

PRACTICE EXAM 3: ALCOHOL AND DRUG COUNSELOR

(150 QUESTIONS)

This 150-question practice examination is aligned to the IC&RC Alcohol and Drug Counselor content areas. Select the single best answer for each question. Use it as a learning tool; licensing and credentialing requirements vary by jurisdiction.

1. Which answer best reflects evidence-informed practice related to Negative reinforcement?

- A. Behavior strengthened because it removes or reduces an unpleasant state.
- B. Assume the same intervention is appropriate for every client.
- C. Rely on confrontation before gathering relevant information.
- D. Ignore client goals, culture, and current safety concerns.

2. In reviewing client needs, what should the counselor know about Positive reinforcement?

- A. Assume the same intervention is appropriate for every client.
- B. Rely on confrontation before gathering relevant information.
- C. Ignore client goals, culture, and current safety concerns.
- D. Behavior strengthened because it produces a rewarding consequence.

3. Which statement correctly applies Classical conditioning to alcohol and drug counseling?

- A. Assume the same intervention is appropriate for every client.
- B. Rely on confrontation before gathering relevant information.
- C. Ignore client goals, culture, and current safety concerns.
- D. Learning in which cues become associated with substance effects.

4. A supervisor asks about Operant conditioning. Which response is most appropriate?

- A. Learning shaped by consequences that follow behavior.
- B. Assume the same intervention is appropriate for every client.
- C. Rely on confrontation before gathering relevant information.
- D. Ignore client goals, culture, and current safety concerns.

5. A counselor is preparing for a session involving Biopsychosocial model. What is the most accurate statement?

- A. Assume the same intervention is appropriate for every client.
- B. An approach integrating biological, psychological, social, and cultural influences.
- C. Rely on confrontation before gathering relevant information.
- D. Ignore client goals, culture, and current safety concerns.

6. Which answer best reflects evidence-informed practice related to Recovery capital?

- A. Assume the same intervention is appropriate for every client.
- B. Rely on confrontation before gathering relevant information.
- C. Internal and external resources that support recovery and well-being.
- D. Ignore client goals, culture, and current safety concerns.

7. In reviewing client needs, what should the counselor know about Protective factors?

- A. Assume the same intervention is appropriate for every client.
- B. Rely on confrontation before gathering relevant information.
- C. Ignore client goals, culture, and current safety concerns.
- D. Conditions that reduce risk or buffer the effects of adversity.

8. Which statement correctly applies Risk factors to alcohol and drug counseling?

- A. Assume the same intervention is appropriate for every client.
- B. Conditions associated with increased likelihood of substance-related problems.
- C. Rely on confrontation before gathering relevant information.
- D. Ignore client goals, culture, and current safety concerns.

9. A supervisor asks about Co-occurring disorders. Which response is most appropriate?

- A. Mental health and substance use conditions that require integrated attention.
- B. Assume the same intervention is appropriate for every client.
- C. Rely on confrontation before gathering relevant information.
- D. Ignore client goals, culture, and current safety concerns.

10. A counselor is preparing for a session involving Trauma-informed care. What is the most accurate statement?

- A. Assume the same intervention is appropriate for every client.
- B. Rely on confrontation before gathering relevant information.
- C. Care that emphasizes safety, trust, choice, collaboration, and empowerment.
- D. Ignore client goals, culture, and current safety concerns.

11. Which answer best reflects evidence-informed practice related to Harm reduction?

- A. Practical strategies that reduce adverse consequences even when abstinence is not immediate.
- B. Assume the same intervention is appropriate for every client.
- C. Rely on confrontation before gathering relevant information.
- D. Ignore client goals, culture, and current safety concerns.

12. In reviewing client needs, what should the counselor know about Relapse?

- A. Assume the same intervention is appropriate for every client.
- B. A return to substance use after a period of reduction or abstinence.
- C. Rely on confrontation before gathering relevant information.
- D. Ignore client goals, culture, and current safety concerns.

13. Which statement correctly applies Lapse to alcohol and drug counseling?

- A. Assume the same intervention is appropriate for every client.
- B. Rely on confrontation before gathering relevant information.
- C. A brief return to use that need not become a sustained relapse.
- D. Ignore client goals, culture, and current safety concerns.

