- The following slides provide questions to guide discussion on what the participants learned over the last 4 days. Trainers may choose to ask other questions to help candidates prepare for the exam. Trainers may also choose to consider other activities to reinforce learning.
- We will now transition to review what has been covered over this last week.

Slide 51: Addiction



- How do we conceptualize addiction?
- Why do people take drugs?
- How is addiction like other diseases?
- What role do environmental factors play in addiction?What are the four legs of addiction?What are lessons learned from treating other chronic
- conditions that are also applicable to treating addiction? • What is psychological craving?
- What is tolerance?
- What is withdrawal?

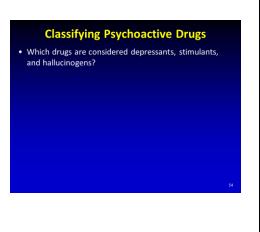
- Ask for volunteers to answer each question.
- Refer to the trainer notes for Day 1, slides 20-28 for additional information.

The Role of Neurotransmitters and Addiction

- What is a neurotransmitter?
- Identify and briefly describe the major transmitters involved in substance use disorders.

Cognitive Effects and Chronic Substance Use

- What effects do most substances have on the brain?What strategies can be used to modify treatment
- protocols to address cognitive impairments?What impact does alcohol and other drugs have on the adolescent brain?
- What impact does alcohol and other drugs have on the adolescent nervous system?



Slide 52: The Role of Neurotransmitters and Addiction



- Ask for volunteers to answer each question.
- Refer to the trainer notes for Day 1, slides 29-59 for additional information.

Slide 53: Cognitive Effects and Chronic Substance Use



- Ask for volunteers to answer each question.
- Refer to the trainer notes for Day 1, slides 60-84 for additional information.

Slide 54: Classifying Psychoactive Drugs



- Ask for volunteers to answer each question.
- Refer to the trainer notes for Day 1, slides 85-86 for additional information.

Basic Facts About Alcohol

What are the common withdrawal symptoms that may occur when alcohol use is reduced or discontinued?
What are the potential long-term effects of alcohol use?

Basic Facts About Opioids • What are opiates? • What are opiates?

- What are opioids?
 What are the acute a
- What are the acute and long-term effects of opioids?
 What are the common withdrawal symptoms that may
- occur when opioid use is reduced or discontinued? • Who is at risk of potential opioid overdose?

Basic Facts About Sedative-Hypnotics

What are sedatives and hypnotics used to treat?What are common side effects of sedatives-hypnotics?

Slide 55: Basic Facts About Alcohol



- Ask for volunteers to answer each question.
- Refer to the trainer notes for Day 1, slides 87-101 for additional information.

Slide 56: Basic Facts About Opioids



- Ask for volunteers to answer each question.
- Refer to the trainer notes for Day 1, slides 102-113 for additional information.

Slide 57: Basic Facts About Sedative-Hypnotics



- Ask for volunteers to answer each question.
- Refer to the trainer notes for Day 1, slides 114-119 for additional information.

Basic Facts About Cannabinoids

- What are cannabinoids?
- What are the acute and long-term effects of cannabis?
- What are common withdrawal symptoms?
- What are synthetic cannabinoids?
- What are the differences between cannabis and cannabinoids? Consider acute effects and symptoms.

Basic Facts About Stimulants

- What is methamphetamine?
- Describe patterns of use for methamphetamine.
- What are the acute and long-term effects of methamphetamine?
- What are the acute and long-term effects of cocaine?
- Describe patterns of use for cocaine?
- Identify and briefly describe prescription stimulants that are commonly misused.
- What are common withdrawal symptoms for all stimulants?

Basic Facts About Hallucinogens

- Briefly describe LSD, peyote, psilocybin, and PCP
- What are the acute and long-term effects of hallucinogens?

Slide 58: Basic Facts About Cannabinoids



- Ask for volunteers to answer each question.
- Refer to the trainer notes for Day 1, slides 120-140 for additional information.

Slide 59: Basic Facts About Stimulants



- Ask for volunteers to answer each question.
- Refer to the trainer notes for Day 1, slides 144-164 for additional information.

Slide 60: Basic Facts About Hallucinogens



- Ask for volunteers to answer each question.
- Refer to the trainer notes for Day 1, slides 170-175 for additional information.

Basic Facts About Inhalants

- Briefly describe the route of administration for various types of inhalants.
- Identify and briefly describe commonly abused household products that are used as inhalants.
- What are the acute and long-term effects of inhalants?

