

PRACTICE EXAM 12: ALCOHOL AND DRUG COUNSELOR SIMULATION (150 QUESTIONS)

This 150-question practice examination is modeled on the IC&RC ADC blueprint: Scientific Principles (25%), Screening and Assessment (20%), Treatment, Counseling, and Referral (30%), and Professional, Ethical, and Legal Responsibilities (25%). Allow three hours. Select the single best answer for each question. This is an original study aid, not an official examination.

1. A client needs increasing amounts of a substance to obtain the same effect. This most directly describes
 - A. intoxication
 - B. tolerance
 - C. withdrawal
 - D. remission

2. The substance-use process most closely associated with reinforcement and craving involves the brain's
 - A. reward pathways
 - B. visual pathways
 - C. motor reflexes
 - D. language centers

3. Which presentation is most consistent with opioid overdose?
 - A. Slow breathing with markedly reduced responsiveness
 - B. Rapid breathing with tremor
 - C. High fever with pressured speech

D. Dilated pupils with agitation

4. A client who stops heavy alcohol use and develops tremor, sweating, and anxiety is most likely experiencing

- A. opioid intoxication
- B. cannabis intoxication
- C. alcohol tolerance
- D. alcohol withdrawal

5. Cross-tolerance is most likely between alcohol and

- A. cannabis
- B. hallucinogens
- C. benzodiazepines
- D. cocaine

6. Which substance category is most associated with increased alertness, insomnia, and sympathetic activation?

- A. opioids
- B. stimulants
- C. dissociatives
- D. sedatives

7. Pinpoint pupils and slowed respiration are classic findings of

- A. alcohol withdrawal
- B. stimulant intoxication
- C. opioid intoxication
- D. cannabis use

8. A client reports insomnia, increased appetite, and irritability after stopping daily cannabis use. The best interpretation is

- A. possible cannabis withdrawal
- B. a normal sign of remission
- C. evidence of alcohol intoxication
- D. proof of opioid overdose

9. A major risk factor for substance use disorder is

- A. using coping skills consistently
- B. attending preventive care
- C. having a stable support system
- D. a family history of substance-related problems

10. Repeated exposure to traumatic events can increase risk for substance use because substances may be used to

- A. improve long-term memory
- B. manage distressing internal experiences
- C. replace medical assessment
- D. eliminate all grief

11. Which finding warrants prompt medical evaluation during alcohol withdrawal?

- A. A request for a support meeting
- B. Interest in journaling
- C. Confusion with a history of withdrawal seizures
- D. Mild boredom after work

12. The term craving refers to

- A. a confirmed diagnosis
- B. a strong urge or desire to use a substance
- C. a medication allergy
- D. a completed treatment plan

13. A progressive substance-use disorder is best understood as

- A. a fixed moral failing
- B. a condition cured by confrontation
- C. a single isolated choice
- D. a pattern that can worsen in impact and control over time

14. Which effect is most characteristic of central nervous system depressants?

- A. Slowed reaction time and impaired coordination
- B. Marked pupil dilation only
- C. Improved judgment under stress
- D. Increased energy and wakefulness

15. Combining alcohol with other sedating substances is especially dangerous because it may

- A. eliminate overdose risk
- B. prevent all withdrawal
- C. guarantee sobriety
- D. increase respiratory depression

16. A clinician should consider co-occurring conditions when a client presents with

- A. only a desire for information
- B. a stable recovery plan
- C. substance-use symptoms and persistent mental-health symptoms
- D. a completed discharge summary

17. Which condition can complicate substance-use treatment by affecting concentration and sleep?

- A. anxiety disorder
- B. a signed release
- C. a preferred learning style
- D. a transportation route

18. A client has jaundice, abdominal swelling, and a history of prolonged heavy drinking. The counselor should recognize possible

- A. routine caffeine withdrawal
- B. liver disease requiring medical evaluation
- C. a harmless counseling reaction
- D. evidence of treatment completion

19. The safest counselor response to suspected overdose is to

- A. activate emergency response according to policy
- B. conduct a lengthy assessment first
- C. ask the client to sleep it off
- D. promise confidentiality without limits

20. Which statement best reflects the disease model of addiction?

- A. People choose every symptom
- B. Relapse proves treatment failed

- C. Substance use disorder involves changes in health and functioning, not simply willpower
- D. Shame is the main intervention

21. A substance that produces hallucinations and altered perception is classified as a

- A. sedative
- B. hallucinogen
- C. opioid
- D. stimulant

22. Which factor is most protective against escalating substance-related harm?

- A. frequent intoxication
- B. untreated trauma
- C. social isolation
- D. supportive relationships and effective coping skills

23. Withdrawal symptoms generally occur when

- A. regular substance exposure is reduced or stopped
- B. a referral is accepted
- C. a support person calls
- D. treatment goals are written

24. Which sign is commonly associated with stimulant intoxication?

- A. Pinpoint pupils and nodding
- B. Marked coordination loss from alcohol
- C. Agitation with rapid speech and insomnia
- D. Slowed breathing and sedation

25. A counselor uses person-first language primarily to

- A. remove client choice
- B. reduce stigma and support respectful care
- C. avoid documenting concerns
- D. replace assessment

26. The relationship between substance use and mental health is best described as

- A. resolved by one screening item
- B. always unrelated
- C. often interactive and requiring integrated assessment
- D. explained only by motivation

27. A client who continues use despite serious consequences may be showing

- A. a completed recovery plan
- B. evidence of stable remission
- C. successful harm reduction only
- D. impaired control characteristic of substance use disorder

28. Which approach is appropriate when medical symptoms may be substance related?

- A. Change prescribed medication independently
- B. Encourage timely medical assessment within the counselor's scope
- C. Provide a medical diagnosis
- D. Assure the client nothing is wrong

29. Increased dose requirements after repeated use reflect

- A. neuroadaptation associated with tolerance
- B. case management
- C. informed consent
- D. confidentiality

30. A client reports blackouts after drinking. The counselor should recognize that blackouts involve

- A. evidence of abstinence
- B. normal sleep only
- C. a guaranteed seizure disorder
- D. memory impairment during intoxication

31. Which factor can increase overdose risk after abstinence?

- A. Using recovery supports
- B. Improved sleep hygiene
- C. Reduced tolerance followed by return to prior dosing
- D. Attending counseling regularly

32. Co-occurring disorder screening is important because

- A. it proves causation
- B. untreated symptoms can affect engagement and recovery planning
- C. it replaces a clinical interview
- D. it removes the need for referrals

33. Which is a psychosocial effect of substance use?

- A. Guaranteed resilience
- B. Automatic employment stability
- C. Improved family communication

D. Strained relationships and role impairment

34. The counselor should avoid assuming a client's substance use is caused by

- A. one single factor without assessment
- B. current stressors
- C. available coping resources
- D. a complex interaction of risks

35. A return to use should be viewed first as

- A. a clinical event requiring reassessment and support
- B. a reason to abandon care
- C. proof of bad character
- D. automatic discharge

36. Which symptom may indicate sedative intoxication?

- A. Persistent pupil dilation
- B. Heightened vigilance
- C. Racing thoughts only
- D. Slurred speech and unsteady gait

37. A client with severe depression and substance use needs

- A. a counselor diagnosis outside scope
- B. separate assessment of only the substance
- C. integrated attention to safety and co-occurring needs
- D. confrontation without support

38. The term remission generally refers to

- A. a permanent guarantee against relapse
- B. a period when disorder criteria are no longer fully met
- C. an immediate cure after detoxification
- D. a substitute for recovery supports

39. The primary purpose of screening is to

- A. identify whether further assessment is indicated
- B. make a final diagnosis
- C. determine moral worth
- D. replace informed consent

40. Motivational interviewing is most consistent with

- A. making decisions for the client
- B. argument and confrontation
- C. collaborative exploration of ambivalence
- D. giving unsolicited lectures

41. An open-ended question is most useful because it

- A. avoids all follow-up
- B. invites the client to describe experience in their own words
- C. requires only yes or no
- D. tests the client's memory

42. A comprehensive biopsychosocial assessment includes

- A. only family opinions
- B. only employment history
- C. only drug-test results
- D. medical, psychological, social, and substance-use information

43. Collateral information should be obtained

- A. with appropriate consent or another legal basis
- B. whenever a counselor is curious
- C. without discussing confidentiality
- D. instead of speaking with the client

44. When self-report conflicts with other information, the counselor should

- A. accuse the client of lying
- B. ignore all other data
- C. end the assessment immediately
- D. explore the discrepancy respectfully

45. Drug-test results are best used as

- A. a substitute for clinical judgment
- B. one source of information interpreted in context
- C. proof of motivation
- D. the sole measure of recovery

46. A counselor selects a validated screening instrument primarily to

- A. guarantee a diagnosis
- B. replace treatment planning
- C. improve systematic identification of potential concerns

D. avoid talking with the client

47. The first priority when a client reports suicidal intent is to

- A. assess immediate safety and follow crisis procedures
- B. schedule a later discussion
- C. promise secrecy
- D. continue routine paperwork

48. Assessment of level of care should consider

- A. only the counselor's schedule
- B. only a single test score
- C. severity, functioning, safety, and support needs
- D. only insurance preference

49. A culturally responsive assessment requires the counselor to

- A. apply stereotypes
- B. avoid discussing identity
- C. assume all families are alike
- D. ask how culture and context shape the client's experience

50. The most appropriate response to a vague answer is to

- A. treat the answer as consent
- B. use gentle probing and clarification
- C. change the subject
- D. fill in missing details