14. A supervisor asks about Medication for opioid use disorder. Which response is most appropriate?

- A. Assume the same intervention is appropriate for every client.
- B. Rely on confrontation before gathering relevant information.
- C. Ignore client goals, culture, and current safety concerns.
- D. Evidence-based medication treatment used with counseling and recovery supports.

15. A counselor is preparing for a session involving Pharmacokinetics. What is the most accurate statement?

- A. Assume the same intervention is appropriate for every client.
- B. Rely on confrontation before gathering relevant information.
- C. How the body absorbs, distributes, metabolizes, and eliminates a substance.
- D. Ignore client goals, culture, and current safety concerns.

16. Which answer best reflects evidence-informed practice related to Pharmacodynamics?

- A. How a substance produces effects in the body and brain.
- B. Assume the same intervention is appropriate for every client.

- C. Rely on confrontation before gathering relevant information.
- D. Ignore client goals, culture, and current safety concerns.

17. In reviewing client needs, what should the counselor know about Polysubstance use?

- A. Assume the same intervention is appropriate for every client.
- B. Rely on confrontation before gathering relevant information.
- C. Ignore client goals, culture, and current safety concerns.
- D. Use of more than one substance that can complicate assessment and increase risk.

18. Which statement correctly applies Cultural humility to alcohol and drug counseling?

- A. Assume the same intervention is appropriate for every client.
- B. An ongoing practice of self-reflection and respectful learning from each client.
- C. Rely on confrontation before gathering relevant information.
- D. Ignore client goals, culture, and current safety concerns.

19. A supervisor asks about Stigma. Which response is most appropriate?

- A. Negative labeling that can reduce help-seeking and quality of care.
- B. Assume the same intervention is appropriate for every client.
- C. Rely on confrontation before gathering relevant information.
- D. Ignore client goals, culture, and current safety concerns.

20. A counselor is preparing for a session involving Tolerance. What is the most accurate statement?

- A. Assume the same intervention is appropriate for every client.
- B. Rely on confrontation before gathering relevant information.
- C. Ignore client goals, culture, and current safety concerns.
- D. Needing a larger amount to obtain a previously experienced effect.

21. Which answer best reflects evidence-informed practice related to Withdrawal?

- A. Assume the same intervention is appropriate for every client.
- B. A predictable set of symptoms after reducing or stopping a substance.
- C. Rely on confrontation before gathering relevant information.
- D. Ignore client goals, culture, and current safety concerns.

22. In reviewing client needs, what should the counselor know about Physical dependence?

- A. Assume the same intervention is appropriate for every client.
- B. Rely on confrontation before gathering relevant information.
- C. Physiologic adaptation that may occur without compulsive use.
- D. Ignore client goals, culture, and current safety concerns.

23. Which statement correctly applies Substance use disorder to alcohol and drug counseling?

- A. Assume the same intervention is appropriate for every client.
- B. A clinically significant pattern of impaired control, social impairment, risky use, or pharmacologic criteria.
- C. Rely on confrontation before gathering relevant information.
- D. Ignore client goals, culture, and current safety concerns.

24. A supervisor asks about Craving. Which response is most appropriate?

- A. A strong urge or desire to use a substance.
- B. Assume the same intervention is appropriate for every client.
- C. Rely on confrontation before gathering relevant information.
- D. Ignore client goals, culture, and current safety concerns.

25. A counselor is preparing for a session involving Cross-tolerance. What is the most accurate statement?

- A. Assume the same intervention is appropriate for every client.
- B. Rely on confrontation before gathering relevant information.
- C. Tolerance to one substance reducing response to a pharmacologically similar substance.
- D. Ignore client goals, culture, and current safety concerns.

26. Which answer best reflects evidence-informed practice related to Cross-dependence?

- A. Assume the same intervention is appropriate for every client.
- B. Rely on confrontation before gathering relevant information.
- C. Ignore client goals, culture, and current safety concerns.
- D. One substance suppressing withdrawal from another pharmacologically similar substance.

27. In reviewing client needs, what should the counselor know about Alcohol intoxication?

- A. Assume the same intervention is appropriate for every client.
- B. Central nervous system depression that can impair judgment, coordination, and reaction time.
- C. Rely on confrontation before gathering relevant information.
- D. Ignore client goals, culture, and current safety concerns.

