PRACTICE EXAM 13: 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. During a routine counseling case review, a client needs increasing amounts of a substance to obtain the same effect. This most directly describes

A. tolerance
B. remission
C. intoxication
D. withdrawal

2. In a client-centered treatment setting, the substance-use process most closely associated with reinforcement and craving involves the brain's

A. motor reflexes
B. language centers
C. reward pathways
D. visual pathways

3. While planning safe and ethical care, which presentation is most consistent with opioid overdose?

A. Rapid breathing with tremor
B. Slow breathing with markedly reduced responsiveness
C. High fever with pressured speech

D. Dilated pupils with agitation

4. For a counselor considering the next best response, a client who stops heavy alcohol use and develops tremor, sweating, and anxiety is most likely experiencing

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

5. During a routine counseling case review, cross-tolerance is most likely between alcohol and

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

6. In a client-centered treatment setting, which substance category is most associated with increased alertness, insomnia, and sympathetic activation?

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

7. While planning safe and ethical care, pinpoint pupils and slowed respiration are classic findings of

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

8. For a counselor considering the next best response, 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. During a routine counseling case review, a major risk factor for substance use disorder is

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

10. In a client-centered treatment setting, repeated exposure to traumatic events can increase risk for substance use because substances may be used to

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

11. While planning safe and ethical care, which finding warrants prompt medical evaluation during alcohol withdrawal?

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

12. For a counselor considering the next best response, the term craving refers to

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

13. During a routine counseling case review, a progressive substance-use disorder is best understood as

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

14. In a client-centered treatment setting, which effect is most characteristic of central nervous system depressants?

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

15. While planning safe and ethical care, combining alcohol with other sedating substances is especially dangerous because it may

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

16. For a counselor considering the next best response, a clinician should consider co-occurring conditions when a client presents with

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

17. During a routine counseling case review, which condition can complicate substance-use treatment by affecting concentration and sleep?

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

18. In a client-centered treatment setting, a client has jaundice, abdominal swelling, and a history of prolonged heavy drinking. The counselor should recognize possible

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

19. While planning safe and ethical care, the safest counselor response to suspected overdose is to

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

20. For a counselor considering the next best response, which statement best reflects the disease model of addiction?

A. Substance use disorder involves changes in health and functioning, not simply willpower
B. People choose every symptom
C. Relapse proves treatment failed
D. Shame is the main intervention

21. During a routine counseling case review, a substance that produces hallucinations and altered perception is classified as a

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

22. In a client-centered treatment setting, which factor is most protective against escalating substance-related harm?

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

23. While planning safe and ethical care, withdrawal symptoms generally occur when

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

24. For a counselor considering the next best response, which sign is commonly associated with stimulant intoxication?

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

25. During a routine counseling case review, a counselor uses person-first language primarily to

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

26. In a client-centered treatment setting, the relationship between substance use and mental health is best described as

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

27. While planning safe and ethical care, a client who continues use despite serious consequences may be showing

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

28. For a counselor considering the next best response, which approach is appropriate when medical symptoms may be substance related?

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

29. During a routine counseling case review, increased dose requirements after repeated use reflect

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

30. In a client-centered treatment setting, a client reports blackouts after drinking. The counselor should recognize that blackouts involve

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

31. While planning safe and ethical care, which factor can increase overdose risk after abstinence?

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

32. For a counselor considering the next best response, co-occurring disorder screening is important because

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

33. During a routine counseling case review, which is a psychosocial effect of substance use?

A. Strained relationships and role impairment
B. Guaranteed resilience
C. Improved family communication
D. Automatic employment stability

34. In a client-centered treatment setting, the counselor should avoid assuming a client's substance use is caused by

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

35. While planning safe and ethical care, a return to use should be viewed first as

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

36. For a counselor considering the next best response, which symptom may indicate sedative intoxication?

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

37. During a routine counseling case review, a client with severe depression and substance use needs

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

38. In a client-centered treatment setting, the term remission generally refers to

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

39. While planning safe and ethical care, the primary purpose of screening is to

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

40. For a counselor considering the next best response, 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. During a routine counseling case review, an open-ended question is most useful because it

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

42. In a client-centered treatment setting, 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. While planning safe and ethical care, collateral information should be obtained

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

44. For a counselor considering the next best response, when self-report conflicts with other information, the counselor should

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

45. During a routine counseling case review, drug-test results are best used as

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

46. In a client-centered treatment setting, a counselor selects a validated screening instrument primarily to

A. guarantee a diagnosis
B. avoid talking with the client
C. improve systematic identification of potential concerns
D. replace treatment planning