51. A screening result suggesting risk should lead to

- A. further assessment or an appropriate referral
- B. automatic exclusion from services
- C. an immediate diagnosis without review
- D. a public disclosure

52. Diagnostic criteria should be applied by

- A. ignoring functional impairment
- B. using established standards within professional scope
- C. counting only legal consequences
- D. relying on personal impressions alone

53. The assessment interview should begin by

- A. announcing a diagnosis
- B. demanding disclosure
- C. explaining purpose, limits, and client participation
- D. collecting collateral without notice

54. When evaluating readiness for change, the counselor should focus on

- A. avoiding client preferences
- B. predicting failure
- C. forcing a commitment
- D. the client's own statements about goals and ambivalence

55. A client denies problems despite recent consequences. The best initial approach is

- A. insist on agreement
- B. reflect the discrepancy without arguing
- C. label the client resistant
- D. threaten discharge

56. A strengths-based assessment includes

- A. only deficits and diagnoses
- B. only test scores
- C. resources, resilience, and supports as well as needs
- D. only past failures

57. When immediate medical risk is suspected, the counselor should

- A. minimize the symptoms
- B. attempt medical treatment
- C. wait for the next session
- D. facilitate urgent evaluation according to protocol

58. The purpose of informed consent in assessment is to

- A. support an informed and voluntary decision to participate
- B. replace documentation
- C. guarantee a desired outcome
- D. permit unlimited disclosure

59. A useful follow-up to a positive alcohol screen is to

- A. assume the level of care
- B. assess pattern, consequences, withdrawal, and safety
- C. make a moral judgment

D. ignore co-occurring symptoms

60. Assessment should be updated when

- A. new information or significant changes affect care needs
- B. the original form is complete
- C. the client is doing well
- D. a counselor changes jobs

61. The counselor should document assessment findings in a way that is

- A. based on gossip
- B. speculative and judgmental
- C. objective, relevant, and timely
- D. unrelated to services

62. A client reports domestic violence. The assessment should include

- A. a guarantee of secrecy
- B. a conclusion that use caused violence
- C. pressure to disclose every detail
- D. immediate safety needs and available supports

63. A level-of-care decision is strongest when it is based on

- A. one preferred program
- B. one family member's opinion
- C. a single demographic trait
- D. multiple relevant dimensions of client need

64. When using an interpreter, the counselor should

- A. use a qualified interpreter and address the client directly
- B. speak only to the interpreter
- C. skip consent discussion
- D. ask a child to translate

65. The purpose of a mental-status observation is to

- A. replace client self-report
- B. diagnose outside scope
- C. record relevant appearance, mood, thought, and behavior findings
- D. judge personality

66. If a client appears intoxicated for an assessment, the counselor should first

- A. ignore observable impairment
- B. evaluate safety and capacity to participate
- C. complete every form quickly
- D. obtain a treatment promise

67. A trauma-informed assessment emphasizes

- A. safety, choice, collaboration, and avoiding retraumatization
- B. demanding detailed trauma narratives
- C. challenging every emotion
- D. treating trauma as irrelevant

68. The best use of a referral source during assessment is to

- A. ignore the client's perspective
- B. let the source make all decisions
- C. clarify available information while protecting confidentiality
- D. share all records automatically

69. A counselor builds rapport most effectively by

- A. making assumptions
- B. promising guaranteed outcomes
- C. arguing about labels
- D. demonstrating empathy, respect, and consistent follow-through

70. Reflective listening is used to

- A. direct the client to agree
- B. communicate understanding and invite deeper exploration
- C. correct every statement
- D. avoid responding

71. A treatment-plan goal should be

- A. collaborative, meaningful, and linked to assessed needs
- B. unrelated to assessment
- C. written only by the counselor
- D. phrased as a punishment

72. A measurable objective describes

- A. a permanent guarantee
- B. a vague hope only
- C. a specific change or action that can be reviewed

D. a counselor preference

73. In crisis de-escalation, the counselor should first

- A. debate the client
- B. use calm communication and assess immediate safety
- C. raise their voice
- D. leave without a plan

74. A referral is most appropriate when

- A. documentation is delayed
- B. the client asks a difficult question
- C. the counselor dislikes the client
- D. a need exceeds available services or counselor competence

75. Effective case management includes

- A. replacing all counseling
- B. making choices without consent
- C. giving a list without discussion
- D. linking clients with resources and following up on access

76. A relapse-prevention plan should identify

- A. triggers, warning signs, coping responses, and supports
- B. a fixed discharge date
- C. only past mistakes
- D. a promise never to struggle

77. When a client expresses ambivalence, the counselor should

- A. dismiss concerns
- B. explore both sides and elicit change talk
- C. demand immediate action
- D. argue for abstinence only

78. A group facilitator promotes cohesion by

- A. ignoring confidentiality
- B. speaking for every member
- C. setting clear norms and encouraging respectful participation
- D. allowing personal attacks

79. When a client becomes tearful in session, the best initial response is to

- A. change topics immediately
- B. tell the client to stop crying
- C. acknowledge emotion and invite the client to say more
- D. offer a diagnosis

80. A counselor uses reframing to

- A. deny the client's reality
- B. avoid listening
- C. assign blame
- D. offer a different, constructive perspective on an experience

81. Discharge planning should begin

- A. early and be updated throughout care
- B. only after the final session
- C. after all supports are removed
- D. when the client is absent

82. A recovery-oriented referral should be based on

- A. the counselor's personal preference
- B. the client's goals, needs, preferences, and access
- C. a single recovery pathway
- D. the most distant provider

83. When a client has limited transportation, the counselor should

- A. collaborate on realistic service-access options
- B. assume noncompliance
- C. withdraw services
- D. ignore the barrier

84. A counselor addressing resistance should avoid

- A. reflective listening
- B. power struggles and shaming language
- C. affirmations
- D. open questions

85. The best response to a missed appointment is to

- A. publicly discuss absence
- B. assume lack of motivation
- C. automatically terminate services

D. reach out according to policy with supportive, nonjudgmental language

86. A client requests medication information beyond counselor scope. The counselor should

- A. recommend a dosage
- B. provide a medical clearance
- C. facilitate consultation with a qualified prescriber
- D. discourage all medication

87. In family involvement, the counselor should

- A. assume family participation is always desired
- B. exclude the client from planning
- C. share records freely
- D. obtain consent and clarify each person's role

88. A trauma-informed counseling stance includes

- A. forcing exposure to trauma memories
- B. equating silence with refusal
- C. prioritizing safety, choice, and collaboration
- D. using confrontation first

89. A client in recovery asks about peer support. The best response is to

- A. promise peer support replaces treatment
- B. explore options that fit the client's preferences and goals
- C. dismiss peer support
- D. insist on one program

90. A counselor should use feedback most effectively when it is

- A. specific, respectful, and connected to client goals
- B. used to shame
- C. vague and punitive
- D. given without listening

91. The appropriate response to a housing crisis is to

- A. treat housing as unrelated to recovery
- B. address immediate safety and connect the client to resources
- C. postpone discussion indefinitely
- D. assume the client can solve it alone

92. A group member dominates discussion. The facilitator should

- A. end the group
- B. humiliate the member
- C. ignore the pattern
- D. redirect respectfully to create space for others

93. A counselor uses summarizing to

- A. organize key points and check shared understanding
- B. replace assessment
- C. introduce unrelated topics
- D. close off discussion

94. When treatment progress stalls, the counselor should

- A. end care without discussion
- B. blame the client
- C. review barriers, goals, and interventions collaboratively
- D. repeat the same plan without review

95. A client-centered treatment plan reflects

- A. only family demands
- B. only the counselor's goals
- C. only program rules
- D. the client's stated priorities and informed choices

96. A counselor should respond to a client's cultural concern by

- A. asking respectful questions and adapting care when appropriate
- B. requiring the client to educate everyone
- C. assuming cultural meaning
- D. avoiding the topic

97. The purpose of a warm handoff is to

- A. transfer responsibility without notice
- B. support connection to another service rather than merely provide a contact
- C. avoid documentation
- D. guarantee acceptance

98. A client discloses escalating urges to use. The counselor should

- A. tell the client urges are unimportant
- B. wait until the next month
- C. review the safety and relapse-prevention plan promptly

D. treat it as a disciplinary issue

99. A helpful coping-skills intervention is to

- A. practice a specific strategy before a high-risk situation occurs
- B. wait for a crisis to begin
- C. avoid discussing triggers
- D. tell the client to use willpower only

100. When a client needs a service not offered by the program, the counselor should

- A. pretend the service is available
- B. give advice outside competence
- C. provide an appropriate referral and coordinate with consent
- D. withhold options

101. The counselor should terminate counseling when

- A. the counselor feels impatient
- B. goals are met, care is transferred, or services are no longer appropriate
- C. documentation is complete
- D. the client asks a question

102. A client reports vicarious-trauma-like stress in a helping role. A helpful response is to

- A. tell the client to ignore it
- B. discourage supervision
- C. promise it will resolve alone
- D. explore support, boundaries, and referral needs

103. In a group, confidentiality should be explained as

- A. a reason to avoid groups
- B. an expectation members agree to, with limits on the counselor's control
- C. unnecessary in treatment
- D. an absolute guarantee by all members

104. A counselor responding to anger should

- A. threaten discharge
- B. match the client's volume
- C. remain regulated and validate the underlying experience without endorsing harm
- D. argue about facts

105. The best first step after identifying a client strength is to

- A. replace all goals with praise
- B. treat it as proof no help is needed
- C. ignore it to focus on deficits
- D. incorporate it into the recovery plan

106. A client with limited literacy needs materials. The counselor should

- A. use plain language and check understanding
- B. provide more jargon
- C. avoid written supports entirely
- D. assume reading comprehension

107. A counselor should coordinate with a multidisciplinary team by

- A. giving orders outside scope
- B. sharing all details freely
- C. excluding the client from care
- D. sharing relevant information within consent and role boundaries

108. A client asks for a different counselor. The appropriate response is to

- A. share the issue with other clients
- B. explore the request respectfully and follow program procedures
- C. refuse without discussion
- D. treat the request as disloyalty

109. A plan for recovery support after discharge should include

- A. specific connections, follow-up, and contingency steps
- B. only a verbal goodbye
- C. a promise of no future problems
- D. no client input

110. When a client is in acute distress, counseling interventions should be

- A. delayed without reason
- B. based on counselor self-disclosure
- C. grounded in safety, stabilization, and available supports
- D. focused on intensive insight first

111. The counselor should document a referral by recording

- A. only the referral name
- B. unverified assumptions
- C. personal opinions

D. the need, options discussed, client response, and follow-up plan

112. A client says, "I want to change, but I am scared." The most helpful response is

- A. "You are refusing treatment."
- B. "You are seeing both reasons for change and reasons for caution."
- C. "You have no reason to be scared."
- D. "You must decide now."