28. Which statement correctly applies Stimulant intoxication to alcohol and drug counseling?

- A. Assume the same intervention is appropriate for every client.
- B. Rely on confrontation before gathering relevant information.
- C. Ignore client goals, culture, and current safety concerns.
- D. A state that can include increased energy, agitation, elevated heart rate, and reduced appetite.

29. A supervisor asks about Opioid overdose. Which response is most appropriate?

- A. A medical emergency marked by depressed breathing and decreased responsiveness.

- B. Assume the same intervention is appropriate for every client.
- C. Rely on confrontation before gathering relevant information.
- D. Ignore client goals, culture, and current safety concerns.

30. A counselor is preparing for a session involving Naloxone. What is the most accurate statement?

- A. Assume the same intervention is appropriate for every client.
- B. Rely on confrontation before gathering relevant information.
- C. An opioid antagonist used to reverse opioid overdose temporarily.
- D. Ignore client goals, culture, and current safety concerns.

31. Which answer best reflects evidence-informed practice related to Benzodiazepine withdrawal?

- A. A potentially dangerous withdrawal syndrome that may require medical management.
- B. Assume the same intervention is appropriate for every client.
- C. Rely on confrontation before gathering relevant information.
- D. Ignore client goals, culture, and current safety concerns.

32. In reviewing client needs, what should the counselor know about Delirium tremens?

- A. Assume the same intervention is appropriate for every client.
- B. Rely on confrontation before gathering relevant information.
- C. A severe alcohol-withdrawal complication involving confusion and autonomic instability.
- D. Ignore client goals, culture, and current safety concerns.

33. Which statement correctly applies Cannabis intoxication to alcohol and drug counseling?

- A. Assume the same intervention is appropriate for every client.
- B. Rely on confrontation before gathering relevant information.
- C. Ignore client goals, culture, and current safety concerns.
- D. A state that may impair attention, coordination, memory, and perception.

34. A supervisor asks about Hallucinogen effects. Which response is most appropriate?

- A. Assume the same intervention is appropriate for every client.
- B. Changes in perception that may include distortions, anxiety, or panic.
- C. Rely on confrontation before gathering relevant information.
- D. Ignore client goals, culture, and current safety concerns.

35. A counselor is preparing for a session involving Nicotine dependence. What is the most accurate statement?

- A. Assume the same intervention is appropriate for every client.
- B. Rely on confrontation before gathering relevant information.
- C. Ignore client goals, culture, and current safety concerns.
- D. A pattern often maintained by withdrawal relief, cue reactivity, and reinforcement.

36. Which answer best reflects evidence-informed practice related to Routes of administration?

- A. Assume the same intervention is appropriate for every client.
- B. Rely on confrontation before gathering relevant information.
- C. A factor that can change onset, intensity, duration, and overdose risk.
- D. Ignore client goals, culture, and current safety concerns.

37. In reviewing client needs, what should the counselor know about Neuroadaptation?

- A. Brain and body changes that develop with repeated substance exposure.
- B. Assume the same intervention is appropriate for every client.
- C. Rely on confrontation before gathering relevant information.
- D. Ignore client goals, culture, and current safety concerns.

38. Which statement correctly applies Reward pathway to alcohol and drug counseling?

- A. Assume the same intervention is appropriate for every client.
- B. A brain system involved in reinforcement, motivation, and learned associations.
- C. Rely on confrontation before gathering relevant information.
- D. Ignore client goals, culture, and current safety concerns.

39. A supervisor asks about child-safety assessment. Which response is most appropriate?

- A. Assume the same intervention is appropriate for every client.
- B. Rely on confrontation before gathering relevant information.
- C. Follow applicable law and policy when there is a reasonable concern for a child's safety.
- D. Ignore client goals, culture, and current safety concerns.

40. A counselor is preparing for a session involving domestic-violence assessment. What is the most accurate statement?

- A. Assume the same intervention is appropriate for every client.
- B. Rely on confrontation before gathering relevant information.
- C. Ignore client goals, culture, and current safety concerns.
- D. Ask privately and safely, then support choice and connect the client with appropriate resources.

41. Which answer best reflects evidence-informed practice related to diagnostic caution?

- A. Assume the same intervention is appropriate for every client.
- B. Distinguish observed facts from diagnostic conclusions outside the counselor's authority.
- C. Rely on confrontation before gathering relevant information.
- D. Ignore client goals, culture, and current safety concerns.