47. While planning safe and ethical care, the first priority when a client reports suicidal intent is to

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

48. For a counselor considering the next best response, assessment of level of care should consider

A. severity, functioning, safety, and support needs
B. only insurance preference

C. only a single test score
D. only the counselor's schedule

49. During a routine counseling case review, a culturally responsive assessment requires the counselor to

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

50. In a client-centered treatment setting, the most appropriate response to a vague answer is to

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

51. While planning safe and ethical care, 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. For a counselor considering the next best response, diagnostic criteria should be applied by

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

53. During a routine counseling case review, the assessment interview should begin by

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

54. In a client-centered treatment setting, when evaluating readiness for change, the counselor should focus on

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

55. While planning safe and ethical care, a client denies problems despite recent consequences. The best initial approach is

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

56. For a counselor considering the next best response, a strengths-based assessment includes

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

57. During a routine counseling case review, when immediate medical risk is suspected, the counselor should

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

58. In a client-centered treatment setting, the purpose of informed consent in assessment is to

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

59. While planning safe and ethical care, a useful follow-up to a positive alcohol screen is to

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

60. For a counselor considering the next best response, assessment should be updated when

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

61. During a routine counseling case review, the counselor should document assessment findings in a way that is

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

62. In a client-centered treatment setting, 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. While planning safe and ethical care, a level-of-care decision is strongest when it is based on

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

64. For a counselor considering the next best response, when using an interpreter, the counselor should

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

65. During a routine counseling case review, the purpose of a mental-status observation is to

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

66. In a client-centered treatment setting, if a client appears intoxicated for an assessment, the counselor should first

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

67. While planning safe and ethical care, a trauma-informed assessment emphasizes

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

68. For a counselor considering the next best response, the best use of a referral source during assessment is to

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

69. During a routine counseling case review, a counselor builds rapport most effectively by

A. making assumptions

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

70. In a client-centered treatment setting, reflective listening is used to

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

71. While planning safe and ethical care, a treatment-plan goal should be

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

72. For a counselor considering the next best response, a measurable objective describes

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

73. During a routine counseling case review, in crisis de-escalation, the counselor should first

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

74. In a client-centered treatment setting, a referral is most appropriate when

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

75. While planning safe and ethical care, effective case management includes

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

76. For a counselor considering the next best response, a relapse-prevention plan should identify

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

77. During a routine counseling case review, when a client expresses ambivalence, the counselor should

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

78. In a client-centered treatment setting, a group facilitator promotes cohesion by

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

79. While planning safe and ethical care, when a client becomes tearful in session, the best initial response is to

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

80. For a counselor considering the next best response, 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. During a routine counseling case review, 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. In a client-centered treatment setting, a recovery-oriented referral should be based on

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

83. While planning safe and ethical care, when a client has limited transportation, the counselor should

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

84. For a counselor considering the next best response, a counselor addressing resistance should avoid

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

85. During a routine counseling case review, the best response to a missed appointment is to

A. assume lack of motivation
B. publicly discuss absence
C. reach out according to policy with supportive, nonjudgmental language
D. automatically terminate services

86. In a client-centered treatment setting, a client requests medication information beyond counselor scope. The counselor should

A. discourage all medication
B. facilitate consultation with a qualified prescriber

C. recommend a dosage
D. provide a medical clearance

87. While planning safe and ethical care, in family involvement, the counselor should

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

88. For a counselor considering the next best response, a trauma-informed counseling stance includes

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

89. During a routine counseling case review, a client in recovery asks about peer support. The best response is to

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

90. In a client-centered treatment setting, a counselor should use feedback most effectively when it is

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

91. While planning safe and ethical care, 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. For a counselor considering the next best response, a group member dominates discussion. The facilitator should

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

93. During a routine counseling case review, a counselor uses summarizing to

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

94. In a client-centered treatment setting, when treatment progress stalls, the counselor should

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

95. While planning safe and ethical care, 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. For a counselor considering the next best response, a counselor should respond to a client's cultural concern by

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

97. During a routine counseling case review, the purpose of a warm handoff is to

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

98. In a client-centered treatment setting, a client discloses escalating urges to use. The counselor should

A. wait until the next month
B. review the safety and relapse-prevention plan promptly
C. tell the client urges are unimportant
D. treat it as a disciplinary issue

99. While planning safe and ethical care, a helpful coping-skills intervention is to

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

100. For a counselor considering the next best response, 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. withhold options
D. provide an appropriate referral and coordinate with consent