113. An effective intervention for a high-risk situation is to

- A. avoid discussing the situation
- B. rely on luck
- C. rehearse coping and support-contact steps in advance
- D. wait until use occurs

114. A dual relationship is concerning when it

- A. creates competing roles that may impair professional judgment
- B. includes informed consent
- C. uses supervision
- D. involves routine documentation

115. Appropriate counselor self-disclosure should be

- A. used to meet counselor needs
- B. purposeful, brief, and clearly for the client's benefit
- C. the focus of every session
- D. a substitute for empathy

116. When a client need exceeds scope of practice, the counselor should

- A. seek supervision and make an appropriate referral
- B. diagnose without authority
- C. provide services beyond competence
- D. ignore the need

117. Good clinical documentation is

- A. based on rumors
- B. filled with judgmental labels
- C. objective, timely, and relevant to services provided
- D. written only at discharge

118. The main purpose of confidentiality is to

- A. guarantee no legal exceptions
- B. prevent all communication
- C. eliminate documentation
- D. protect private client information and support trust

119. Before sharing information with another provider, the counselor should generally

- A. verify consent and the legal basis for disclosure
- B. ask another client
- C. send the full record automatically
- D. post the information

120. Informed consent should include

- A. a promise of cure
- B. only the counselor's credentials
- C. the nature of services, risks, benefits, alternatives, and limits
- D. unlimited access to records

121. A conflict of interest should be addressed by

- A. hiding it from the client
- B. making the client decide alone
- C. ignoring its effect
- D. disclosing and managing it according to ethics and policy

122. Supervision is especially important when a counselor

- A. has completed paperwork
- B. faces a complex case or uncertainty within scope
- C. wants to avoid consultation
- D. disagrees with all policies

123. A client grievance should be handled by

- A. explaining the process and responding respectfully without retaliation
- B. ending services immediately
- C. punishing the client
- D. ignoring the concern

124. Client rights include the right to

- A. direct the counselor's personal life
- B. participate in informed decisions about care
- C. waive all confidentiality limits unknowingly

D. receive guaranteed outcomes

125. Cultural humility requires a counselor to

- A. treat identity as irrelevant
- B. claim expertise in every culture
- C. remain open to learning and examine assumptions
- D. avoid discussing differences

126. When a counselor notices strong emotional reactions to a client, the best action is to

- A. ignore potential impact
- B. act on the feelings
- C. disclose every reaction
- D. use self-awareness and seek supervision as needed

127. Records should be maintained according to

- A. applicable law, ethics, policy, and professional standards
- B. a counselor's personal preference
- C. client rumors
- D. informal verbal agreements

128. The minimum-necessary principle supports

- A. avoiding consent
- B. sharing everything available
- C. limiting disclosures to information needed for the purpose
- D. withholding all information

129. A counselor who receives a subpoena should

- A. destroy records
- B. follow organizational and legal procedures and seek consultation
- C. ignore the document
- D. promise immediate disclosure

130. Professional boundaries are maintained by

- A. seeking favors from clients
- B. accepting any gift without review
- C. sharing private contact freely
- D. keeping the relationship focused on the client's therapeutic needs

131. A counselor should use social media with clients by

- A. posting client stories
- B. following policy and avoiding boundary-compromising contact
- C. discussing cases publicly
- D. accepting all friend requests

132. When a client requests access to records, the counselor should

- A. refuse without review
- B. alter the record first
- C. give another client's records
- D. follow applicable procedures and explain the process

133. Ethical decision making is strengthened by

- A. consulting standards, supervision, and relevant policies
- B. avoiding documentation
- C. keeping dilemmas secret
- D. relying only on impulse

134. A counselor should advocate for equity by

- A. ignoring language barriers
- B. making decisions from stereotypes
- C. identifying barriers and supporting fair access to care
- D. assuming services fit everyone

135. When a client appears unable to understand consent, the counselor should

- A. obtain a signature without explanation
- B. proceed without discussion
- C. assess capacity concerns and follow appropriate safeguards
- D. assume refusal

136. A referral relationship is ethically sound when the counselor

- A. prioritizes client need over personal benefit
- B. limits options for profit
- C. receives undisclosed incentives
- D. chooses based on friendship

137. Consultation differs from supervision because consultation generally

- A. replaces all documentation
- B. provides professional input without assuming supervisory authority
- C. eliminates responsibility

D. guarantees legal immunity

138. A counselor should address a colleague's unsafe conduct by

- A. gossiping with clients
- B. posting allegations online
- C. ignoring serious risk
- D. following ethical and organizational reporting procedures

139. When a client offers an expensive gift, the counselor should

- A. assume it has no meaning
- B. accept it secretly
- C. consider boundaries, policy, and potential impact before responding
- D. demand a larger gift

140. A clinician's documentation should distinguish

- A. all sources as identical
- B. facts from guesses only
- C. opinions from records entirely
- D. observed facts, client statements, and professional actions

141. The best response to a confidentiality question is to

- A. explain limits clearly in language the client can understand
- B. provide legal advice outside scope
- C. promise absolute secrecy
- D. avoid the question

142. If a counselor has a personal relationship with a prospective client, the counselor should

- A. begin treatment without reflection
- B. evaluate the boundary risk and arrange alternatives when needed
- C. ask the client to keep it secret
- D. hide the relationship

143. Continuing education supports ethical practice by

- A. helping counselors maintain competence and current knowledge
- B. guaranteeing expertise in all areas
- C. removing scope limits
- D. replacing supervision

144. A counselor addressing discrimination in services should

- A. blame the client
- B. ignore the pattern
- C. share confidential details publicly
- D. document concerns and use appropriate advocacy channels

145. Professional self-care is relevant to ethics because it can

- A. justify boundary violations
- B. support competent practice and reduce impairment risk
- C. eliminate the need for supervision
- D. replace clinical skill

146. A client's informed refusal should be

- A. ignored completely
- B. treated as misconduct
- C. documented and explored respectfully, including alternatives when appropriate
- D. publicly discussed

147. The counselor should obtain consultation when

- A. legal or ethical duties are unclear
- B. the client agrees with treatment
- C. the counselor wants no oversight
- D. a case is routine

148. A boundary crossing is most concerning when it

- A. supports a clearly therapeutic purpose
- B. follows written policy
- C. is discussed in supervision
- D. primarily serves the counselor rather than the client

149. When ending services, the counselor should

- A. avoid documentation
- B. abandon the client
- C. provide appropriate transition planning and referrals when indicated
- D. withhold options

150. Ethical use of client examples in teaching requires

- A. posting materials without review
- B. protecting privacy and following applicable permissions and standards
- C. including identifying details

D. sharing stories for entertainment

Practice Exam 12: Answer Key and Explanations

1. B — The keyed response is best because it applies the relevant clinical principle safely and with client-centered care. The remaining choices are less appropriate because they overlook assessment, exceed counselor scope, reduce client choice, or fail to address the stated concern. Strong alcohol and drug counseling combines evidence, boundaries, collaboration, and timely referral whenever additional expertise or urgent support is needed.

2. A — The keyed response is best because it applies the relevant clinical principle safely and with client-centered care. The remaining choices are less appropriate because they overlook assessment, exceed counselor scope, reduce client choice, or fail to address the stated concern. Strong alcohol and drug counseling combines evidence, boundaries, collaboration, and timely referral whenever additional expertise or urgent support is needed.

3. A — The keyed response is best because it applies the relevant clinical principle safely and with client-centered care. The remaining choices are less appropriate because they overlook assessment, exceed counselor scope, reduce client choice, or fail to address the stated concern. Strong alcohol and drug counseling combines evidence, boundaries, collaboration, and timely referral whenever additional expertise or urgent support is needed.

4. D — The keyed response is best because it applies the relevant clinical principle safely and with client-centered care. The remaining choices are less appropriate because they overlook assessment, exceed counselor scope, reduce client choice, or fail to address the stated concern. Strong alcohol and drug counseling combines evidence, boundaries, collaboration, and timely referral whenever additional expertise or urgent support is needed.

5. C — The keyed response is best because it applies the relevant clinical principle safely and with client-centered care. The remaining choices are less appropriate because they overlook assessment, exceed counselor scope, reduce client choice, or fail to address the stated concern. Strong alcohol and drug counseling combines evidence, boundaries, collaboration, and timely referral whenever additional expertise or urgent support is needed.

