Mental Health America of Indiana | ICAADA

MEDICATION ASSISTED TREATMENT SPECIALIST (MATS) CERTIFICATION AND EXAM

CANDIDATE GUIDE

TABLE OF CONTENTS

INTRODUCTION TO THE MATS CERTIFICATION 1

USING THIS GUIDE 4

MATS EXAM DOMAINS 6

DOMAIN 1: PHARMACOTHERAPY 6

DOMAIN 2: SUPPORTIVE COUNSELING SKILLS 13

DOMAIN 3: EDUCATION 16

DOMAIN 4: PROFESSIONAL RESPONSIBILITY 18

PREPARING FOR THE EXAM 19

SAMPLE EXAM QUESTIONS 21

ANSWER KEY 24

GLOSSARY 30

REFERENCE LIST 37

ACKNOWLEDGEMENTS

The *Medication Assisted Treatment Specialists (MATS) Certification and Exam: Candidate Guide* is a resource sponsored by ICAADA, a subsidiary of Mental Health America of Indiana (MHAI). This guide is to serve as a study aid to assist individuals seeking the MATS certification to prepare for and pass the ICAADA MATS Certification Exam. This guide was developed by ICAADA and is considered the intellectual property of this organization.

INTRODUCTION TO THE MATS CERTIFICATION

Introduction:

ICAADA is committed to public protection through the establishment of quality, competency-based certifications for professionals engaged in the prevention, treatment and recovery of behavioral health concerns. Toward that end, ICAADA commissioned the development of a robust certification for individuals seeking to work with individuals using medication assisted treatment (MAT) as part of their chosen recovery pathway from substance use disorders (SUDs).

A Medication Assisted Treatment Specialist (MATS) is a behavioral health professional who has received training on the role that certain medications can play in recovery from SUDs. The MATS is a treatment level certification recognized by the Division of Mental Health and Addiction (DMHA) of the Indiana Department of Family and Social Services Administration (FSSA). When paired with an ACIT II, LSW, or an LAC-A, the MATS certification is billable in Opioid Treatment Programs (OTPs).

It is designed as an entry-level certification for individuals seeking to work with individuals using medication as a part of their treatment and recovery but may also be obtained by individuals working with higher level certifications or licensure (such as an LCAC or CADAC IV) that are seeking to gain more medication-specific information.

The training required for those pursuing a MATS certification includes topics such as reducing stigma associated with MATS and providing evidence-based support in a wide range of settings, including federally qualified Opioid Treatment Programs (OTPs), inpatient and outpatient SUD treatment programs, and physician practices.

Certification requirements:

All ICAADA certifications require that candidates live and/or work in Indiana at least 51% of the time and have a high school diploma or equivalency. To receive a MATS certification, each candidate must complete the following requirements:

- 35 hours of distance learning from the Connecticut Certification Board (CCB)
- Three-day live MAT Education from the *Stanley W. DeKemper* Training Institute (SWD TI)
- ICAADA MATS Application (includes all forms and fees)
- Pass the ICAADA MATS Exam

Exam administration:

The ICAADA MATS Exam is administered by Gauge Online testing company and is proctored online. Exam fees and scheduling will be coordinated through Gauge Online.

Candidates needing special accommodations for examinations should note the accommodation requested in an email to info@icaada.org *PRIOR TO PAYING AND SCHEDULING THEIR MATS EXAM*.

Testing Process:

1. Candidates will register an account, which requires a one-time download.

2. Candidates are required to pay for the exam before being allowed to take the exam. Once candidates pay for the exam, they will have the ability to take the exam right away.

3. Candidates **MUST** use a desktop or laptop computer to take the exam; mobile devices such as tablets or cell phones are not permitted.

4. The exam will be proctored live by an independent company that will record 3 streams (audio, visual, screenshots) throughout the exam. Therefore, the computer must have a working webcam and microphone. The following items are specifically prohibited during the exam:

- Tablets and cell phones
- Double monitors
- Smart watches
- Notes
- Additional internet browser tabs must be closed

5. Candidates will have up to 120 minutes to take the exam.

6. After candidates take the exam, the test score will be available to them within 7 days of taking the exam. If candidates receive a passing score of 70% or higher, they should upload the results into their Certemy account.

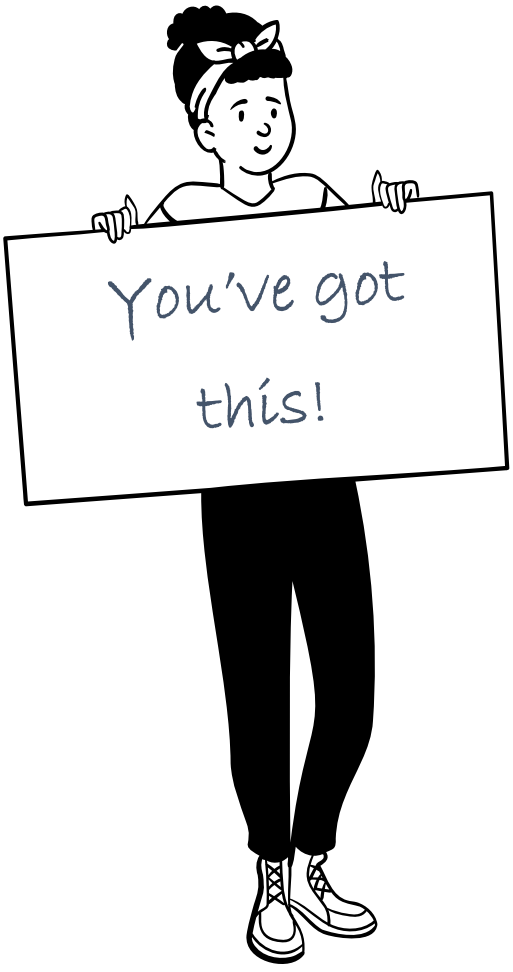
- If candidates receive a failing score of less than 70%, they will not be allowed to retest for 3 days after the testing date. Candidates are required to pay the MATS exam each time the test is taken.

7. Certifications will **NOT** be issued until candidates have uploaded their exam score sheet with a passing score into Certemy.

USING THIS GUIDE

Purpose of this guide:

The *MATS Certification and Exam: Candidate Guide* was designed as a study aid to help those interested in obtaining their MATS certification prepare for and pass the ICAADA MATS Exam. This guide was developed by ICAADA, in consultation with subject matter experts, with input from MATS candidates who have taken or are preparing to take the certification exam.



Please note: This study guide is not designed to replace the distance learning, the three-day training, and/or the materials associated with the training. This guide merely highlights key topics for review and helps to familiarize test-takers with the structure and format of the exam.