42. In reviewing client needs, what should the counselor know about standardized tools?

- A. Use validated tools as one source of information, not as a substitute for clinical judgment.
- B. Assume the same intervention is appropriate for every client.
- C. Rely on confrontation before gathering relevant information.
- D. Ignore client goals, culture, and current safety concerns.

43. Which statement correctly applies functional assessment to alcohol and drug counseling?

- A. Assume the same intervention is appropriate for every client.
- B. Examine how substance use affects work, relationships, health, legal status, and daily living.
- C. Rely on confrontation before gathering relevant information.
- D. Ignore client goals, culture, and current safety concerns.

44. A supervisor asks about engagement barrier assessment. Which response is most appropriate?

- A. Identify transportation, childcare, language, cost, stigma, and scheduling barriers to participation.
- B. Assume the same intervention is appropriate for every client.
- C. Rely on confrontation before gathering relevant information.
- D. Ignore client goals, culture, and current safety concerns.

45. A counselor is preparing for a session involving telehealth assessment. What is the most accurate statement?

- A. Assume the same intervention is appropriate for every client.
- B. Rely on confrontation before gathering relevant information.
- C. Ignore client goals, culture, and current safety concerns.
- D. Confirm privacy, location, emergency contacts, technology access, and suitability for remote care.

46. Which answer best reflects evidence-informed practice related to adolescent assessment?

- A. Assume the same intervention is appropriate for every client.
- B. Rely on confrontation before gathering relevant information.
- C. Include development, family involvement, school functioning, and confidentiality limits appropriate to law.
- D. Ignore client goals, culture, and current safety concerns.

47. In reviewing client needs, what should the counselor know about older-adult assessment?

- A. Consider medication interactions, cognition, isolation, falls, and medical conditions.
- B. Assume the same intervention is appropriate for every client.
- C. Rely on confrontation before gathering relevant information.
- D. Ignore client goals, culture, and current safety concerns.

48. Which statement correctly applies pregnancy assessment to alcohol and drug counseling?

- A. Assume the same intervention is appropriate for every client.
- B. Promptly coordinate appropriate medical care while using nonjudgmental, supportive communication.
- C. Rely on confrontation before gathering relevant information.
- D. Ignore client goals, culture, and current safety concerns.

49. A supervisor asks about documentation of assessment. Which response is most appropriate?

- A. Assume the same intervention is appropriate for every client.
- B. Rely on confrontation before gathering relevant information.
- C. Ignore client goals, culture, and current safety concerns.
- D. Record relevant findings, client statements, observations, decisions, and follow-up actions promptly.

50. A counselor is preparing for a session involving differential concern. What is the most accurate statement?

- A. Assume the same intervention is appropriate for every client.
- B. Rely on confrontation before gathering relevant information.
- C. Refer for qualified evaluation when symptoms may reflect a medical or mental health condition.
- D. Ignore client goals, culture, and current safety concerns.

51. Which answer best reflects evidence-informed practice related to risk prioritization?

- A. Address immediate safety and medical needs before routine treatment-planning tasks.
- B. Assume the same intervention is appropriate for every client.
- C. Rely on confrontation before gathering relevant information.
- D. Ignore client goals, culture, and current safety concerns.

52. In reviewing client needs, what should the counselor know about assessment update?

- A. Assume the same intervention is appropriate for every client.
- B. Rely on confrontation before gathering relevant information.
- C. Revise assessment when significant new information or changes in functioning emerge.
- D. Ignore client goals, culture, and current safety concerns.

53. Which statement correctly applies client self-report to alcohol and drug counseling?

- A. Assume the same intervention is appropriate for every client.
- B. Treat self-report respectfully while checking consistency and seeking permitted corroboration when needed.
- C. Rely on confrontation before gathering relevant information.
- D. Ignore client goals, culture, and current safety concerns.

54. A supervisor asks about screening. Which response is most appropriate?

- A. Assume the same intervention is appropriate for every client.
- B. Rely on confrontation before gathering relevant information.

- C. Ignore client goals, culture, and current safety concerns.
- D. Use a brief, validated process to identify whether further assessment may be needed.