6. B — The keyed response is best because it applies the relevant clinical principle safely and with client-centered care. The remaining choices are less appropriate because they overlook assessment, exceed counselor scope, reduce client choice, or fail to address the stated concern. Strong alcohol and drug counseling combines evidence, boundaries, collaboration, and timely referral whenever additional expertise or urgent support is needed.

7. C — The keyed response is best because it applies the relevant clinical principle safely and with client-centered care. The remaining choices are less appropriate because they overlook assessment,

exceed counselor scope, reduce client choice, or fail to address the stated concern. Strong alcohol and drug counseling combines evidence, boundaries, collaboration, and timely referral whenever additional expertise or urgent support is needed.

8. A — The keyed response is best because it applies the relevant clinical principle safely and with client-centered care. The remaining choices are less appropriate because they overlook assessment, exceed counselor scope, reduce client choice, or fail to address the stated concern. Strong alcohol and drug counseling combines evidence, boundaries, collaboration, and timely referral whenever additional expertise or urgent support is needed.

9. D — The keyed response is best because it applies the relevant clinical principle safely and with client-centered care. The remaining choices are less appropriate because they overlook assessment, exceed counselor scope, reduce client choice, or fail to address the stated concern. Strong alcohol and drug counseling combines evidence, boundaries, collaboration, and timely referral whenever additional expertise or urgent support is needed.

10. B — The keyed response is best because it applies the relevant clinical principle safely and with client-centered care. The remaining choices are less appropriate because they overlook assessment, exceed counselor scope, reduce client choice, or fail to address the stated concern. Strong alcohol and drug counseling combines evidence, boundaries, collaboration, and timely referral whenever additional expertise or urgent support is needed.

11. C — The keyed response is best because it applies the relevant clinical principle safely and with client-centered care. The remaining choices are less appropriate because they overlook assessment, exceed counselor scope, reduce client choice, or fail to address the stated concern. Strong alcohol and drug counseling combines evidence, boundaries, collaboration, and timely referral whenever additional expertise or urgent support is needed.

12. B — The keyed response is best because it applies the relevant clinical principle safely and with client-centered care. The remaining choices are less appropriate because they overlook assessment, exceed counselor scope, reduce client choice, or fail to address the stated concern. Strong alcohol and drug counseling combines evidence, boundaries, collaboration, and timely referral whenever additional expertise or urgent support is needed.

13. D — The keyed response is best because it applies the relevant clinical principle safely and with client-centered care. The remaining choices are less appropriate because they overlook assessment, exceed counselor scope, reduce client choice, or fail to address the stated concern. Strong alcohol and drug counseling combines evidence, boundaries, collaboration, and timely referral whenever additional expertise or urgent support is needed.

14. A — The keyed response is best because it applies the relevant clinical principle safely and with client-centered care. The remaining choices are less appropriate because they overlook assessment, exceed counselor scope, reduce client choice, or fail to address the stated concern. Strong alcohol and drug counseling combines evidence, boundaries, collaboration, and timely referral whenever additional expertise or urgent support is needed.

15. D — The keyed response is best because it applies the relevant clinical principle safely and with client-centered care. The remaining choices are less appropriate because they overlook assessment, exceed counselor scope, reduce client choice, or fail to address the stated concern. Strong alcohol and drug counseling combines evidence, boundaries, collaboration, and timely referral whenever additional expertise or urgent support is needed.

16. C — The keyed response is best because it applies the relevant clinical principle safely and with client-centered care. The remaining choices are less appropriate because they overlook assessment, exceed counselor scope, reduce client choice, or fail to address the stated concern. Strong alcohol and drug counseling combines evidence, boundaries, collaboration, and timely referral whenever additional expertise or urgent support is needed.

17. A — The keyed response is best because it applies the relevant clinical principle safely and with client-centered care. The remaining choices are less appropriate because they overlook assessment, exceed counselor scope, reduce client choice, or fail to address the stated concern. Strong alcohol and drug counseling combines evidence, boundaries, collaboration, and timely referral whenever additional expertise or urgent support is needed.

18. B — The keyed response is best because it applies the relevant clinical principle safely and with client-centered care. The remaining choices are less appropriate because they overlook assessment, exceed counselor scope, reduce client choice, or fail to address the stated concern. Strong alcohol and drug counseling combines evidence, boundaries, collaboration, and timely referral whenever additional expertise or urgent support is needed.

19. A — The keyed response is best because it applies the relevant clinical principle safely and with client-centered care. The remaining choices are less appropriate because they overlook assessment, exceed counselor scope, reduce client choice, or fail to address the stated concern. Strong alcohol and drug counseling combines evidence, boundaries, collaboration, and timely referral whenever additional expertise or urgent support is needed.

20. C — The keyed response is best because it applies the relevant clinical principle safely and with client-centered care. The remaining choices are less appropriate because they overlook assessment, exceed counselor scope, reduce client choice, or fail to address the stated concern. Strong alcohol and drug counseling combines evidence, boundaries, collaboration, and timely referral whenever additional expertise or urgent support is needed.

21. B — The keyed response is best because it applies the relevant clinical principle safely and with client-centered care. The remaining choices are less appropriate because they overlook assessment, exceed counselor scope, reduce client choice, or fail to address the stated concern. Strong alcohol and drug counseling combines evidence, boundaries, collaboration, and timely referral whenever additional expertise or urgent support is needed.

22. D — The keyed response is best because it applies the relevant clinical principle safely and with client-centered care. The remaining choices are less appropriate because they overlook assessment, exceed counselor scope, reduce client choice, or fail to address the stated concern. Strong alcohol and

drug counseling combines evidence, boundaries, collaboration, and timely referral whenever additional expertise or urgent support is needed.

23. A — The keyed response is best because it applies the relevant clinical principle safely and with client-centered care. The remaining choices are less appropriate because they overlook assessment, exceed counselor scope, reduce client choice, or fail to address the stated concern. Strong alcohol and drug counseling combines evidence, boundaries, collaboration, and timely referral whenever additional expertise or urgent support is needed.

24. C — The keyed response is best because it applies the relevant clinical principle safely and with client-centered care. The remaining choices are less appropriate because they overlook assessment, exceed counselor scope, reduce client choice, or fail to address the stated concern. Strong alcohol and drug counseling combines evidence, boundaries, collaboration, and timely referral whenever additional expertise or urgent support is needed.

25. B — The keyed response is best because it applies the relevant clinical principle safely and with client-centered care. The remaining choices are less appropriate because they overlook assessment, exceed counselor scope, reduce client choice, or fail to address the stated concern. Strong alcohol and drug counseling combines evidence, boundaries, collaboration, and timely referral whenever additional expertise or urgent support is needed.

26. C — The keyed response is best because it applies the relevant clinical principle safely and with client-centered care. The remaining choices are less appropriate because they overlook assessment, exceed counselor scope, reduce client choice, or fail to address the stated concern. Strong alcohol and drug counseling combines evidence, boundaries, collaboration, and timely referral whenever additional expertise or urgent support is needed.

27. D — The keyed response is best because it applies the relevant clinical principle safely and with client-centered care. The remaining choices are less appropriate because they overlook assessment, exceed counselor scope, reduce client choice, or fail to address the stated concern. Strong alcohol and drug counseling combines evidence, boundaries, collaboration, and timely referral whenever additional expertise or urgent support is needed.

28. B — The keyed response is best because it applies the relevant clinical principle safely and with client-centered care. The remaining choices are less appropriate because they overlook assessment, exceed counselor scope, reduce client choice, or fail to address the stated concern. Strong alcohol and drug counseling combines evidence, boundaries, collaboration, and timely referral whenever additional expertise or urgent support is needed.

29. A — The keyed response is best because it applies the relevant clinical principle safely and with client-centered care. The remaining choices are less appropriate because they overlook assessment, exceed counselor scope, reduce client choice, or fail to address the stated concern. Strong alcohol and drug counseling combines evidence, boundaries, collaboration, and timely referral whenever additional expertise or urgent support is needed.

30. D — The keyed response is best because it applies the relevant clinical principle safely and with client-centered care. The remaining choices are less appropriate because they overlook assessment, exceed counselor scope, reduce client choice, or fail to address the stated concern. Strong alcohol and drug counseling combines evidence, boundaries, collaboration, and timely referral whenever additional expertise or urgent support is needed.

31. C — The keyed response is best because it applies the relevant clinical principle safely and with client-centered care. The remaining choices are less appropriate because they overlook assessment, exceed counselor scope, reduce client choice, or fail to address the stated concern. Strong alcohol and drug counseling combines evidence, boundaries, collaboration, and timely referral whenever additional expertise or urgent support is needed.

32. B — The keyed response is best because it applies the relevant clinical principle safely and with client-centered care. The remaining choices are less appropriate because they overlook assessment, exceed counselor scope, reduce client choice, or fail to address the stated concern. Strong alcohol and drug counseling combines evidence, boundaries, collaboration, and timely referral whenever additional expertise or urgent support is needed.

33. D — The keyed response is best because it applies the relevant clinical principle safely and with client-centered care. The remaining choices are less appropriate because they overlook assessment, exceed counselor scope, reduce client choice, or fail to address the stated concern. Strong alcohol and drug counseling combines evidence, boundaries, collaboration, and timely referral whenever additional expertise or urgent support is needed.

34. A — The keyed response is best because it applies the relevant clinical principle safely and with client-centered care. The remaining choices are less appropriate because they overlook assessment, exceed counselor scope, reduce client choice, or fail to address the stated concern. Strong alcohol and drug counseling combines evidence, boundaries, collaboration, and timely referral whenever additional expertise or urgent support is needed.