101. During a routine counseling case review, the counselor should terminate counseling when

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

102. In a client-centered treatment setting, a client reports vicarious-trauma-like stress in a helping role. A helpful response is to

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

103. While planning safe and ethical care, in a group, confidentiality should be explained as

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

104. For a counselor considering the next best response, a counselor responding to anger should

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

105. During a routine counseling case review, the best first step after identifying a client strength is to

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

106. In a client-centered treatment setting, a client with limited literacy needs materials. The counselor should

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

107. While planning safe and ethical care, a counselor should coordinate with a multidisciplinary team by

A. excluding the client from care

B. giving orders outside scope
C. sharing relevant information within consent and role boundaries
D. sharing all details freely

108. For a counselor considering the next best response, a client asks for a different counselor. The appropriate response is to

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

109. During a routine counseling case review, a plan for recovery support after discharge should include

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

110. In a client-centered treatment setting, when a client is in acute distress, counseling interventions should be

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

111. While planning safe and ethical care, the counselor should document a referral by recording

A. unverified assumptions
B. personal opinions

C. only the referral name
D. the need, options discussed, client response, and follow-up plan

112. For a counselor considering the next best response, 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 must decide now."
D. "You have no reason to be scared."

113. During a routine counseling case review, an effective intervention for a high-risk situation is to

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

114. In a client-centered treatment setting, a dual relationship is concerning when it

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

115. While planning safe and ethical care, appropriate counselor self-disclosure should be

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

116. For a counselor considering the next best response, when a client need exceeds scope of practice, the counselor should

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

117. During a routine counseling case review, good clinical documentation is

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

118. In a client-centered treatment setting, the main purpose of confidentiality is to

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

119. While planning safe and ethical care, before sharing information with another provider, the counselor should generally

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

120. For a counselor considering the next best response, informed consent should include

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

121. During a routine counseling case review, a conflict of interest should be addressed by

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

122. In a client-centered treatment setting, supervision is especially important when a counselor

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

123. While planning safe and ethical care, a client grievance should be handled by

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

124. For a counselor considering the next best response, client rights include the right to

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

125. During a routine counseling case review, cultural humility requires a counselor to

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

126. In a client-centered treatment setting, when a counselor notices strong emotional reactions to a client, the best action is to

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

127. While planning safe and ethical care, records should be maintained according to

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

128. For a counselor considering the next best response, the minimum-necessary principle supports

A. limiting disclosures to information needed for the purpose
B. avoiding consent

C. withholding all information
D. sharing everything available

129. During a routine counseling case review, a counselor who receives a subpoena should

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

130. In a client-centered treatment setting, professional boundaries are maintained by

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

131. While planning safe and ethical care, a counselor should use social media with clients by

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

132. For a counselor considering the next best response, 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. During a routine counseling case review, ethical decision making is strengthened by

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

134. In a client-centered treatment setting, a counselor should advocate for equity by

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

135. While planning safe and ethical care, when a client appears unable to understand consent, the counselor should

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

136. For a counselor considering the next best response, a referral relationship is ethically sound when the counselor

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

137. During a routine counseling case review, consultation differs from supervision because consultation generally

A. eliminates responsibility
B. replaces all documentation
C. guarantees legal immunity
D. provides professional input without assuming supervisory authority

138. In a client-centered treatment setting, a counselor should address a colleague's unsafe conduct by

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

139. While planning safe and ethical care, when a client offers an expensive gift, the counselor should

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

140. For a counselor considering the next best response, a clinician's documentation should distinguish

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

141. During a routine counseling case review, the best response to a confidentiality question is to

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

142. In a client-centered treatment setting, if a counselor has a personal relationship with a prospective client, the counselor should

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

143. While planning safe and ethical care, continuing education supports ethical practice by

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

144. For a counselor considering the next best response, 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. During a routine counseling case review, professional self-care is relevant to ethics because it can

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

146. In a client-centered treatment setting, a client's informed refusal should be

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

147. While planning safe and ethical care, the counselor should obtain consultation when

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

148. For a counselor considering the next best response, a boundary crossing is most concerning when it

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

149. During a routine counseling case review, when ending services, the counselor should

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

D. withhold options

150. In a client-centered treatment setting, ethical use of client examples in teaching requires

A. protecting privacy and following applicable permissions and standards
B. including identifying details
C. sharing stories for entertainment
D. posting materials without review

Practice Exam 13: Answer Key and Explanations

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