Overview of this guide:

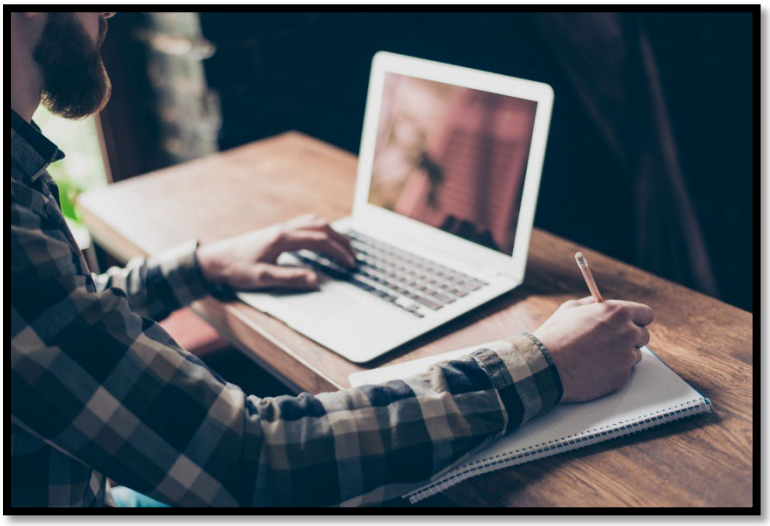
The first portion of this Study Guide summarizes key concepts from the CCB distance learning modules, assigned readings, and three-day MATS training, so that users can review content in the four domains of MAT practice:

- Pharmacotherapy
- Supportive Counseling Skills
- Education
- Professional Responsibility

The remainder of this Study Guide is comprised of tools to help you approach the exam with confidence. This includes a discussion of the structure of the examination, sample questions similar in format and level of difficulty to those on the examination, along with an answer key and explanations of the correct responses, and an extensive glossary to consult for more in-depth review of important topics.

How to use this guide:

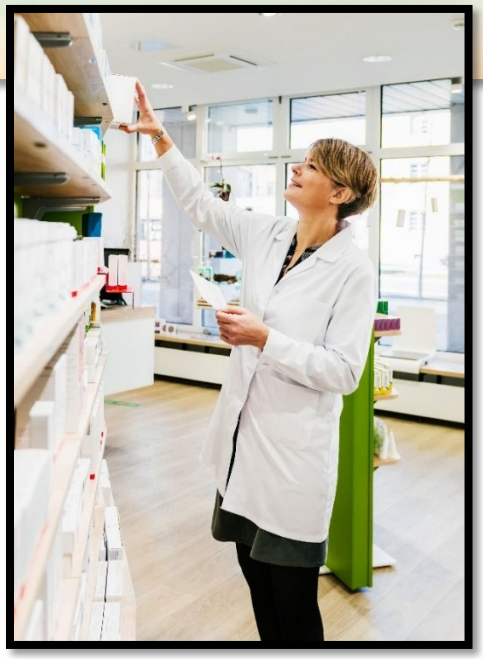
As you prepare for the ICAADA MATS exam, it is advised that you complete both the CCB Distance Learning Modules and the 3-Day Training from the SWD TI. Once you have completed these trainings, you will have been exposed to all the content used for the development of the ICAADA MATS exam.



Review each of the following sections of this guide and attempt the practice questions. In reviewing the answers and the explanations, you should have a good idea of the domains you are strongest in and those that you may need to focus your study time on.

Review the training slides and source content that pertains to the domains that you need additional time on. You may also consider making flash cards for the words/terms in the Glossary in this guide.

MATS EXAM DOMAINS



DOMAIN 1: PHARMACOTHERAPY

This portion of the examination is designed to test your understanding of medications used in the treatment of SUDs, as well as the ability to identify locations and modalities of MAT. This makes up the largest portion of the test questions.

MATS professionals are not to provide medical advice. Instead, they should have a good enough understanding of the medications to screen patients for which medications they might be appropriate for, be able to support healthy decision making, and to be aware of the types of issues that might be important for a patient to communicate to their prescriber, such as a new medication or a change in the patient's side effects.

Areas for Review:

- DSM5 diagnostic criteria for substance use disorders
- The signs and symptoms of both intoxication and withdrawal from the substances commonly associated with MAT (e.g. alcohol and opioids)
- The medications commonly used in MAT, their associated diagnoses, and the role they play in improving outcomes for individuals with substance use disorders
- ASAM dimensions of substance use disorder and their associated levels of care for treatment
- The phases of MAT (screening, assessment, induction, stabilization, maintenance, and tapering)
- Concepts of pharmacology including half-life, bioavailability, and clearance
- Formulation and delivery method for each of the FDA-approved medications used in the treatment of substance use disorders

METHADONE *Treats Opioid Use Disorder – Full Opioid Agonist*	

Candidates	<u>If the patient is over 18 years old:</u>
	• Meets criteria for Opioid Use Disorder (OUD), moderate or severe
	• Has a history of OUD for at least 1 year. May be waived for:
	  ○ Pregnant women
	  ○ Former patients
	  ○ Patients within 6 months of release from incarceration
	• Able to provide voluntary, written informed consent
	
	<u>If the patient is under 18 years old:</u>
	• Has two documented, unsuccessful, medically supervised withdrawals/treatment episodes within a 12-month period
	• Parent or legal guardian must provide written, informed consent

Contraindications	• Methadone allergy • Respiratory issues (asthma, sleep apnea, or pulmonary disease • Paralytic ileus (muscles of the intestines are not functioning) • Concurrent alcohol or benzodiazepine misuse/use disorder • Cardiac arrhythmia or QTc prolongation (heart not pumping correctly)
Settings	• Federally qualified opioid treatment programs (OTPs) • Acute inpatient hospitalization for OUD
How it works	• Administered orally • Alleviates withdrawal symptoms and cravings for self-administered opioids • Once a stable dose is reached, it provides a blockade effect for self-administered opioids
Side Effects	• Constipation • Nausea • Sexual dysfunction/decreased sex libido • Drowsiness • Amenorrhea (irregular or absent menstrual period • Weight gain • Edema (swelling in the feet, legs, or ankles)
Pharmacology	• **Half-life**: average 24 hours (range 8-59 hours) • **Bioavailability**: average 70%-80 • **Clearance**: Metabolized by liver enzymes

BUPRENORPHINE *Treats Opioid Use Disorder – Partial Opioid Agonist*	
Candidates	• Meets criteria for OUD • Able to provide informed written consent • Individuals who have used diverted buprenorphine may still be good candidates
Contraindications	• Buprenorphine or naloxone (for combination) allergy • Respiratory issues (asthma, sleep apnea, or pulmonary disease • Liver impairment • Pregnancy (for subdermal injection) • ***Previous misuse of buprenorphine is NOT a contraindication***
Settings	• Inpatient and Outpatient SUD Treatment Programs • Physician offices • OTPs
How it works	• Partially binds to the μ-opioid receptor site • Reduces opioid withdrawal symptoms and cravings • Blocks the effects of self-administered opioids
Administration	• Transmucosal tablets or films (held under tongue until absorbed) • Subdermal injection

Formulations	• Mono-products (buprenorphine only)
	  ○ Subutex (oral transmucosal)
	  ○ Sublocade or Brixadi (subdermal injection)
	• Combination products (buprenorphine + naloxone)
	  ○ Suboxone, Zubsolv, and Bunavil (oral transmucosal)