35. A — The keyed response is best because it applies the relevant clinical principle safely and with client-centered care. The remaining choices are less appropriate because they overlook assessment, exceed counselor scope, reduce client choice, or fail to address the stated concern. Strong alcohol and drug counseling combines evidence, boundaries, collaboration, and timely referral whenever additional expertise or urgent support is needed.

36. D — The keyed response is best because it applies the relevant clinical principle safely and with client-centered care. The remaining choices are less appropriate because they overlook assessment, exceed counselor scope, reduce client choice, or fail to address the stated concern. Strong alcohol and drug counseling combines evidence, boundaries, collaboration, and timely referral whenever additional expertise or urgent support is needed.

37. C — The keyed response is best because it applies the relevant clinical principle safely and with client-centered care. The remaining choices are less appropriate because they overlook assessment, exceed counselor scope, reduce client choice, or fail to address the stated concern. Strong alcohol and

drug counseling combines evidence, boundaries, collaboration, and timely referral whenever additional expertise or urgent support is needed.

38. B — The keyed response is best because it applies the relevant clinical principle safely and with client-centered care. The remaining choices are less appropriate because they overlook assessment, exceed counselor scope, reduce client choice, or fail to address the stated concern. Strong alcohol and drug counseling combines evidence, boundaries, collaboration, and timely referral whenever additional expertise or urgent support is needed.

39. A — The keyed response is best because it applies the relevant clinical principle safely and with client-centered care. The remaining choices are less appropriate because they overlook assessment, exceed counselor scope, reduce client choice, or fail to address the stated concern. Strong alcohol and drug counseling combines evidence, boundaries, collaboration, and timely referral whenever additional expertise or urgent support is needed.

40. C — The keyed response is best because it applies the relevant clinical principle safely and with client-centered care. The remaining choices are less appropriate because they overlook assessment, exceed counselor scope, reduce client choice, or fail to address the stated concern. Strong alcohol and drug counseling combines evidence, boundaries, collaboration, and timely referral whenever additional expertise or urgent support is needed.

41. B — The keyed response is best because it applies the relevant clinical principle safely and with client-centered care. The remaining choices are less appropriate because they overlook assessment, exceed counselor scope, reduce client choice, or fail to address the stated concern. Strong alcohol and drug counseling combines evidence, boundaries, collaboration, and timely referral whenever additional expertise or urgent support is needed.

42. D — The keyed response is best because it applies the relevant clinical principle safely and with client-centered care. The remaining choices are less appropriate because they overlook assessment, exceed counselor scope, reduce client choice, or fail to address the stated concern. Strong alcohol and drug counseling combines evidence, boundaries, collaboration, and timely referral whenever additional expertise or urgent support is needed.

43. A — The keyed response is best because it applies the relevant clinical principle safely and with client-centered care. The remaining choices are less appropriate because they overlook assessment, exceed counselor scope, reduce client choice, or fail to address the stated concern. Strong alcohol and drug counseling combines evidence, boundaries, collaboration, and timely referral whenever additional expertise or urgent support is needed.

44. D — The keyed response is best because it applies the relevant clinical principle safely and with client-centered care. The remaining choices are less appropriate because they overlook assessment, exceed counselor scope, reduce client choice, or fail to address the stated concern. Strong alcohol and drug counseling combines evidence, boundaries, collaboration, and timely referral whenever additional expertise or urgent support is needed.

45. B — The keyed response is best because it applies the relevant clinical principle safely and with client-centered care. The remaining choices are less appropriate because they overlook assessment, exceed counselor scope, reduce client choice, or fail to address the stated concern. Strong alcohol and drug counseling combines evidence, boundaries, collaboration, and timely referral whenever additional expertise or urgent support is needed.

46. C — The keyed response is best because it applies the relevant clinical principle safely and with client-centered care. The remaining choices are less appropriate because they overlook assessment, exceed counselor scope, reduce client choice, or fail to address the stated concern. Strong alcohol and drug counseling combines evidence, boundaries, collaboration, and timely referral whenever additional expertise or urgent support is needed.

47. A — The keyed response is best because it applies the relevant clinical principle safely and with client-centered care. The remaining choices are less appropriate because they overlook assessment, exceed counselor scope, reduce client choice, or fail to address the stated concern. Strong alcohol and drug counseling combines evidence, boundaries, collaboration, and timely referral whenever additional expertise or urgent support is needed.

48. C — The keyed response is best because it applies the relevant clinical principle safely and with client-centered care. The remaining choices are less appropriate because they overlook assessment, exceed counselor scope, reduce client choice, or fail to address the stated concern. Strong alcohol and drug counseling combines evidence, boundaries, collaboration, and timely referral whenever additional expertise or urgent support is needed.

49. D — The keyed response is best because it applies the relevant clinical principle safely and with client-centered care. The remaining choices are less appropriate because they overlook assessment, exceed counselor scope, reduce client choice, or fail to address the stated concern. Strong alcohol and drug counseling combines evidence, boundaries, collaboration, and timely referral whenever additional expertise or urgent support is needed.

50. B — The keyed response is best because it applies the relevant clinical principle safely and with client-centered care. The remaining choices are less appropriate because they overlook assessment, exceed counselor scope, reduce client choice, or fail to address the stated concern. Strong alcohol and drug counseling combines evidence, boundaries, collaboration, and timely referral whenever additional expertise or urgent support is needed.

51. A — The keyed response is best because it applies the relevant clinical principle safely and with client-centered care. The remaining choices are less appropriate because they overlook assessment, exceed counselor scope, reduce client choice, or fail to address the stated concern. Strong alcohol and drug counseling combines evidence, boundaries, collaboration, and timely referral whenever additional expertise or urgent support is needed.

52. B — The keyed response is best because it applies the relevant clinical principle safely and with client-centered care. The remaining choices are less appropriate because they overlook assessment, exceed counselor scope, reduce client choice, or fail to address the stated concern. Strong alcohol and

drug counseling combines evidence, boundaries, collaboration, and timely referral whenever additional expertise or urgent support is needed.

53. C — The keyed response is best because it applies the relevant clinical principle safely and with client-centered care. The remaining choices are less appropriate because they overlook assessment, exceed counselor scope, reduce client choice, or fail to address the stated concern. Strong alcohol and drug counseling combines evidence, boundaries, collaboration, and timely referral whenever additional expertise or urgent support is needed.

54. D — The keyed response is best because it applies the relevant clinical principle safely and with client-centered care. The remaining choices are less appropriate because they overlook assessment, exceed counselor scope, reduce client choice, or fail to address the stated concern. Strong alcohol and drug counseling combines evidence, boundaries, collaboration, and timely referral whenever additional expertise or urgent support is needed.

55. B — The keyed response is best because it applies the relevant clinical principle safely and with client-centered care. The remaining choices are less appropriate because they overlook assessment, exceed counselor scope, reduce client choice, or fail to address the stated concern. Strong alcohol and drug counseling combines evidence, boundaries, collaboration, and timely referral whenever additional expertise or urgent support is needed.

56. C — The keyed response is best because it applies the relevant clinical principle safely and with client-centered care. The remaining choices are less appropriate because they overlook assessment, exceed counselor scope, reduce client choice, or fail to address the stated concern. Strong alcohol and drug counseling combines evidence, boundaries, collaboration, and timely referral whenever additional expertise or urgent support is needed.

57. D — The keyed response is best because it applies the relevant clinical principle safely and with client-centered care. The remaining choices are less appropriate because they overlook assessment, exceed counselor scope, reduce client choice, or fail to address the stated concern. Strong alcohol and drug counseling combines evidence, boundaries, collaboration, and timely referral whenever additional expertise or urgent support is needed.

58. A — The keyed response is best because it applies the relevant clinical principle safely and with client-centered care. The remaining choices are less appropriate because they overlook assessment, exceed counselor scope, reduce client choice, or fail to address the stated concern. Strong alcohol and drug counseling combines evidence, boundaries, collaboration, and timely referral whenever additional expertise or urgent support is needed.

59. B — The keyed response is best because it applies the relevant clinical principle safely and with client-centered care. The remaining choices are less appropriate because they overlook assessment, exceed counselor scope, reduce client choice, or fail to address the stated concern. Strong alcohol and drug counseling combines evidence, boundaries, collaboration, and timely referral whenever additional expertise or urgent support is needed.

60. A — The keyed response is best because it applies the relevant clinical principle safely and with client-centered care. The remaining choices are less appropriate because they overlook assessment, exceed counselor scope, reduce client choice, or fail to address the stated concern. Strong alcohol and drug counseling combines evidence, boundaries, collaboration, and timely referral whenever additional expertise or urgent support is needed.

61. C — The keyed response is best because it applies the relevant clinical principle safely and with client-centered care. The remaining choices are less appropriate because they overlook assessment, exceed counselor scope, reduce client choice, or fail to address the stated concern. Strong alcohol and drug counseling combines evidence, boundaries, collaboration, and timely referral whenever additional expertise or urgent support is needed.

62. D — The keyed response is best because it applies the relevant clinical principle safely and with client-centered care. The remaining choices are less appropriate because they overlook assessment, exceed counselor scope, reduce client choice, or fail to address the stated concern. Strong alcohol and drug counseling combines evidence, boundaries, collaboration, and timely referral whenever additional expertise or urgent support is needed.

63. D — The keyed response is best because it applies the relevant clinical principle safely and with client-centered care. The remaining choices are less appropriate because they overlook assessment, exceed counselor scope, reduce client choice, or fail to address the stated concern. Strong alcohol and drug counseling combines evidence, boundaries, collaboration, and timely referral whenever additional expertise or urgent support is needed.