55. A counselor is preparing for a session involving informed consent. What is the most accurate statement?

- A. Assume the same intervention is appropriate for every client.
- B. Rely on confrontation before gathering relevant information.
- C. Explain services, risks, benefits, limits, and choices before beginning treatment.
- D. Ignore client goals, culture, and current safety concerns.

56. Which answer best reflects evidence-informed practice related to rapport?

- A. Use empathy, respect, and collaborative communication to build a working alliance.
- B. Assume the same intervention is appropriate for every client.
- C. Rely on confrontation before gathering relevant information.
- D. Ignore client goals, culture, and current safety concerns.

57. In reviewing client needs, what should the counselor know about biopsychosocial assessment?

- A. Assume the same intervention is appropriate for every client.
- B. Rely on confrontation before gathering relevant information.
- C. Ignore client goals, culture, and current safety concerns.
- D. Gather information about substance use, health, mental health, family, culture, housing, and functioning.

58. Which statement correctly applies suicide screening to alcohol and drug counseling?

- A. Assume the same intervention is appropriate for every client.
- B. Ask directly about thoughts, plans, intent, means, and protective factors when risk is indicated.
- C. Rely on confrontation before gathering relevant information.

D. Ignore client goals, culture, and current safety concerns.

59. A supervisor asks about overdose-risk assessment. Which response is most appropriate?

- A. Assume the same intervention is appropriate for every client.
- B. Rely on confrontation before gathering relevant information.
- C. Assess current opioid exposure, tolerance changes, mixing substances, and access to naloxone.
- D. Ignore client goals, culture, and current safety concerns.

60. A counselor is preparing for a session involving withdrawal screening. What is the most accurate statement?

- A. Assume the same intervention is appropriate for every client.
- B. Identify symptoms and medical risk before assuming outpatient counseling is appropriate.
- C. Rely on confrontation before gathering relevant information.
- D. Ignore client goals, culture, and current safety concerns.

61. Which answer best reflects evidence-informed practice related to ASAM placement?

- A. Consider multidimensional needs rather than using a diagnosis alone to choose level of care.
- B. Assume the same intervention is appropriate for every client.
- C. Rely on confrontation before gathering relevant information.
- D. Ignore client goals, culture, and current safety concerns.

62. In reviewing client needs, what should the counselor know about mental-status observation?

- A. Assume the same intervention is appropriate for every client.
- B. Rely on confrontation before gathering relevant information.
- C. Ignore client goals, culture, and current safety concerns.
- D. Document observable appearance, behavior, speech, mood, affect, thought process, and orientation.

63. Which statement correctly applies collateral information to alcohol and drug counseling?

- A. Assume the same intervention is appropriate for every client.
- B. Obtain consent when required before gathering information from family or other providers.
- C. Rely on confrontation before gathering relevant information.
- D. Ignore client goals, culture, and current safety concerns.

64. A supervisor asks about strengths assessment. Which response is most appropriate?

- A. Identify abilities, supports, values, and past successes that can aid recovery.
- B. Assume the same intervention is appropriate for every client.
- C. Rely on confrontation before gathering relevant information.
- D. Ignore client goals, culture, and current safety concerns.

65. A counselor is preparing for a session involving cultural assessment. What is the most accurate statement?

- A. Assume the same intervention is appropriate for every client.
- B. Rely on confrontation before gathering relevant information.
- C. Explore language, identity, beliefs, and community context without stereotyping the client.
- D. Ignore client goals, culture, and current safety concerns.

66. Which answer best reflects evidence-informed practice related to readiness assessment?

- A. Assume the same intervention is appropriate for every client.
- B. Rely on confrontation before gathering relevant information.
- C. Ignore client goals, culture, and current safety concerns.
- D. Explore importance, confidence, goals, and ambivalence rather than arguing for change.

67. In reviewing client needs, what should the counselor know about substance-use history?

- A. Assume the same intervention is appropriate for every client.
- B. Rely on confrontation before gathering relevant information.
- C. Ignore client goals, culture, and current safety concerns.
- D. Clarify substances, amount, frequency, route, last use, consequences, and prior treatment.

68. Which statement correctly applies medical referral to alcohol and drug counseling?

- A. Assume the same intervention is appropriate for every client.
- B. Rely on confrontation before gathering relevant information.
- C. Seek medical evaluation when symptoms suggest intoxication, withdrawal, or another urgent condition.
- D. Ignore client goals, culture, and current safety concerns.