Side Effects	• Most Common:
	  ○ Constipation
	  ○ Vomiting
	  ○ Headache
	  ○ Sweating
	  ○ Insomnia
	  ○ Blurred vision
	• Transmucosal/Oral:
	  ○ Oral numbness
	  ○ Tongue pain
	  ○ Dental problems
	• Subdermal Injection:
	  ○ Injection site pain
	  ○ Pruritus (itching)
	  ○ Erythema (reddening of the skin)

Pharmacology	• **Half-life**: Average 24-42 hours (Range 24-69 hours) • **Bioavailability**: 41% • **Clearance**: Metabolized by liver enzymes

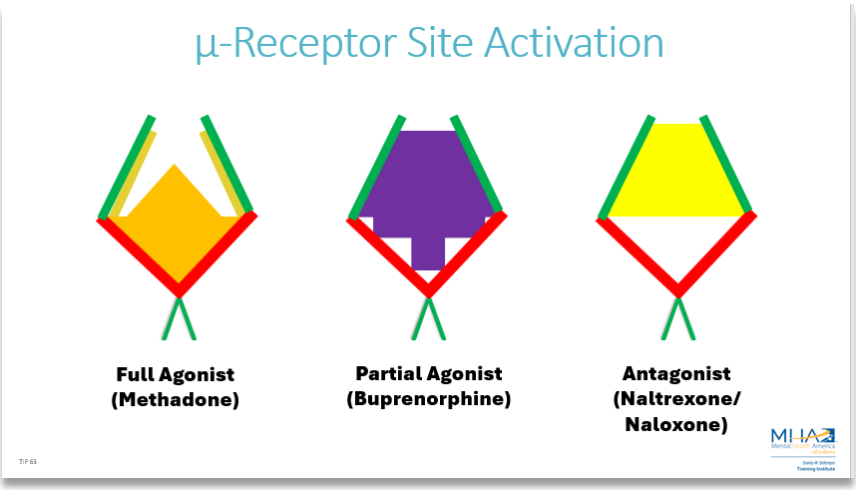
NALTREXONE *Treats Opioid Use Disorder and Alcohol Use Disorder – Opioid Antagonist*	
Candidates	• Meets criteria for either OUD or AUD • Free from opioid withdrawal and negative urine drug screen for opioids • Able to provide informed written consent
Contraindications	• Naltrexone allergy • Current pain treatment with opioid analgesics • Severe liver impairment • History of hypertension
Settings	• Inpatient and Outpatient SUD Treatment Programs • Physician offices • OTPs
How it works	• Fully binds to but does not activate the μ-opioid receptor site • Reduces opioid withdrawal symptoms and cravings • Blocks the effects of self-administered opioids and the endogenous opioids created by alcohol use

Administration/ Formulation	• Oral tablet
	  ○ Depade
	  ○ ReVia
	• Intramuscular extended-release injection
	  ○ Naltrexone NR-NTX

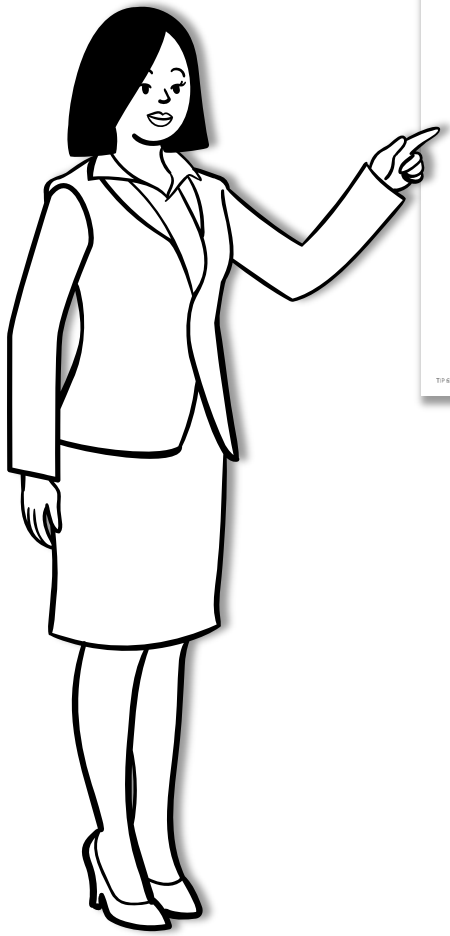
Side Effects	• Insomnia • Injection site pain • Liver enzyme abnormalities • Nasopharyngitis (cold-like symptoms)

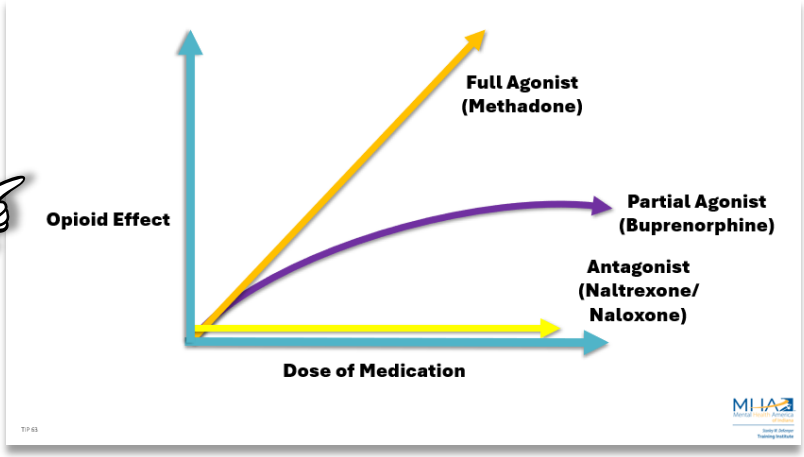
Pharmacology	• **Half-life**:
	  ○ Oral – Approximately 4 hours
	  ○ XR-NTX – Provides steady concentrations for about 1 month
	• **Bioavailability**:
	  ○ Oral – 5-40%
	  ○ XR-NTX – Blood concentrations diminish after 14 days
	• **Clearance**: Metabolized by liver and kidneys

Helpful graphics:



This graphic shows how each of the three FDA-approved medications activate the μ-opioid receptor site.





