Psych CE

Opioid Use in Older Adults: Clinical Considerations for Psychologists

1. Which age-related factor most increases opioid adverse effects?

A. Increased liver regeneration
B. Higher pain tolerance
C. Physiological changes affecting metabolism and sensitivity
D. Improved renal clearance

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2. Which assessment should accompany opioid risk evaluation?

A. Biopsychosocial assessment including cognition
B. Only urine screen
C. Only pain scale
D. Only medication count

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3. Which intervention emphasizes values and psychological flexibility?

A. CBT
B. Exposure only
C. ACT
D. Psychoanalysis

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4. Polypharmacy primarily increases risk of:

A. Reduced falls
B. Lower sedation
C. Improved adherence
D. Respiratory depression and interactions

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5. Older adult on opioids and benzodiazepines with MCI lives alone and recently fell. What is the best next step?

A. Focus only on depression
B. Comprehensive risk assessment and interdisciplinary coordination
C. Immediate opioid cessation
D. Ignore fall

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6. Which principle best reflects trauma-informed care?

A. Assume pain is psychological
B. Promote safety, collaboration, and empowerment
C. Confront avoidance aggressively
D. Avoid discussing history

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7. Older adult denies misuse but forgets doses and doubles medication. What is the most likely concern?

A. Medication allergy
B. Tolerance only
C. Intentional diversion
D. Accidental misuse related to cognition

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8. What is one of the primary goals of motivational interviewing?

A. Challenge defenses
B. Increase intrinsic motivation
C. Provide advice only
D. Persuade client

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9. Which protective factor may reduce opioid-related risk?

A. Purpose and social support
B. Isolation
C. Untreated insomnia
D. Polypharmacy

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10. Older veteran with PTSD and chronic pain relies on opioids during stress. What is the best approach?

A. Integrated trauma-informed pain treatment
B. Discontinue therapy
C. Pain education only
D. Hypnosis alone

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11. Mindfulness-based relapse prevention teaches clients to:

A. Avoid emotions
B. Depend on rewards
C. Observe urges without acting
D. Suppress cravings

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12. Why is it important to assess decision-making capacity?

A. Increase opioids
B. Replace cognition testing
C. Diagnose OUD
D. Evaluate informed consent ability

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13. Rural older adult lacks transport and behavioral care, increasing opioid reliance. What is the major concept behind this concern?

A. Placebo effect
B. Social determinants of health
C. Selection bias
D. Classical conditioning

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14. Which medication issue raises overdose risk?

A. Concurrent CNS depressants
B. Single NSAID use
C. Vitamin D
D. Topical cream

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15. Client fears taper because pain will worsen. What is the best MI response?

A. Threaten discharge
B. Ignore concern
C. Explore goals and ambivalence
D. Argue taper benefits

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16. CBT for chronic pain primarily targets:

A. Inflammation only
B. Genetics
C. Renal function
D. Maladaptive thoughts and coping behaviors

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17. Long-term care resident with dementia becomes agitated nightly while on opioids. What is the first consideration?

A. Untreated pain or medication effects
B. Manipulation
C. Psychosis
D. Malingering

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18. A 72-year-old patient with chronic musculoskeletal pain reports worsening sleep, decreased physical activity, social withdrawal, and increasing frustration about loss of independence. The patient has also begun taking prescribed opioid medication more frequently than directed, particularly when feeling emotionally distressed. From a biopsychosocial perspective, which approach would be MOST appropriate for a psychologist conducting an assessment?

A. Focus primarily on determining whether the patient meets criteria for opioid use disorder because taking medication more frequently than prescribed indicates misuse.
B. Recommend discontinuation of the opioid medication before evaluating psychological or behavioral contributors to pain.
C. Assess pain-related beliefs, coping strategies, mood symptoms, sleep, functioning, quality of life, and patterns and motivations for opioid use while coordinating with the medical treatment team as appropriate.
D. Focus primarily on pain severity because psychological and social factors have limited relevance when chronic pain has an established medical cause.

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19. Older adult with depression, loneliness, chronic pain, and passive suicidal thoughts requires psychologist to:

A. Document pain only
B. Refer without assessment
C. Assess suicide risk including passive ideation and protective factors
D. Wait for active plan

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20. Integrated care for OUD in older adults is strengthened by:

A. Avoiding PCP communication
B. Single-session therapy
C. Independent practice only
D. Interdisciplinary collaboration