DSM-5 Criteria and Substance Use Disorders

- According to the American Psychiatric Association, what is a substance use disorder?
- What are the 4 criteria for impaired control?
- What are the 3 criteria for social impairment?What are the 2 criteria for risky use?
- What are the 2 criteria for pharmacological criteria?
- How many criteria must be met to be considered mild, moderate or severe?

Slide 61: Basic Facts About Inhalants



- Ask for volunteers to answer each question.
- Refer to the trainer notes for Day 1, slides 176-185 for additional information.

Slide 62: DSM-5 Criteria and Substance Use Disorders



 Ask for volunteers to answer each question.

Core Function of Screening

- What is screening and how is it different from assessment?
- Why is it important to establish rapport and what are some strategies or practices to establishing rapport with your client?
- What are some common screening tasks?

Slide 63: Core Function of Screening



- Ask for volunteers to answer each question.
- Refer to the trainer notes for Day 2, slides 4-23 for additional information.

Core Function of Intake

What are common tasks at intake?Describe the importance of confidentiality at intake.

Core Function of Orientation

- What are the goals of orientation?
- What are best practices for designing a culturally and linguistically informed orientation process?
- What are common orientation tasks?

Core Function of Assessment

- What is the rationale and goals for assessment?
- How do you orient and prepare clients for an
- assessment? • What are common assessment domains?
- Briefly describe the ASAM Criteria (e.g., six dimensions, severity and level of functioning profile, decisional flow).

Slide 64: Core Function of Intake



- Ask for volunteers to answer each question.
- Refer to the trainer notes for Day 2, slides 24-30 for additional information.

Slide 65: Core Function of Orientation



- Ask for volunteers to answer each question.
- Refer to the trainer notes for Day 2, slides 31-39 for additional information.

Slide 66: Core Function of Assessment



- Ask for volunteers to answer each question.
- Refer to the trainer notes for Day 2, slides 40-57 for additional information.

Core Function of Treatment Planning

- Briefly describe processes for developing personcentered, collaborative service plans.
 What are goals and how are they different from
- What are goals and now are they dimerent norm objectives?
 What are SMART objectives?
- Describe interventions.

Core Function of Counseling

- What are theories?
- Describe the role of models and theories in addictions counseling.
- What is the basic philosophy of psychodynamic therapy?
- What are defense mechanisms?
- What are the basic philosophies, key concepts, and application of humanistic, experiential, and existential therapies in the context of treating substance use disorders?
- Briefly describe cognitive behavioral therapy.

Core Function of Case Management

- Briefly describe the core elements of case management.
- Briefly describe the core functions of case management (i.e., engagement; assessment; planning and goal settings; linking, monitoring, and advocacy; and disengagement) across the continuum of care for treating substance use disorders (pretreatment, treatment, and aftercare)

Slide 67: Core Function of Treatment Planning



- Ask for volunteers to answer each question.
- Refer to the trainer notes for Day 2, slides 58-68 for additional information.

Slide 68: Core Function of Counseling



- Ask for volunteers to answer each question.
- Refer to the trainer notes for Day 2, slides 69-83 for additional information.

Slide 69: Core Function of Case Management



- Ask for volunteers to answer each question.
- Refer to the trainer notes for Day 3, slides 4-32 for additional information.

Core Function of Crisis Intervention

- What are best practices for keeping yourself, your client, and others safe during a crisis?
- Describe the different types of suicidal thoughts and behaviors. What are direct and indirect warning signs of suicide?

- What are risk factors for suicide?
 What are protective factors for suicide?
 Describe the four step GATE process for identifying and responding to suicidality.

Core Function of Client and Family Education

- · What are cultural and linguistic considerations that should be considered when developing client and family education materials?
- What are the various ways that addiction impacts families?
- What are best practices for presenting information about available SUD services and resources to clients and families?

Slide 70: Core Function of Crisis Intervention



Ask for volunteers to answer each question. Refer to the trainer notes for Day 3, slides 33-69 for additional information.

Slide 71: Core Function of Client and **Family Education**



Ask for volunteers to answer each question. Refer to the trainer notes for Day 3, slides 70-79 for additional information.

Slide 72: Core Function of Referral



- Ask for volunteers to answer each question.
- Refer to the trainer notes for Day ٠ 3, slides 80-90 for additional information.

Core Function of Referral

- When should you refer a client to another provider or agency?
- What are best practices for arranging referrals? What information should you know about other agencies or programs prior to refering a client?

Core Function of Report and Record Keeping

- What is the purpose of maintaining case records? What information should be included in progress
- notes? What is the Health Insurance Portability and
- Accountability Act? What is 42 CFR Part 2?
- What is considered protected health information?
- Describe the principle of minimum necessary when disclosing or reviewing protected health information. • What are the required elements for written consent?