This graphic demonstrates the opioid effect of the three types of opioid medication types:

- Full agonist
- Partial agonist
- Antagonist

DISULFIRAM *Treats Alcohol Use Disorder*	
Candidates	• Meets criteria AUD • Must be able to abstain from alcohol for at least 12 hours
Contraindications	• Previous hypersensitivity or allergy to disulfiram • Active psychosis • Heart disease • Pregnancy or nursing
Settings	• Physician offices • SUD treatment programs
How it works	• Aversive medication • Disrupts the metabolism of alcohol, causing a severe reaction when patients mix it with alcohol
Moderate Reactions	• Sweating • Warmth and flushing of the upper chest and face • Hyperventilation • Respiratory difficulty • Chest pain/palpitations • Hypotension • Tachycardia • Vertigo • Syncope • Marked uneasiness • Confusion • Weakness
Severe Reactions	• Respiratory depression • Cardiovascular collapse • Myocardial infarction (heart attack) • Seizure • Death
Administration	• Oral tablet
Side Effects	• Insomnia • Injection site pain • Liver enzyme abnormalities • Nasopharyngitis (cold-like symptoms)
Pharmacology	• **Half-life**:7 hours • **Bioavailability:** 80%-90% absorption • **Clearance**: Metabolized by liver and kidneys

ACAMPROSATE (CAMPRAL) *Treats Alcohol Use Disorder*	
Candidates	• Meets criteria AUD • Must be able to abstain from alcohol for at least 12 hours
Contraindications	• Previous hypersensitivity or allergy to acamprosate • Kidney impairment • Pregnant or nursing • 65 or older
Settings	• Physician offices • SUD treatment programs
How it works	• Reduces and normalizes the pathologic glutamatergic hyperactivity that occurs during protracted withdrawal from alcohol. • This appears to assist with post-acute withdrawal symptoms like insomnia, anxiety, and restlessness
Administration	• Oral tablet
Side Effects	• Diarrhea • Suicidal ideation • Intestinal cramps • Headache • Flatulence • Changes in libido • Insomnia • Anxiety • Nausea • Muscle weakness • Itchiness • Dizziness
Pharmacology	• **Half-life**:32 hours • **Bioavailability:** 11% • **Clearance**: Metabolized by liver and kidneys

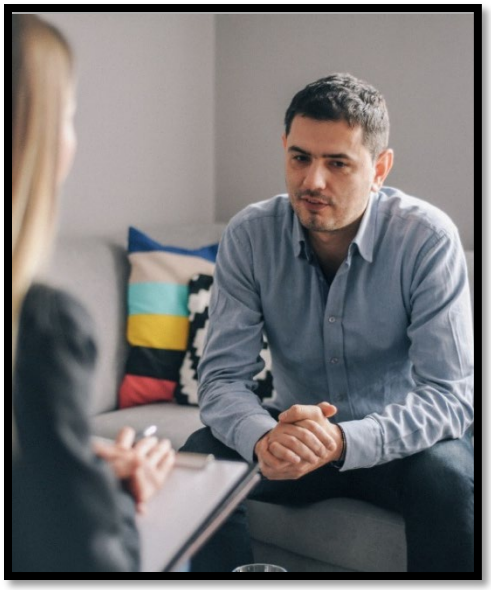
DOMAIN 2: SUPPORTIVE COUNSELING SKILLS

This portion of the exam tests your understanding of recovery from SUD and your ability to apply to provide supportive counseling to real world patients. This is also the domain that tends to trip up test-takers. This section is not about memorizing information, so much as being able to show that you can integrate what you know to help individuals in the real world.

Quite simply: this is where the rubber meets the road.

What are supportive counseling skills?

Supportive counseling skills are activities that a MATS professional will engage in with the patients that they are providing support to. These skills range from building and maintaining rapport, assisting patients with informed consent and decision making, helping patients advocate for themselves, and connecting patients with additional recovery supports and resources.



How to study supportive counseling skills:

Professionals granted the MATS certification must be comfortable promoting the individual's needs and references rather than seeing themselves as "an expert" on medication assisted treatment. It is very hard to point to a text or to provide a set of bullet points supportive counseling skills because it is much more about a "stance" towards recovery than about data.

Success in your role as a MATS Professional will depend on your ability to see your patients as "whole people", not as diagnoses or doses of medication. Can you build rapport? Can you meet the patient where they are and make their priorities your priorities? As a MATS Professional, you are there to support their recovery.

Therefore, to study for this portion of the exam, be sure to look at the case examples you are provided in the 3-day MAT Education training materials. What types of support and interventions would make those patients' recovery journeys easier and more stable?

Pro Tip:

The individual is ALWAYS the expert in the Patient/MATS Professional dynamic.

If an answer makes it seem like the professional is the expert, it's probably **NOT** the right option.

A case study:

You are a MATS Counselor working in an OTP. John is a 24-year-old Caucasian male, and he has been on your case load for 6 months. He has not had any illicit drug screens for the last 4 months, but today reports to you that he used methamphetamines with his roommate. John reports he could "probably" move back in with his brother, who does not use substances. John states that he does not know if he can keep coming to the clinic due to being financially strapped after recently losing his job. He expresses a significant amount of concern about not being able to stay on is medication, because it's "the only thing keeping [him] clean".

List 5 different threats to John's stability:

_____

_____

List 5 different recovery supports you could help to link John with:

_____

_____

List 5 different strengths that John already has that you can work with:

_____

_____

Areas for Review:

- Motivational interviewing and the transtheoretical model of change (aka the stages of change)
- Principles of trauma-informed care
- Definitions of treatment and recovery
- How to provide support to patients at each stage of MAT:
  - Screening
  - Assessment
  - Induction
  - Stabilization
  - Maintenance
  - Tapering

DOMAIN 3: EDUCATION

This portion of the exam was created to test your ability to educate patients, family members and community members on the basic principles of MAT. Less specific than many of the Pharmacotherapy questions, these are the concepts that you will most frequently share with patients and other stakeholders.

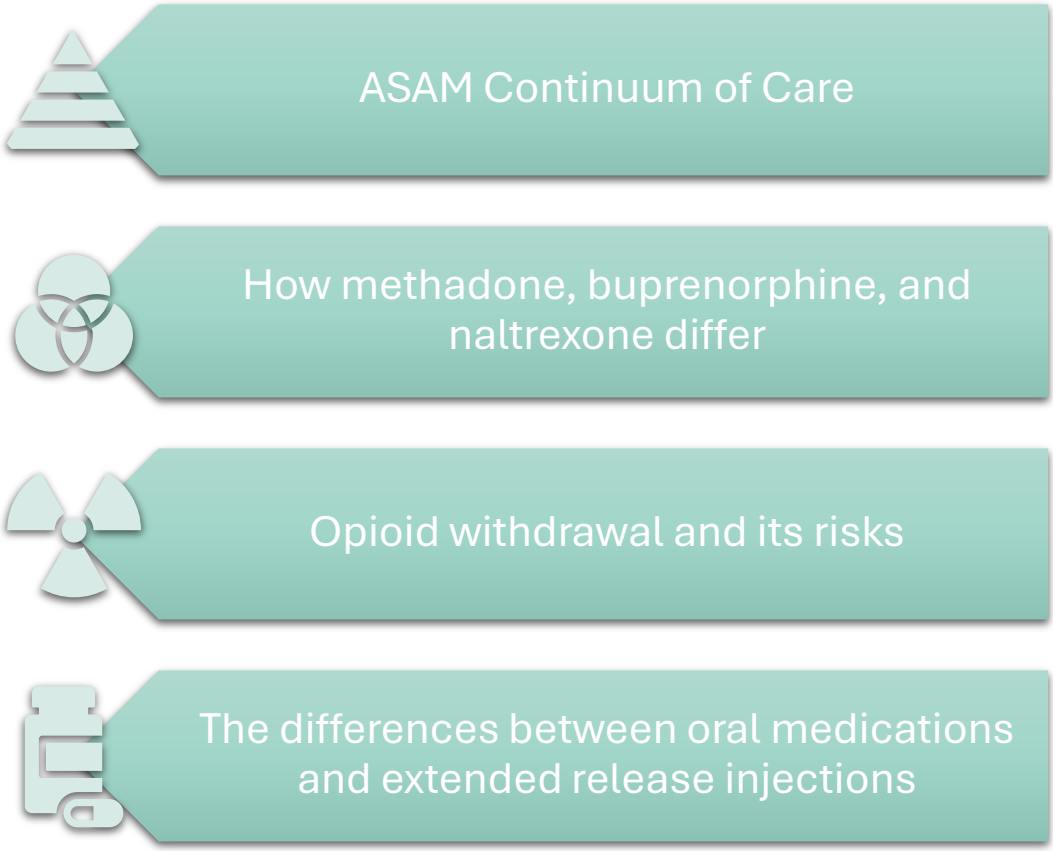
As a MATS Professional, you may be called upon to be a well-informed, enthusiastic ambassador for Medication Assisted Treatment. Being able to share the fundamentals of this intervention, readily and easily, helps your patients retain access to life-saving medications