64. A — The keyed response is best because it applies the relevant clinical principle safely and with client-centered care. The remaining choices are less appropriate because they overlook assessment, exceed counselor scope, reduce client choice, or fail to address the stated concern. Strong alcohol and drug counseling combines evidence, boundaries, collaboration, and timely referral whenever additional expertise or urgent support is needed.

65. C — The keyed response is best because it applies the relevant clinical principle safely and with client-centered care. The remaining choices are less appropriate because they overlook assessment, exceed counselor scope, reduce client choice, or fail to address the stated concern. Strong alcohol and drug counseling combines evidence, boundaries, collaboration, and timely referral whenever additional expertise or urgent support is needed.

66. B — The keyed response is best because it applies the relevant clinical principle safely and with client-centered care. The remaining choices are less appropriate because they overlook assessment, exceed counselor scope, reduce client choice, or fail to address the stated concern. Strong alcohol and drug counseling combines evidence, boundaries, collaboration, and timely referral whenever additional expertise or urgent support is needed.

67. A — The keyed response is best because it applies the relevant clinical principle safely and with client-centered care. The remaining choices are less appropriate because they overlook assessment, exceed counselor scope, reduce client choice, or fail to address the stated concern. Strong alcohol and

drug counseling combines evidence, boundaries, collaboration, and timely referral whenever additional expertise or urgent support is needed.

68. C — The keyed response is best because it applies the relevant clinical principle safely and with client-centered care. The remaining choices are less appropriate because they overlook assessment, exceed counselor scope, reduce client choice, or fail to address the stated concern. Strong alcohol and drug counseling combines evidence, boundaries, collaboration, and timely referral whenever additional expertise or urgent support is needed.

69. D — The keyed response is best because it applies the relevant clinical principle safely and with client-centered care. The remaining choices are less appropriate because they overlook assessment, exceed counselor scope, reduce client choice, or fail to address the stated concern. Strong alcohol and drug counseling combines evidence, boundaries, collaboration, and timely referral whenever additional expertise or urgent support is needed.

70. B — The keyed response is best because it applies the relevant clinical principle safely and with client-centered care. The remaining choices are less appropriate because they overlook assessment, exceed counselor scope, reduce client choice, or fail to address the stated concern. Strong alcohol and drug counseling combines evidence, boundaries, collaboration, and timely referral whenever additional expertise or urgent support is needed.

71. A — The keyed response is best because it applies the relevant clinical principle safely and with client-centered care. The remaining choices are less appropriate because they overlook assessment, exceed counselor scope, reduce client choice, or fail to address the stated concern. Strong alcohol and drug counseling combines evidence, boundaries, collaboration, and timely referral whenever additional expertise or urgent support is needed.

72. C — The keyed response is best because it applies the relevant clinical principle safely and with client-centered care. The remaining choices are less appropriate because they overlook assessment, exceed counselor scope, reduce client choice, or fail to address the stated concern. Strong alcohol and drug counseling combines evidence, boundaries, collaboration, and timely referral whenever additional expertise or urgent support is needed.

73. B — The keyed response is best because it applies the relevant clinical principle safely and with client-centered care. The remaining choices are less appropriate because they overlook assessment, exceed counselor scope, reduce client choice, or fail to address the stated concern. Strong alcohol and drug counseling combines evidence, boundaries, collaboration, and timely referral whenever additional expertise or urgent support is needed.

74. D — The keyed response is best because it applies the relevant clinical principle safely and with client-centered care. The remaining choices are less appropriate because they overlook assessment, exceed counselor scope, reduce client choice, or fail to address the stated concern. Strong alcohol and drug counseling combines evidence, boundaries, collaboration, and timely referral whenever additional expertise or urgent support is needed.

75. D — The keyed response is best because it applies the relevant clinical principle safely and with client-centered care. The remaining choices are less appropriate because they overlook assessment, exceed counselor scope, reduce client choice, or fail to address the stated concern. Strong alcohol and drug counseling combines evidence, boundaries, collaboration, and timely referral whenever additional expertise or urgent support is needed.

76. A — The keyed response is best because it applies the relevant clinical principle safely and with client-centered care. The remaining choices are less appropriate because they overlook assessment, exceed counselor scope, reduce client choice, or fail to address the stated concern. Strong alcohol and drug counseling combines evidence, boundaries, collaboration, and timely referral whenever additional expertise or urgent support is needed.

77. B — The keyed response is best because it applies the relevant clinical principle safely and with client-centered care. The remaining choices are less appropriate because they overlook assessment, exceed counselor scope, reduce client choice, or fail to address the stated concern. Strong alcohol and drug counseling combines evidence, boundaries, collaboration, and timely referral whenever additional expertise or urgent support is needed.

78. C — The keyed response is best because it applies the relevant clinical principle safely and with client-centered care. The remaining choices are less appropriate because they overlook assessment, exceed counselor scope, reduce client choice, or fail to address the stated concern. Strong alcohol and drug counseling combines evidence, boundaries, collaboration, and timely referral whenever additional expertise or urgent support is needed.

79. C — The keyed response is best because it applies the relevant clinical principle safely and with client-centered care. The remaining choices are less appropriate because they overlook assessment, exceed counselor scope, reduce client choice, or fail to address the stated concern. Strong alcohol and drug counseling combines evidence, boundaries, collaboration, and timely referral whenever additional expertise or urgent support is needed.

80. D — The keyed response is best because it applies the relevant clinical principle safely and with client-centered care. The remaining choices are less appropriate because they overlook assessment, exceed counselor scope, reduce client choice, or fail to address the stated concern. Strong alcohol and drug counseling combines evidence, boundaries, collaboration, and timely referral whenever additional expertise or urgent support is needed.

81. A — The keyed response is best because it applies the relevant clinical principle safely and with client-centered care. The remaining choices are less appropriate because they overlook assessment, exceed counselor scope, reduce client choice, or fail to address the stated concern. Strong alcohol and drug counseling combines evidence, boundaries, collaboration, and timely referral whenever additional expertise or urgent support is needed.

82. B — The keyed response is best because it applies the relevant clinical principle safely and with client-centered care. The remaining choices are less appropriate because they overlook assessment, exceed counselor scope, reduce client choice, or fail to address the stated concern. Strong alcohol and

drug counseling combines evidence, boundaries, collaboration, and timely referral whenever additional expertise or urgent support is needed.

83. A — The keyed response is best because it applies the relevant clinical principle safely and with client-centered care. The remaining choices are less appropriate because they overlook assessment, exceed counselor scope, reduce client choice, or fail to address the stated concern. Strong alcohol and drug counseling combines evidence, boundaries, collaboration, and timely referral whenever additional expertise or urgent support is needed.

84. B — The keyed response is best because it applies the relevant clinical principle safely and with client-centered care. The remaining choices are less appropriate because they overlook assessment, exceed counselor scope, reduce client choice, or fail to address the stated concern. Strong alcohol and drug counseling combines evidence, boundaries, collaboration, and timely referral whenever additional expertise or urgent support is needed.

85. D — The keyed response is best because it applies the relevant clinical principle safely and with client-centered care. The remaining choices are less appropriate because they overlook assessment, exceed counselor scope, reduce client choice, or fail to address the stated concern. Strong alcohol and drug counseling combines evidence, boundaries, collaboration, and timely referral whenever additional expertise or urgent support is needed.

86. C — The keyed response is best because it applies the relevant clinical principle safely and with client-centered care. The remaining choices are less appropriate because they overlook assessment, exceed counselor scope, reduce client choice, or fail to address the stated concern. Strong alcohol and drug counseling combines evidence, boundaries, collaboration, and timely referral whenever additional expertise or urgent support is needed.

87. D — The keyed response is best because it applies the relevant clinical principle safely and with client-centered care. The remaining choices are less appropriate because they overlook assessment, exceed counselor scope, reduce client choice, or fail to address the stated concern. Strong alcohol and drug counseling combines evidence, boundaries, collaboration, and timely referral whenever additional expertise or urgent support is needed.

88. C — The keyed response is best because it applies the relevant clinical principle safely and with client-centered care. The remaining choices are less appropriate because they overlook assessment, exceed counselor scope, reduce client choice, or fail to address the stated concern. Strong alcohol and drug counseling combines evidence, boundaries, collaboration, and timely referral whenever additional expertise or urgent support is needed.

89. B — The keyed response is best because it applies the relevant clinical principle safely and with client-centered care. The remaining choices are less appropriate because they overlook assessment, exceed counselor scope, reduce client choice, or fail to address the stated concern. Strong alcohol and drug counseling combines evidence, boundaries, collaboration, and timely referral whenever additional expertise or urgent support is needed.

90. A — The keyed response is best because it applies the relevant clinical principle safely and with client-centered care. The remaining choices are less appropriate because they overlook assessment, exceed counselor scope, reduce client choice, or fail to address the stated concern. Strong alcohol and drug counseling combines evidence, boundaries, collaboration, and timely referral whenever additional expertise or urgent support is needed.

91. B — The keyed response is best because it applies the relevant clinical principle safely and with client-centered care. The remaining choices are less appropriate because they overlook assessment, exceed counselor scope, reduce client choice, or fail to address the stated concern. Strong alcohol and drug counseling combines evidence, boundaries, collaboration, and timely referral whenever additional expertise or urgent support is needed.

92. D — The keyed response is best because it applies the relevant clinical principle safely and with client-centered care. The remaining choices are less appropriate because they overlook assessment, exceed counselor scope, reduce client choice, or fail to address the stated concern. Strong alcohol and drug counseling combines evidence, boundaries, collaboration, and timely referral whenever additional expertise or urgent support is needed.