69. A supervisor asks about treatment-plan review. Which response is most appropriate?

- A. Assume the same intervention is appropriate for every client.
- B. Update goals and interventions when progress, barriers, or risks change.
- C. Rely on confrontation before gathering relevant information.
- D. Ignore client goals, culture, and current safety concerns.

70. A counselor is preparing for a session involving client education. What is the most accurate statement?

- A. Provide understandable, accurate information and check comprehension using teach-back.
- B. Assume the same intervention is appropriate for every client.
- C. Rely on confrontation before gathering relevant information.
- D. Ignore client goals, culture, and current safety concerns.

71. Which answer best reflects evidence-informed practice related to refusal-skills rehearsal?

- A. Practice concise responses and exit strategies for high-risk social situations.
- B. Assume the same intervention is appropriate for every client.
- C. Rely on confrontation before gathering relevant information.
- D. Ignore client goals, culture, and current safety concerns.

72. In reviewing client needs, what should the counselor know about emotion-regulation skill?

- A. Assume the same intervention is appropriate for every client.
- B. Rely on confrontation before gathering relevant information.
- C. Teach skills that help the client notice, name, tolerate, and respond to intense feelings.
- D. Ignore client goals, culture, and current safety concerns.

73. Which statement correctly applies problem-solving model to alcohol and drug counseling?

- A. Assume the same intervention is appropriate for every client.
- B. Define the problem, generate options, weigh consequences, choose a step, and review results.
- C. Rely on confrontation before gathering relevant information.
- D. Ignore client goals, culture, and current safety concerns.

74. A supervisor asks about behavioral activation. Which response is most appropriate?

- A. Assume the same intervention is appropriate for every client.
- B. Rely on confrontation before gathering relevant information.
- C. Ignore client goals, culture, and current safety concerns.
- D. Schedule rewarding, recovery-supportive activities to reduce isolation and inactivity.

75. A counselor is preparing for a session involving sleep-support plan. What is the most accurate statement?

- A. Assume the same intervention is appropriate for every client.
- B. Rely on confrontation before gathering relevant information.

- C. Encourage routine, non-substance coping, and medical consultation when sleep problems persist.
- D. Ignore client goals, culture, and current safety concerns.

76. Which answer best reflects evidence-informed practice related to recovery-oriented language?

- A. Assume the same intervention is appropriate for every client.
- B. Use nonstigmatizing language that recognizes the client as more than a diagnosis.
- C. Rely on confrontation before gathering relevant information.
- D. Ignore client goals, culture, and current safety concerns.

77. In reviewing client needs, what should the counselor know about strengths-based counseling?

- A. Build intervention plans around competencies, values, resources, and prior successes.
- B. Assume the same intervention is appropriate for every client.
- C. Rely on confrontation before gathering relevant information.
- D. Ignore client goals, culture, and current safety concerns.

78. Which statement correctly applies therapeutic boundaries to alcohol and drug counseling?

- A. Assume the same intervention is appropriate for every client.
- B. Rely on confrontation before gathering relevant information.
- C. Ignore client goals, culture, and current safety concerns.
- D. Maintain a purposeful professional relationship and avoid meeting counselor needs through the client.

79. A supervisor asks about peer-support referral. Which response is most appropriate?

- A. Assume the same intervention is appropriate for every client.
- B. Rely on confrontation before gathering relevant information.
- C. Offer voluntary connections to trained peers or mutual-help groups that match client preference.
- D. Ignore client goals, culture, and current safety concerns.

80. A counselor is preparing for a session involving aftercare contact. What is the most accurate statement?

- A. Assume the same intervention is appropriate for every client.
- B. Plan timely follow-up after discharge and respond early to missed appointments or warning signs.
- C. Rely on confrontation before gathering relevant information.
- D. Ignore client goals, culture, and current safety concerns.

81. Which answer best reflects evidence-informed practice related to harm-reduction planning?

- A. Assume the same intervention is appropriate for every client.
- B. Rely on confrontation before gathering relevant information.
- C. Ignore client goals, culture, and current safety concerns.
- D. Collaborate on steps that lower immediate risk, such as avoiding solitary use and carrying naloxone.