Evolution of Understanding

- I don't understand it yet.
- I understand it - with help.
- I understand it and make few mistakes
- I understand and can teach it to others

How to study for the education portion:

Consider how you might teach the following concepts to a patient or their family members:



Areas for Review:

- The brain model of addiction
- The role of each of the FDA-approved medications for SUD
- The most common side effects for each of the FDA-approved medications for SUD
- Providing information and guidance on selecting appropriate interventions for individuals with SUDs

DOMAIN 4: PROFESSIONAL RESPONSIBILITY

Areas for Review:

- Scope of Practice for MATS Professionals
- Ethical principles of MAT
- ICAADA MATS Code of Ethics
- When to seek supervision
- Privacy laws governing SUD treatment
- Principles of good clinical documentation

While this portion of the exam may have the fewest questions, it is the most bedrock to our profession. To grant a MATS certification, ICAADA must ensure that the recipients are able to practice ethically and responsibly. This is for the safety of the clients, the community, the employers, and YOU! Once you have done the distance learning, completed the 3-Day training, and passed the exam, you don't want to lose your certification by behaving unethically.

MATS Code of Ethics and Scope of Practice:

Prior to taking the MATS exam, be sure to review the MATS Code of Ethics. You can find it here: https://icaada.org/wp-content/uploads/2023/01/2023-MATS-Code-of-Ethics.pdf.

Professional Responsibility

- Recognize and maintain professional boundaries with patients, community partners, and coworkers
- Engage in on-going professional development
- Obtain supervision on a routine basis
- Recognize the importance of self-care and personal wellness

Pharmacotherapy

- Identify locations and modalities of MAT
- Be able to differentiate between FDA-Approved SUD medications
- Identify various risks that may impact MAT
- Recognize the need for medical consultation
- Comply with state and federal regulations regarding MAT

Education

- Provide information to patients, family members, and community members about FDA-Approved SUD Medications
- Assist the patient and loved ones in choosing individualized recovery strategies
- Educate patients about healthy behaviors and risk reduction

Supportive Counseling Skills

- Establish rapport with patients, using engagement and retention techniques
- Recognize and address crises
- Identify individualized needs for recovery support planning
- Provide supportive counseling skills to groups and individuals
- Coordinate and maintain care with community and collateral supports

PREPARING FOR THE EXAM

Even if you have been working in a MATS position for years, it is important to prepare for this exam. It is crucial to read through each question slowly and attempt to select the correct answer. The questions were created with the three-day training, as well as the distance learning and associated readings, in mind. Below, find details about the exam and test-taking tips.

About the Exam:

The ICAADA MATS Exam is comprised of 50 multiple choice questions. This is a computer-proctored exam. You only need to get 35 answers correct to pass, for a passing score of 70%. There are vignettes (brief, clinical descriptions) with two questions each. The rest of the questions are single questions wit a "best answer". You will have an hour to complete the exam.

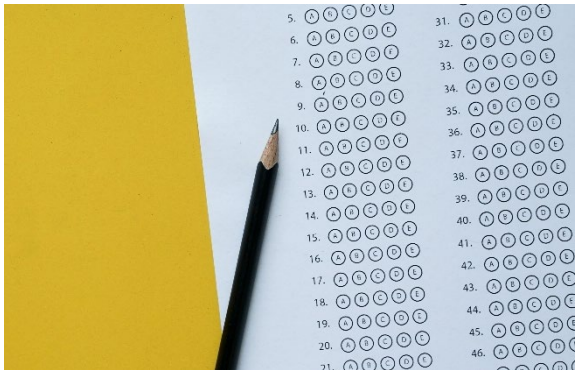
The exam is comprised of the four core areas of focus of the MATS certification: Pharmacotherapy, Supportive Counseling Skills, Education, and Professional Responsibility. The number of questions per are of focus is as follows:

MATS DOMAIN	Number of Questions
Pharmacotherapy	20
Supportive Counseling Skills	15
Education	10
Professional Responsibility	5
TOTAL	**50**

Test-Taking Tips:

Going into a test with a professional examination can be a stressful and anxietyinducing prospect. While memorizing the DSM-5 and TIP 63 seems like a good idea, having a good knowledge of basic test-taking techniques will help you to feel confident that your passing score on this exam is reflective of all the hard work you have put into becoming a top-notch addiction professional. Here is a sampling of common testtaking advice:

- **Listen carefully to directions.** How much time is available? How will the test be scored?
- **Understand a question before answering it.** Read questions carefully prior to answering. When in doubt, eliminate choices that you know to be wrong, and then choose an answer from the remaining choices. Remember: The correct answer is always listed in multiple-choice exams.
- **Review your work.** The test is not over until the time is up, or every answer has been selected.
- **Answer the ones you are confident about first.** If you have to ponder your answer for a question, skip it and come back. This way, you don't miss "easy" ones due to rushing.



- **Don't submit your test until you confirm you have answered every question.** You automatically miss points for any questions that go unanswered. It's better to guess than to leave a question blank.
- **Stay as calm as you can.** Stay calm and do your best. If you feel like you are getting overwhelmed, look away from the test and take a few breaths.
- **Be in a quiet, secluded space.** You will need to follow all requirements of the testing company, but being free from distraction is crucial for a good testing experience.

SAMPLE EXAM QUESTIONS

The following are 10 sample questions that are similar in structure, difficulty, and tone to the actual MATS Exam. Each of the four domains are represented. Choose the *best* answer, as more than one may seem correct.