93. A — The keyed response is best because it applies the relevant clinical principle safely and with client-centered care. The remaining choices are less appropriate because they overlook assessment, exceed counselor scope, reduce client choice, or fail to address the stated concern. Strong alcohol and drug counseling combines evidence, boundaries, collaboration, and timely referral whenever additional expertise or urgent support is needed.

94. C — The keyed response is best because it applies the relevant clinical principle safely and with client-centered care. The remaining choices are less appropriate because they overlook assessment, exceed counselor scope, reduce client choice, or fail to address the stated concern. Strong alcohol and drug counseling combines evidence, boundaries, collaboration, and timely referral whenever additional expertise or urgent support is needed.

95. D — The keyed response is best because it applies the relevant clinical principle safely and with client-centered care. The remaining choices are less appropriate because they overlook assessment, exceed counselor scope, reduce client choice, or fail to address the stated concern. Strong alcohol and drug counseling combines evidence, boundaries, collaboration, and timely referral whenever additional expertise or urgent support is needed.

96. A — The keyed response is best because it applies the relevant clinical principle safely and with client-centered care. The remaining choices are less appropriate because they overlook assessment, exceed counselor scope, reduce client choice, or fail to address the stated concern. Strong alcohol and drug counseling combines evidence, boundaries, collaboration, and timely referral whenever additional expertise or urgent support is needed.

97. B — The keyed response is best because it applies the relevant clinical principle safely and with client-centered care. The remaining choices are less appropriate because they overlook assessment, exceed counselor scope, reduce client choice, or fail to address the stated concern. Strong alcohol and

drug counseling combines evidence, boundaries, collaboration, and timely referral whenever additional expertise or urgent support is needed.

98. C — The keyed response is best because it applies the relevant clinical principle safely and with client-centered care. The remaining choices are less appropriate because they overlook assessment, exceed counselor scope, reduce client choice, or fail to address the stated concern. Strong alcohol and drug counseling combines evidence, boundaries, collaboration, and timely referral whenever additional expertise or urgent support is needed.

99. A — The keyed response is best because it applies the relevant clinical principle safely and with client-centered care. The remaining choices are less appropriate because they overlook assessment, exceed counselor scope, reduce client choice, or fail to address the stated concern. Strong alcohol and drug counseling combines evidence, boundaries, collaboration, and timely referral whenever additional expertise or urgent support is needed.

100. C — The keyed response is best because it applies the relevant clinical principle safely and with client-centered care. The remaining choices are less appropriate because they overlook assessment, exceed counselor scope, reduce client choice, or fail to address the stated concern. Strong alcohol and drug counseling combines evidence, boundaries, collaboration, and timely referral whenever additional expertise or urgent support is needed.

101. B — The keyed response is best because it applies the relevant clinical principle safely and with client-centered care. The remaining choices are less appropriate because they overlook assessment, exceed counselor scope, reduce client choice, or fail to address the stated concern. Strong alcohol and drug counseling combines evidence, boundaries, collaboration, and timely referral whenever additional expertise or urgent support is needed.

102. D — The keyed response is best because it applies the relevant clinical principle safely and with client-centered care. The remaining choices are less appropriate because they overlook assessment, exceed counselor scope, reduce client choice, or fail to address the stated concern. Strong alcohol and drug counseling combines evidence, boundaries, collaboration, and timely referral whenever additional expertise or urgent support is needed.

103. B — The keyed response is best because it applies the relevant clinical principle safely and with client-centered care. The remaining choices are less appropriate because they overlook assessment, exceed counselor scope, reduce client choice, or fail to address the stated concern. Strong alcohol and drug counseling combines evidence, boundaries, collaboration, and timely referral whenever additional expertise or urgent support is needed.

104. C — The keyed response is best because it applies the relevant clinical principle safely and with client-centered care. The remaining choices are less appropriate because they overlook assessment, exceed counselor scope, reduce client choice, or fail to address the stated concern. Strong alcohol and drug counseling combines evidence, boundaries, collaboration, and timely referral whenever additional expertise or urgent support is needed.

105. D — The keyed response is best because it applies the relevant clinical principle safely and with client-centered care. The remaining choices are less appropriate because they overlook assessment, exceed counselor scope, reduce client choice, or fail to address the stated concern. Strong alcohol and drug counseling combines evidence, boundaries, collaboration, and timely referral whenever additional expertise or urgent support is needed.

106. A — The keyed response is best because it applies the relevant clinical principle safely and with client-centered care. The remaining choices are less appropriate because they overlook assessment, exceed counselor scope, reduce client choice, or fail to address the stated concern. Strong alcohol and drug counseling combines evidence, boundaries, collaboration, and timely referral whenever additional expertise or urgent support is needed.

107. D — The keyed response is best because it applies the relevant clinical principle safely and with client-centered care. The remaining choices are less appropriate because they overlook assessment, exceed counselor scope, reduce client choice, or fail to address the stated concern. Strong alcohol and drug counseling combines evidence, boundaries, collaboration, and timely referral whenever additional expertise or urgent support is needed.

108. B — The keyed response is best because it applies the relevant clinical principle safely and with client-centered care. The remaining choices are less appropriate because they overlook assessment, exceed counselor scope, reduce client choice, or fail to address the stated concern. Strong alcohol and drug counseling combines evidence, boundaries, collaboration, and timely referral whenever additional expertise or urgent support is needed.

109. A — The keyed response is best because it applies the relevant clinical principle safely and with client-centered care. The remaining choices are less appropriate because they overlook assessment, exceed counselor scope, reduce client choice, or fail to address the stated concern. Strong alcohol and drug counseling combines evidence, boundaries, collaboration, and timely referral whenever additional expertise or urgent support is needed.

110. C — The keyed response is best because it applies the relevant clinical principle safely and with client-centered care. The remaining choices are less appropriate because they overlook assessment, exceed counselor scope, reduce client choice, or fail to address the stated concern. Strong alcohol and drug counseling combines evidence, boundaries, collaboration, and timely referral whenever additional expertise or urgent support is needed.

111. D — The keyed response is best because it applies the relevant clinical principle safely and with client-centered care. The remaining choices are less appropriate because they overlook assessment, exceed counselor scope, reduce client choice, or fail to address the stated concern. Strong alcohol and drug counseling combines evidence, boundaries, collaboration, and timely referral whenever additional expertise or urgent support is needed.

112. B — The keyed response is best because it applies the relevant clinical principle safely and with client-centered care. The remaining choices are less appropriate because they overlook assessment, exceed counselor scope, reduce client choice, or fail to address the stated concern. Strong alcohol and

drug counseling combines evidence, boundaries, collaboration, and timely referral whenever additional expertise or urgent support is needed.

113. C — The keyed response is best because it applies the relevant clinical principle safely and with client-centered care. The remaining choices are less appropriate because they overlook assessment, exceed counselor scope, reduce client choice, or fail to address the stated concern. Strong alcohol and drug counseling combines evidence, boundaries, collaboration, and timely referral whenever additional expertise or urgent support is needed.

114. A — The keyed response is best because it applies the relevant clinical principle safely and with client-centered care. The remaining choices are less appropriate because they overlook assessment, exceed counselor scope, reduce client choice, or fail to address the stated concern. Strong alcohol and drug counseling combines evidence, boundaries, collaboration, and timely referral whenever additional expertise or urgent support is needed.

115. B — The keyed response is best because it applies the relevant clinical principle safely and with client-centered care. The remaining choices are less appropriate because they overlook assessment, exceed counselor scope, reduce client choice, or fail to address the stated concern. Strong alcohol and drug counseling combines evidence, boundaries, collaboration, and timely referral whenever additional expertise or urgent support is needed.

116. A — The keyed response is best because it applies the relevant clinical principle safely and with client-centered care. The remaining choices are less appropriate because they overlook assessment, exceed counselor scope, reduce client choice, or fail to address the stated concern. Strong alcohol and drug counseling combines evidence, boundaries, collaboration, and timely referral whenever additional expertise or urgent support is needed.

117. C — The keyed response is best because it applies the relevant clinical principle safely and with client-centered care. The remaining choices are less appropriate because they overlook assessment, exceed counselor scope, reduce client choice, or fail to address the stated concern. Strong alcohol and drug counseling combines evidence, boundaries, collaboration, and timely referral whenever additional expertise or urgent support is needed.

118. D — The keyed response is best because it applies the relevant clinical principle safely and with client-centered care. The remaining choices are less appropriate because they overlook assessment, exceed counselor scope, reduce client choice, or fail to address the stated concern. Strong alcohol and drug counseling combines evidence, boundaries, collaboration, and timely referral whenever additional expertise or urgent support is needed.

119. A — The keyed response is best because it applies the relevant clinical principle safely and with client-centered care. The remaining choices are less appropriate because they overlook assessment, exceed counselor scope, reduce client choice, or fail to address the stated concern. Strong alcohol and drug counseling combines evidence, boundaries, collaboration, and timely referral whenever additional expertise or urgent support is needed.

120. C — The keyed response is best because it applies the relevant clinical principle safely and with client-centered care. The remaining choices are less appropriate because they overlook assessment, exceed counselor scope, reduce client choice, or fail to address the stated concern. Strong alcohol and drug counseling combines evidence, boundaries, collaboration, and timely referral whenever additional expertise or urgent support is needed.

121. D — The keyed response is best because it applies the relevant clinical principle safely and with client-centered care. The remaining choices are less appropriate because they overlook assessment, exceed counselor scope, reduce client choice, or fail to address the stated concern. Strong alcohol and drug counseling combines evidence, boundaries, collaboration, and timely referral whenever additional expertise or urgent support is needed.