Core Function of Consultation

• What is the difference between referring

What criteria are recommended to help you with

and consultation?

locating the right consultant? What are consultee responsibilities?

Slide 73: Core Function of Report and **Record Keeping**



- Ask for volunteers to answer each question.
- Refer to the trainer notes for Day • 3, slides 91-120 for additional information.

Slide 74: Core Function of Consultation



- Ask for volunteers to answer each question.
- Refer to the trainer notes for Day 3, slides 121-131 for additional information.

Slide 75: HIV and AIDS



- Ask for volunteers to answer each question.
- Refer to the trainer notes for Day 4, slides 5-23 for additional information.

HIV and AIDS

- Briefly describe the Human Immunodeficiency Virus. Briefly describe the Acquired Immune Deficiency Syndrome.
- What are common symptoms of undiagnosed HIV or AIDS?

HIV Transmission and Treatment

- How is HIV transmitted?
- What are the routes of administration of HIV?
- What are some common misconceptions regarding HIV transmission? • Describe the different levels of risk of HIV
- transmission with single exposure from HIV+ source. Why should all pregnant women be tested for HIV prior to delivering their baby?
- What medications are used to treat HIV?

Sexually Transmitted Infections (STI)

• What is Chlamydia?

- How is it transmitted? - What are the symptoms of chlamydia?
- What are the treatment options for chlamydia?
- What is Syphilis?
 - How is it transmitted?
- What are the symptoms of syphilis?What are the treatment options for syphilis?
- What is Hepatitis?

Hepatitis	A . B	and	С
ricpatitis	Α, Β,	, and	$\mathbf{\tilde{\mathbf{v}}}$

• What is Hepatitis A?

- How is it transmitted?
- What are the symptoms of hepatitis A?
- What are the treatment options for hepatitis A?
- What is Hepatitis B? How is it transmitted?
- What are the symptoms of hepatitis B?
- What are the treatment options for hepatitis B?
- What is Hepatitis C?
 - How is it transmitted?
- What are the symptoms of hepatitis C?What are the treatment options for hepatitis C?

Slide 76: HIV Transmission and Treatment



- Ask for volunteers to answer each question.
- Refer to the trainer notes for Day • 4, slides 24-104 for additional information.

Slide 77: Sexually Transmitted Infections (STI)



- Ask for volunteers to answer each question.
- Refer to the trainer notes for Day 4, slides 105-112 for additional information.

Slide 78: Hepatitis A, B, and C



- Ask for volunteers to answer each question.
- Refer to the trainer notes for Day 4, slides 113-120 for additional information.

Genital Warts and Gonorrhea

- What is are genital warts?
- How are they transmitted? - What are the symptoms of genital warts?
- What are the treatment options for genital warts? • What is Gonorrhea?
 - How are they transmitted?

 - What are the symptoms of gonorrhea?
 What are the treatment options for gonorrhea?

Slide 79: Genital Warts and Gonorrhea



- Ask for volunteers to answer each question.
- Refer to the trainer notes for Day 4, slides 121-128 for additional information.

Slide 80: Questions and Next Steps



Allow the participants to ask questions regarding the exam.



Thank you!						
Enter trainer names and contact info here						

Slide 81: Thank you!



- Thank the participants for attending.
- Provide your contact info.
- Acknowledge the participants for completing the training and provide a few closing remarks.
- Distribute training evaluations. •

Acknowledgements

Prepared in 2018 by: Pacific Southwest Addiction Technology Transfer Center 11075 Santa Monica Boulevard, Suite 200 Los Angeles, California 90025 T: (310) 267-5408 F: (310) 312-0538 pacificsouthwestca@attcnetwork.org

At the time of writing, Thomas E. Freese, Ph.D. served as the Principal Investigator and Director of the HHS Region 9, Pacific Southwest Addiction Technology Transfer Center, based at UCLA Integrated Substance Abuse Programs and Beth A. Rutkowski, MPH served as Co-Director of the HHS Region 9, Pacific Southwest Addiction Technology Transfer Center. Humberto M. Carvalho, MPH, served as the ATTC Government Project Officer. Dr. Louis Trevisan currently serves as Director of the Center for Substance Abuse Treatment, Substance Abuse and Mental Health Services Administration. The opinions expressed herein are the views of the authors and do not reflect the official position of the Pacific Southwest ATTC/SAMHSA-CSAT. No official support or endorsement of the Pacific Southwest ATTC/SAMHSA-CSAT for the opinions described in this document is intended or should be inferred.