1. Which of the following is an example of severe opioid withdrawal?
    A. Fatigue
    B. Diarrhea
    C. Itching
    D. Seizures

2. Increasing the dose of naltrexone _____ the opioid effect experienced by the patient.
    A. increases
    B. decreases
    C. does not change
    D. eliminates

3. An OTP allowing a pregnant patient to continue to receive medication at a lower cost is an ethical dilemma involving which two MATS ethical principles?
    A. Justice and Autonomy
    B. Non-Malfeasance and Beneficence
    C. Justice and Beneficence
    D. Autonomy and Non-Malfeasance

4. If a patient is doing a home induction of buprenorphine, how long should they wait to start taking the medication after their last dose of heroin or short-acting prescription opioid?
    A. At least 6 hours after their last dose
    B. At least 12 hours after their last dose
    C. At least 24 hours after their last dose
    D. As soon as possible, so that they do not experience opioid withdrawal

5. According to the White and Coon (2003) article, which of the following is not one of the confirmed positive effects of methadone maintenance treatment (MMT)?

A. Enhanced compliance with the criminal justice system
B. Decreased death rate of opiate-dependent individuals by as much as 50%
C. Improved global health and social functioning
D. Enhanced productive behavior via employment and academic/vocational functioning

6. Which of the following factors may affect serum levels and clinical responses to methadone treatment?

A. Pregnancy
B. History of intravenous heroin use
C. Increased stress
D. None of the above

7. Which of the following is the extended release, injectable formulation of naltrexone?

A. Depade
B. Sublocade
C. Naloxone
D. Vivitrol

8. While discussing a patient's significant improvement in their compliance with their MAT medication agreement, they disclose to you that they are being followed whenever they are out in public and that they believe that the news channels are listening to them, what should you do?

A. Call 911 and initiate an involuntary detention
B. Challenge their thinking directly b telling them that "no one is following them"
C. Tell them that you are there to discuss their addiction only
D. Affirm how difficult that must be for them and attempt to connect them with psychiatric care

Please use the following example to answer the next 2 questions:

You work as a counselor in the intake department of an OTP and you are assessing Aubrey, a 34-year-old married woman presenting with opioid use disorder. Her husband has accompanied her to her assessment. She shares with you that she became addicted to opioids following receiving a prescription for Oxycodone "for years" due to serious back pain. Aubrey has since begun snorting fentanyl and knows that she is "addicted". She states that her brother is on methadone with another clinic and it has helped him. However, she wants to know what methadone is "going to do for [her] back pain".

9. What is the most appropriate response to Aubre's question about her pain that you can provide as MATS professional working in an OTP?

A. "Many patients experience some pain relief on a therapeutic dose of methadone. I'll tell the doctor that you will need a higher dose to help with this."
B. "You're here because you're an addict, not to treat your pain."
C. "It sounds like pain relief is going to be an important part of your recovery. We have partnerships with recovery-oriented doctors that can do an assessment of your pain and provide you with treatment, as necessary."
D. "If you do about 30 minutes of yoga every day, your back pain will probably get a lot better."

10. Aubrey's husband and asks whether she will be "just trading one drug for another" if s e starts taking methadone. What is an appropriate response to this question?

A. "Have you looked into a support group like Al-Anon or Nar-Anon for yourself?"
B. "That is a really common concern. It's important to know that having a substance use disorder and being physically dependent on a medication are not the same things."
C. "If you are going to act like t is, I'm going to a e to ask you to leave."
D. "Aubrey, how long as it been since your last use?"

ANSWER KEY

Below you will find the answers to each of the sample questions, a brief explanation of why the correct answer is correct (and the incorrect answers are incorrect), as well as the domain it represents. In addition, there are references to the distance learning and training materials so that you may be clear on what to review.

1. Which of the following is an example of severe opioid withdrawal?
    A. Fatigue
    B. Diarrhea
    C. Itching
    D. Seizures

Answer: B
Rationale: Refer to both the Clinical Opiate Withdrawal Scale (COWS) and page 5-29 in TI 63. "A. Fatigue" can be a symptom of mild opioid withdrawal but is not considered severe. "B. Diarrhea" is an objective (meaning observable from the outside). "C. Itching" is an example of acute opioid intoxication, not of withdrawal. "D. Seizures" is an example of severe alcohol withdrawal, not opioid withdrawal.
Domain: Pharmacotherapy

2. Increasing the dose of naltrexone _____ the opioid effect experienced by the patient.
    A. increases
    B. decreases
    C. does not change
    D. eliminates

Answer: C
Rationale: Refer to the Helpful Graphics section earlier in this candidate guide. Naltrexone is an opioid antagonist, so there is no opioid effect, regardless of the dose.
Domain: Education

3. An OTP allowing a pregnant client to continue to receive medication at a lower cost is an ethical dilemma involving which two MATS ethical principles?

A. Justice and Autonomy
B. Non-Malfeasance and Beneficence
C. Justice and Beneficence
D. Autonomy and Non-Malfeasance

Answer: C
Rationale: Refer to the MATS Code of Ethics. Justice requires that providers ensure that clients are treated equitably. Beneficence requires interventions must be beneficial to the client. Thus, it is "beneficial" to pregnant patients that they are given access to stabilizing medication while they and the fetus are at higher risk for poor outcomes, AND it is not equitable that some clients are allowed to pay less for the same service than other patients that would also benefit from the intervention.
Domain: Professional Responsibility

4. If a patient is doing a home induction of buprenorphine, how long should they wait to start taking the medication after their last dose of a short-acting opioid (such as fentanyl or hydrocodone)?

A. At least 6 hours after their last dose
B. At least 12 hours after their last dose
C. At least 24 hours after their last dose
D. As soon as possible, so that they do not experience opioid withdrawal

Answer: B
Rationale: This is a memorization question (for details refer to page 3-64 in TI 63). If you don't know the answer, however, you can still make an educated guess. You can rule out D, because a patient must be exhibiting clear signs of opioid withdrawal prior to buprenorphine induction. If you have ever spoken to a person in acute opioid withdrawal, telling them that they have to wait a whole 24 hours before they can get relief will not go over well. At this point, you can make a guess between A and B.
Domain: Pharmacotherapy

Pro Tip:

Be on the lookout for phrases like "Which one of the following is **not**" or "All of the following **except**..."

You must understand what the question is asking before you can choose a best answer!

5. According to the White and Coon (2003) article, which of the following is not one of the confirmed positive effects of methadone maintenance treatment (MMT)?