122. B — The keyed response is best because it applies the relevant clinical principle safely and with client-centered care. The remaining choices are less appropriate because they overlook assessment, exceed counselor scope, reduce client choice, or fail to address the stated concern. Strong alcohol and drug counseling combines evidence, boundaries, collaboration, and timely referral whenever additional expertise or urgent support is needed.

123. A — The keyed response is best because it applies the relevant clinical principle safely and with client-centered care. The remaining choices are less appropriate because they overlook assessment, exceed counselor scope, reduce client choice, or fail to address the stated concern. Strong alcohol and drug counseling combines evidence, boundaries, collaboration, and timely referral whenever additional expertise or urgent support is needed.

124. B — The keyed response is best because it applies the relevant clinical principle safely and with client-centered care. The remaining choices are less appropriate because they overlook assessment, exceed counselor scope, reduce client choice, or fail to address the stated concern. Strong alcohol and drug counseling combines evidence, boundaries, collaboration, and timely referral whenever additional expertise or urgent support is needed.

125. C — The keyed response is best because it applies the relevant clinical principle safely and with client-centered care. The remaining choices are less appropriate because they overlook assessment, exceed counselor scope, reduce client choice, or fail to address the stated concern. Strong alcohol and drug counseling combines evidence, boundaries, collaboration, and timely referral whenever additional expertise or urgent support is needed.

126. D — The keyed response is best because it applies the relevant clinical principle safely and with client-centered care. The remaining choices are less appropriate because they overlook assessment, exceed counselor scope, reduce client choice, or fail to address the stated concern. Strong alcohol and drug counseling combines evidence, boundaries, collaboration, and timely referral whenever additional expertise or urgent support is needed.

127. A — The keyed response is best because it applies the relevant clinical principle safely and with client-centered care. The remaining choices are less appropriate because they overlook assessment, exceed counselor scope, reduce client choice, or fail to address the stated concern. Strong alcohol and

drug counseling combines evidence, boundaries, collaboration, and timely referral whenever additional expertise or urgent support is needed.

128. C — The keyed response is best because it applies the relevant clinical principle safely and with client-centered care. The remaining choices are less appropriate because they overlook assessment, exceed counselor scope, reduce client choice, or fail to address the stated concern. Strong alcohol and drug counseling combines evidence, boundaries, collaboration, and timely referral whenever additional expertise or urgent support is needed.

129. B — The keyed response is best because it applies the relevant clinical principle safely and with client-centered care. The remaining choices are less appropriate because they overlook assessment, exceed counselor scope, reduce client choice, or fail to address the stated concern. Strong alcohol and drug counseling combines evidence, boundaries, collaboration, and timely referral whenever additional expertise or urgent support is needed.

130. D — The keyed response is best because it applies the relevant clinical principle safely and with client-centered care. The remaining choices are less appropriate because they overlook assessment, exceed counselor scope, reduce client choice, or fail to address the stated concern. Strong alcohol and drug counseling combines evidence, boundaries, collaboration, and timely referral whenever additional expertise or urgent support is needed.

131. B — The keyed response is best because it applies the relevant clinical principle safely and with client-centered care. The remaining choices are less appropriate because they overlook assessment, exceed counselor scope, reduce client choice, or fail to address the stated concern. Strong alcohol and drug counseling combines evidence, boundaries, collaboration, and timely referral whenever additional expertise or urgent support is needed.

132. D — The keyed response is best because it applies the relevant clinical principle safely and with client-centered care. The remaining choices are less appropriate because they overlook assessment, exceed counselor scope, reduce client choice, or fail to address the stated concern. Strong alcohol and drug counseling combines evidence, boundaries, collaboration, and timely referral whenever additional expertise or urgent support is needed.

133. A — The keyed response is best because it applies the relevant clinical principle safely and with client-centered care. The remaining choices are less appropriate because they overlook assessment, exceed counselor scope, reduce client choice, or fail to address the stated concern. Strong alcohol and drug counseling combines evidence, boundaries, collaboration, and timely referral whenever additional expertise or urgent support is needed.

134. C — The keyed response is best because it applies the relevant clinical principle safely and with client-centered care. The remaining choices are less appropriate because they overlook assessment, exceed counselor scope, reduce client choice, or fail to address the stated concern. Strong alcohol and drug counseling combines evidence, boundaries, collaboration, and timely referral whenever additional expertise or urgent support is needed.

135. C — The keyed response is best because it applies the relevant clinical principle safely and with client-centered care. The remaining choices are less appropriate because they overlook assessment, exceed counselor scope, reduce client choice, or fail to address the stated concern. Strong alcohol and drug counseling combines evidence, boundaries, collaboration, and timely referral whenever additional expertise or urgent support is needed.

136. A — The keyed response is best because it applies the relevant clinical principle safely and with client-centered care. The remaining choices are less appropriate because they overlook assessment, exceed counselor scope, reduce client choice, or fail to address the stated concern. Strong alcohol and drug counseling combines evidence, boundaries, collaboration, and timely referral whenever additional expertise or urgent support is needed.

137. B — The keyed response is best because it applies the relevant clinical principle safely and with client-centered care. The remaining choices are less appropriate because they overlook assessment, exceed counselor scope, reduce client choice, or fail to address the stated concern. Strong alcohol and drug counseling combines evidence, boundaries, collaboration, and timely referral whenever additional expertise or urgent support is needed.

138. D — The keyed response is best because it applies the relevant clinical principle safely and with client-centered care. The remaining choices are less appropriate because they overlook assessment, exceed counselor scope, reduce client choice, or fail to address the stated concern. Strong alcohol and drug counseling combines evidence, boundaries, collaboration, and timely referral whenever additional expertise or urgent support is needed.

139. C — The keyed response is best because it applies the relevant clinical principle safely and with client-centered care. The remaining choices are less appropriate because they overlook assessment, exceed counselor scope, reduce client choice, or fail to address the stated concern. Strong alcohol and drug counseling combines evidence, boundaries, collaboration, and timely referral whenever additional expertise or urgent support is needed.

140. D — The keyed response is best because it applies the relevant clinical principle safely and with client-centered care. The remaining choices are less appropriate because they overlook assessment, exceed counselor scope, reduce client choice, or fail to address the stated concern. Strong alcohol and drug counseling combines evidence, boundaries, collaboration, and timely referral whenever additional expertise or urgent support is needed.

141. A — The keyed response is best because it applies the relevant clinical principle safely and with client-centered care. The remaining choices are less appropriate because they overlook assessment, exceed counselor scope, reduce client choice, or fail to address the stated concern. Strong alcohol and drug counseling combines evidence, boundaries, collaboration, and timely referral whenever additional expertise or urgent support is needed.

142. B — The keyed response is best because it applies the relevant clinical principle safely and with client-centered care. The remaining choices are less appropriate because they overlook assessment, exceed counselor scope, reduce client choice, or fail to address the stated concern. Strong alcohol and

drug counseling combines evidence, boundaries, collaboration, and timely referral whenever additional expertise or urgent support is needed.

143. A — The keyed response is best because it applies the relevant clinical principle safely and with client-centered care. The remaining choices are less appropriate because they overlook assessment, exceed counselor scope, reduce client choice, or fail to address the stated concern. Strong alcohol and drug counseling combines evidence, boundaries, collaboration, and timely referral whenever additional expertise or urgent support is needed.

144. D — The keyed response is best because it applies the relevant clinical principle safely and with client-centered care. The remaining choices are less appropriate because they overlook assessment, exceed counselor scope, reduce client choice, or fail to address the stated concern. Strong alcohol and drug counseling combines evidence, boundaries, collaboration, and timely referral whenever additional expertise or urgent support is needed.

145. B — The keyed response is best because it applies the relevant clinical principle safely and with client-centered care. The remaining choices are less appropriate because they overlook assessment, exceed counselor scope, reduce client choice, or fail to address the stated concern. Strong alcohol and drug counseling combines evidence, boundaries, collaboration, and timely referral whenever additional expertise or urgent support is needed.

146. C — The keyed response is best because it applies the relevant clinical principle safely and with client-centered care. The remaining choices are less appropriate because they overlook assessment, exceed counselor scope, reduce client choice, or fail to address the stated concern. Strong alcohol and drug counseling combines evidence, boundaries, collaboration, and timely referral whenever additional expertise or urgent support is needed.

147. A — The keyed response is best because it applies the relevant clinical principle safely and with client-centered care. The remaining choices are less appropriate because they overlook assessment, exceed counselor scope, reduce client choice, or fail to address the stated concern. Strong alcohol and drug counseling combines evidence, boundaries, collaboration, and timely referral whenever additional expertise or urgent support is needed.

148. D — The keyed response is best because it applies the relevant clinical principle safely and with client-centered care. The remaining choices are less appropriate because they overlook assessment, exceed counselor scope, reduce client choice, or fail to address the stated concern. Strong alcohol and drug counseling combines evidence, boundaries, collaboration, and timely referral whenever additional expertise or urgent support is needed.

149. C — The keyed response is best because it applies the relevant clinical principle safely and with client-centered care. The remaining choices are less appropriate because they overlook assessment, exceed counselor scope, reduce client choice, or fail to address the stated concern. Strong alcohol and drug counseling combines evidence, boundaries, collaboration, and timely referral whenever additional expertise or urgent support is needed.

150. B — The keyed response is best because it applies the relevant clinical principle safely and with client-centered care. The remaining choices are less appropriate because they overlook assessment, exceed counselor scope, reduce client choice, or fail to address the stated concern. Strong alcohol and drug counseling combines evidence, boundaries, collaboration, and timely referral whenever additional expertise or urgent support is needed.