82. In reviewing client needs, what should the counselor know about service coordination?

- A. Share relevant information only as authorized and ensure each provider understands agreed roles.
- B. Assume the same intervention is appropriate for every client.
- C. Rely on confrontation before gathering relevant information.
- D. Ignore client goals, culture, and current safety concerns.

83. Which statement correctly applies treatment retention to alcohol and drug counseling?

- A. Assume the same intervention is appropriate for every client.
- B. Address practical and relational barriers early rather than labeling the client noncompliant.
- C. Rely on confrontation before gathering relevant information.
- D. Ignore client goals, culture, and current safety concerns.

84. A supervisor asks about group conflict. Which response is most appropriate?

- A. Address harmful behavior calmly, reinforce norms, and protect the group's safety.
- B. Assume the same intervention is appropriate for every client.
- C. Rely on confrontation before gathering relevant information.
- D. Ignore client goals, culture, and current safety concerns.

85. A counselor is preparing for a session involving resistance. What is the most accurate statement?

- A. Assume the same intervention is appropriate for every client.
- B. Rely on confrontation before gathering relevant information.
- C. Respond with curiosity and reflection instead of confrontation or argument.
- D. Ignore client goals, culture, and current safety concerns.

86. Which answer best reflects evidence-informed practice related to values clarification?

- A. Assume the same intervention is appropriate for every client.
- B. Rely on confrontation before gathering relevant information.
- C. Ignore client goals, culture, and current safety concerns.
- D. Help the client compare current behavior with personally chosen values and goals.

87. In reviewing client needs, what should the counselor know about goal scaling?

- A. Assume the same intervention is appropriate for every client.
- B. Rely on confrontation before gathering relevant information.
- C. Break a large recovery goal into smaller observable steps that build confidence.
- D. Ignore client goals, culture, and current safety concerns.

88. Which statement correctly applies family education to alcohol and drug counseling?

- A. Assume the same intervention is appropriate for every client.
- B. Provide accurate information about substance use, recovery, boundaries, and support options.
- C. Rely on confrontation before gathering relevant information.
- D. Ignore client goals, culture, and current safety concerns.

89. A supervisor asks about referral follow-through. Which response is most appropriate?

- A. Assume the same intervention is appropriate for every client.
- B. Rely on confrontation before gathering relevant information.
- C. Ignore client goals, culture, and current safety concerns.
- D. Check whether the client could access the referral and help solve barriers if consent permits.

90. A counselor is preparing for a session involving recovery environment. What is the most accurate statement?

- A. Assess and strengthen housing, relationships, employment, and routines that support recovery.
- B. Assume the same intervention is appropriate for every client.
- C. Rely on confrontation before gathering relevant information.
- D. Ignore client goals, culture, and current safety concerns.

91. Which answer best reflects evidence-informed practice related to client autonomy?

- A. Assume the same intervention is appropriate for every client.
- B. Rely on confrontation before gathering relevant information.
- C. Offer recommendations while preserving the client's right to make informed choices.
- D. Ignore client goals, culture, and current safety concerns.

92. In reviewing client needs, what should the counselor know about person-centered treatment plan?

- A. Assume the same intervention is appropriate for every client.
- B. Develop goals with the client that reflect assessed needs, strengths, culture, and preferences.

- C. Rely on confrontation before gathering relevant information.
- D. Ignore client goals, culture, and current safety concerns.

93. Which statement correctly applies SMART objective to alcohol and drug counseling?

- A. Write a specific, measurable, achievable, relevant, and time-bound step toward a goal.
- B. Assume the same intervention is appropriate for every client.
- C. Rely on confrontation before gathering relevant information.
- D. Ignore client goals, culture, and current safety concerns.

94. A supervisor asks about motivational interviewing. Which response is most appropriate?

- A. Assume the same intervention is appropriate for every client.
- B. Rely on confrontation before gathering relevant information.
- C. Ignore client goals, culture, and current safety concerns.
- D. Use open questions, affirmations, reflections, and summaries to evoke the client's own reasons for change.

95. A counselor is preparing for a session involving decisional balance. What is the most accurate statement?

- A. Assume the same intervention is appropriate for every client.
- B. Explore both perceived benefits and costs of using and changing without pressuring the client.
- C. Rely on confrontation before gathering relevant information.
- D. Ignore client goals, culture, and current safety concerns.