A. Enhanced compliance with the criminal justice system
B. Decreased death rate of opiate-dependent individuals by as much as 50%
C. Improved global health and social functioning
D. Enhanced productive behavior via employment and academic/vocational functioning

Answer: A
Rationale: A is correct because the goal of treatment is to help an individual enter recovery, not for coercion into compliance with the criminal justice system. The answers reflected in B, C, and D, are all listed on age 3 of the White and Coon (2003) article "Anti-medication Bias". These answers reflect the overall improved quality of life associated with access to MAT or MMT.
Domain: Education

6. Which of the following factors may affect serum levels and clinical responses to methadone treatment?

A. Pregnancy
B. History of intravenous heroin use
C. Increased stress
D. None of the above

Answer: A

Rationale: Refer to TIP 63, page 3-32. The correct answer is "A. Pregnancy". There is no evidence to suggest that the "route of ingestion" of an opioid has an impact on the blood serum level of methadone. While "C. Increased stress" may be a risk factor for other things that might influence the blood serum level of methadone, such as a change in diet, there is not a clear enough relationship to consider this a correct answer. As there is the presence of a correct answer, the answer cannot be "D. None of the Above".
Domain: Pharmacotherapy

7. Which of the following is the extended release, injectable formulation of naltrexone?

A. Depade
B. Sublocade
C. Naloxone
D. Vivitrol

Answer: D
Rationale: Refer to the medication tip sheets earlier in this study Guide. "A. Depade" is the oral formulation of naltrexone. "B. Sublocade" is the extended release, injectable formulation of buprenorphine. "C. Naloxone" is a different opioid antagonist altogether "D. Vivitrol" is the correct answer.
Domain: Pharmacotherapy

8. While discussing a patient's significant improvement in their compliance with their MAT medication agreement, they disclose to you that they are being followed whenever they are out in public and that they believe that the news channels are listening to them, what should you do?

A. Call 911 and initiate an involuntary detention
B. Challenge their thinking directly b telling them that "no one is following them"
C. Tell them that you are there to discuss their addiction only
D. Affirm how difficult that must be for them and attempt to connect them with psychiatric care

Answer: D

Rationale: In this "application" question, there is no specific reading that will be helpful. Instead, focus on having a holistic stance towards this person. A is incorrect because the presence of psychosis (hallucinations and/or delusions) is not enough to warrant involuntary detention, if the patient is not "gravely disabled" or in any immediate danger. B is incorrect because direcly challenging psychosis is not an intervention that a MATS professional has received enough training to provide. C is incorrect because it is dismissive and does not see the "whole person". D is correct because it is a positive and affirming approach to the patient, while also providing overall recovery support by linking the patient with an appropriate intervention
Domain: Supportive Counseling Skills

9. What is the most appropriate response to Aubre's question about her pain that you can provide as MATS professional working in an OTP?

A. "Many patients experience some pain relief on a therapeutic dose of methadone. I'll tell the doctor that you will need a higher dose to help with this."
B. "You're here because you're an addict, not to treat your pain."
C. "It sounds like pain relief is going to be an important part of your recovery. We have partnerships with recovery-oriented doctors that can do an assessment of your pain and provide you with treatment, as necessary."
D. "If you do about 30 minutes of yoga every day, your back pain will probably get a lot better."

Answer: C
Rationale: A is incorrect because methadone is not used for pain treatment at OTPs and because you should never give recommendations regarding specific doses of medications. B is incorrect because it is dismissive to the patient's concern for her pain, and it is a belittling response. C is the correct response because it attends to the patient's concern for pain relief while not stepping outside of your scope of practice. See also page 4-36 in TIP 63. D is incorrect because you are not a medical professional that is qualified to make specific recommendations for interventions.
Domain: Supportive Counseling Skills

10. Aubrey's husband and asks whether she will be "just trading one drug for another" if s e starts taking methadone. What is an appropriate response to this question?

A. "Have you looked into a support group like Al-Anon or Nar-Anon for yourself?"

B. "That is a really common concern. It's important to know that having a substance use disorder and being physically dependent on a medication are not the same things."

C. "If you are going to act like t is, I'm going to a e to ask you to leave."

D. "Aubrey, how long as it been since your last use?"

Answer: B

Rationale: Family support can make a huge difference in a patient's recovery and family members frequently need some level of education about MAT to be as supportive as possible. A is incorrect because it is not answering the very real question this family member is asking. B is the correct response because it affirms the concern as being real and provides crucial information to help get Aubrey's husband's "buy in". C is incorrect because it is unnecessarily confrontational. D is incorrect because it ignores the question altogether; yes, you must assess Aubrey, but you have an opportunity to increase family support.

Domain: Education

GLOSSARY

Acamprosate (Campral): a medication used in the treatment of alcohol use disorders. It is thought to increase abstinence through normalizing glutamate in the brain.

Action (Stage of Change): One of the stages of change in the Transtheoretical Model of Change. The stage in which a person is actively making changes to their target behavior.

Ambivalence: Having to decide between two equally good or equally bad option. Within the context of recovery from substance use, this may mean finding some aspects of substance use destructive, problematic, or painful but other aspects beneficial or pleasant.

ASAM Dimensions: Six areas of assessment for individuals seeking out SUD treatment that evaluates needs, strengths, and risks to determine the most appropriate level of care for an individual. The six dimensions are: Intoxication, Withdrawal, and Addiction Medications, Biomedical Conditions and Complications, Psychiatric and Cognitive Conditions, Substance Use Related Risks, Recovery Environment Interactions, and Person-Centered Considerations.

ASAM Levels of Care: A continuum of services available to assist individuals develop greater stability in their recovery form SUDs, based on the needs of the individual. These levels of care include Medically Managed Intensive Inpatient Detoxification, Clinically Managed Low-Intensity Residential Services, Intensive Outpatient and Partial Hospitalization, and Outpatient Services.

Assessment: A patient encounter in which the professionals current needs are explored, including the patient's diagnoses, appropriate level of care, treatment barriers, and goals are explored. Assessments provide the data to create an individualized treatment plan.

Autonomy: One of the four ethical principles that guide MATS practices. Autonomy refers to the importance of self-determination for the patient in treatment decisions.

Beneficence: One of the four ethical principles that guide MATS practices. Beneficence refers to the requirement that anything done for a patient by a professional is for that patient's benefit.

Bioavailability: Proportion of medication administered that reaches the bloodstream.

Buprenorphine: A partial opioid agonist used in the treatment of opioid use disorders.

Burnout: A state of emotional, physical, and mental exhaustion caused by excessive and prolonged stress.

Chlordiazepoxide (Librium): A benzodiazepine that can be used to manage the risks associated with alcohol withdrawal.

Clearance: The measure of the body's efficiency in eliminating a medication. Primarily determined by organ function (i.e. hepatic clearance).

Clinical Institute Withdrawal Assessment – Alcohol Revised (CIWA-AR): An instrument used to assess both subjective (patient report) and objective (professionally observed symptoms) to determine the severity of alcohol withdrawal symptoms.

Clinical Opiate Withdrawal Scale (COWS): An instrument used to assess both subjective (patient report) and objective (professionally observed symptoms) to determine the severity of opioid withdrawal symptoms.

Clonodine: An antihypertensive (high blood pressure) medication that can be used to treat the discomfort associated with opioid withdrawal.

Confidentiality: A legally protected right to privacy between a patient and their treatment team.

Contemplation (Stage of Change): One of the stages of change in the Transtheoretical Model of Change. This is the stage in which a person is

beginning to consider making a change to the target behavior and is characterized by ambivalence.

Contraindication: A condition or circumstance that suggests or indicates that a particular technique or medication should not be used in the case in question.

Cross-Tolerance: Potential for people tolerant to one opioid (e.g. heroin) to be tolerant to another (e.g., methadone).

Disulfiram (Antabuse): A medication used in the treatment of alcohol use disorders. IT is a medication that causes an individual to become ill if they ingest alcohol while it is in their system. Symptoms associated with this reaction include nausea/vomiting, sweating, vertigo, tachycardia (rapid heart rate), and hyperventilation.

Dual Relationships: Relationships between two individuals in which multiple roles are inhabited. For example, providing counseling services to someone that has provided goods and services to the counselor in the past.

Duty to Warn: The legal and ethical requirement to warn an individual when a patient reports violent intentions towards them; one of the exceptions to confidentiality/privacy laws associated with providing counseling services.

Ethical Dilemma: When two or more ethical principles in a given situation would appear to conflict with each other.

Half-life: Rate of removal of a medication from the body. One half-life removes 50% of the drug from the blood plasma.

Individualized Dosing: A process of ensuring that individual's medication dosing and scheduling is optimal due to metabolism and tolerance of opioid can vary considerably in patients.

Induction Phase: The first phase of medication assisted treatment, with either methadone or suboxone. It is considered the riskiest time in treatment, as the patients may not have discontinued using and may be at risk for overdose. Intoxication: A state of having mental and/or physical control markedly diminished due to the ingestion of a substance, such as alcohol, cannabis, or opioids.

Intoxication: A condition of having physical or mental control impacted by the effects of alcohol or other substances.

Justice: One of the four ethical principles that guide MATS practices. Justice refers to the requirement that all patients in similar circumstances should be treated similarly.

Mandated Reporting: The ethical and legal requirement of counselors to report cases of all cases of suspected abuse or neglect of minors, and/or neglect, battery, or exportation of an endangered adult to the appropriate authorities.

Maintenance Phase: The phase of MAT in which an individual no longer requires routine dosage adjustments, does not experience withdrawal or cravings, and is no longer using illicit opioids.

Maintenance (Stage of Change): The stage of change in which an individual sustains and strengthens changes made to the target behavior and has developed new routines and rituals around their modified behavior.

Methadone: a full opioid agonist used as a maintenance medication for individuals with opioid use disorder. Only dispensed by qualified Opioid Treatment Programs when prescribed for OUD.

Naloxone: An opioid antagonist. It is used as a rescue medication for individuals at risk of an opioid overdose.

Naltrexone: An opioid antagonist used as a maintenance medication for individuals with opioid use disorder and/or alcohol use disorder.

Non-maleficence: One of the four ethical principles that guide MATS practices. Non-maleficence refers to the requirement that professionals do not harm their patients.

Opioids: Substances that create a feeling of pain relief and pleasure. These include endorphins, as well as fentanyl, heroin, hydrocodone, methadone, and buprenorphine.

Opioid Treatment Programs (OTPs): OTPs are one of the modalities of medication assisted treatment. OTPs are federally designated as the only provider of methadone for OUD.

Peak-and-Trough: A series of blood tests that determine an individual's metabolism and the therapeutic dose of methadone.

Precontemplation (Stage of Change): The stage of change in which the individual has not begun to consider making changes to their target behavior.

Preparation (Stage of Change): The stage of change in which an individual is making plans to change their target behavior soon and is considering how they might make this change.

Pharmacotherapy: The usage of pharmaceutical medications in the management of a substance use disorder. Recovery: A resolution of substance-related problems, improvement in global health and functioning, and citizenship.

Recovery: Resolution of substance-related problems, improvement in global health and functioning, and citizenship.

Recovery Supports: Anything that supports the individual in their process of making change. This may include medical, psychiatric, vocational, community, or family supports.

Relapse: A return to active symptoms of a disorder that had once been managed.

Remission: A disappearance of the signs and symptoms of a disorder. In the context of an SUD, early remission is more than 30 days but less than a year of no substance use; sustained remission is a year or more of no substance use.

Scope of Practice: The services that a health professional is deemed competent to perform and permitted to undertake.

Screening: Refers to both identifying patients that my have a substance use issue and require a thorough assessment OR determining if a person is likely to benefit from the services offered by a program.

SOAP Notes: Official documentation of counseling sessions that are organized into the following categories: Subjective Information (patient report), Objective Information (observed symptoms); Assessment; and Plan.

SMART Objectives: A framework for identifying Specific, Measurable, Attainable, Relevant, and Time-bound steps a person can take towards their goals.

Stabilization Phase: The phase of MAT for opioid use disorder in which a patient is no longer experiencing sedation, withdrawal, cravings, and the euphoric effects illicit opioids. However, the individual may not have stopped using other non-opioid substances.

Strengths-based Interventions: Collaborative interventions between the patient and the counselor that focuses on the patient's strengths and assets, rather than problems and deficits.

Supervision: A formal arrangement between two counselors in which the supervisor provides support to the supervisee. This is particularly crucial when navigating ethical dilemmas.

Supportive Counseling Services: Interventions designed to support a patient's treatment goals, particularly as it relates to their recovery process. These skills are different from clinical counseling skills, as they are focused on creating a therapeutic alliance and to provide support; clinical counseling skills focus on the assessment, diagnosis, and treatment of complex psychological and behavioral disorders.

Tapering: The phase of MAT in which some individuals may determine that they would like to discontinue the use of maintenance medications such as buprenorphine or methadone. Should only be attempted when strongly desired by a stable patient who has a record of abstinence from opioids and has adjusted positively in other areas of life while on MAT.

Therapeutic alliance: The cooperative relationship between a counselor and a patient t at allows the "work" of counseling to be accomplished.

Trauma: Real or imagined threat of loss of life or injury to an individual or someone the individual cares about.

Trauma-Informed Care: An approach to providing services and interventions to individuals that begins with the assumption that most patients have experienced a significant trauma history.

Withdrawal: A group of symptoms that occur upon the abrupt discontinuation or decrease in use of a substance. Specific symptoms vary depending on the substance.

REFERENCE LIST

Center for Substance Abuse Treatment (2006). *Detoxification and Substance Abuse Treatment*. Treatment Improvement Protocol (TIP) Series 45. DHHS Publication No. (SMA) 06-4131. Rockville, MD: SAMHSA.

Center for Substance Abuse Treatment (2009). *Incorporating Alcohol Pharmacotherapies into Medical Practice*. Treatment Improvement Protocol (TIP) Series 49. HHS Publication No. (SMA) 09-4380. Rockville, MD: SAMHSA.

Chambers, A., & Masterson, K.G. (2025). *Introduction to Addiction Psychiatry*. Cambridge University Press.

National Institute on Drug Abuse (2020). *Drugs, Brains, and Behavior: The Science of Addiction*. National Institute of Health.

Substance Abuse and Mental Health Services Administration (2021). *Medications for Opioid Use Disorder*. Treatment Improvement Protocol (TIP) Series 63 Publication No. PEP21-02-01-002. Rockville, MD: SAMHSA.

White, W.L. (2015). Recovery-oriented methadone maintenance. PCSS MAT Training: Providers' Clinical Support System for Medication Assisted Treatment.

White, W. & Coon, B. (2003). Methadone and the anti-medication bias in addiction treatment. *Counselor, 4*(5): 58-63.