96. Which answer best reflects evidence-informed practice related to stages of change?

- A. Assume the same intervention is appropriate for every client.
- B. Rely on confrontation before gathering relevant information.
- C. Ignore client goals, culture, and current safety concerns.

D. Match interventions to readiness rather than treating ambivalence as defiance.

97. In reviewing client needs, what should the counselor know about cognitive behavioral therapy?

- A. Assume the same intervention is appropriate for every client.
- B. Rely on confrontation before gathering relevant information.
- C. Help the client identify links among thoughts, feelings, behaviors, and substance-use triggers.
- D. Ignore client goals, culture, and current safety concerns.

98. Which statement correctly applies relapse-prevention plan to alcohol and drug counseling?

- A. Identify warning signs, coping responses, supports, and steps to take after a lapse.
- B. Assume the same intervention is appropriate for every client.
- C. Rely on confrontation before gathering relevant information.
- D. Ignore client goals, culture, and current safety concerns.

99. A supervisor asks about trigger management. Which response is most appropriate?

- A. Plan alternatives for people, places, emotions, and situations associated with use.
- B. Assume the same intervention is appropriate for every client.
- C. Rely on confrontation before gathering relevant information.
- D. Ignore client goals, culture, and current safety concerns.

100. A counselor is preparing for a session involving coping-skills training. What is the most accurate statement?

- A. Assume the same intervention is appropriate for every client.
- B. Practice concrete skills such as urge surfing, refusal, problem solving, and emotion regulation.
- C. Rely on confrontation before gathering relevant information.
- D. Ignore client goals, culture, and current safety concerns.

101. Which answer best reflects evidence-informed practice related to group counseling?

- A. Assume the same intervention is appropriate for every client.
- B. Rely on confrontation before gathering relevant information.
- C. Establish safety, purpose, norms, confidentiality limits, and balanced participation.
- D. Ignore client goals, culture, and current safety concerns.

102. In reviewing client needs, what should the counselor know about family involvement?

- A. Assume the same intervention is appropriate for every client.
- B. Rely on confrontation before gathering relevant information.
- C. Ignore client goals, culture, and current safety concerns.
- D. Include family or supports with the client's consent and with clear boundaries.

103. Which statement correctly applies case management to alcohol and drug counseling?

- A. Assume the same intervention is appropriate for every client.
- B. Coordinate practical supports such as housing, benefits, transportation, and health care.
- C. Rely on confrontation before gathering relevant information.
- D. Ignore client goals, culture, and current safety concerns.

104. A supervisor asks about warm handoff. Which response is most appropriate?

- A. Connect the client directly with another provider and confirm the next step when possible.
- B. Assume the same intervention is appropriate for every client.
- C. Rely on confrontation before gathering relevant information.
- D. Ignore client goals, culture, and current safety concerns.

105. A counselor is preparing for a session involving continuing care. What is the most accurate statement?

- A. Assume the same intervention is appropriate for every client.
- B. Rely on confrontation before gathering relevant information.
- C. Ignore client goals, culture, and current safety concerns.
- D. Arrange ongoing supports after intensive treatment to reduce return-to-use risk.

106. Which answer best reflects evidence-informed practice related to crisis intervention?

- A. Assume the same intervention is appropriate for every client.
- B. Rely on confrontation before gathering relevant information.
- C. Stabilize immediate safety, assess risk, mobilize supports, and obtain emergency help when needed.
- D. Ignore client goals, culture, and current safety concerns.

107. In reviewing client needs, what should the counselor know about co-occurring treatment?

- A. Assume the same intervention is appropriate for every client.
- B. Coordinate substance-use and mental-health services in an integrated, client-centered way.
- C. Rely on confrontation before gathering relevant information.
- D. Ignore client goals, culture, and current safety concerns.

108. Which statement correctly applies medication coordination to alcohol and drug counseling?

- A. Encourage communication with qualified prescribers while staying within counselor scope.
- B. Assume the same intervention is appropriate for every client.
- C. Rely on confrontation before gathering relevant information.
- D. Ignore client goals, culture, and current safety concerns.

109. A supervisor asks about recovery-support planning. Which response is most appropriate?

- A. Assume the same intervention is appropriate for every client.

- B. Rely on confrontation before gathering relevant information.
- C. Link the client with peer, mutual-help, family, community, and wellness supports that fit preferences.
- D. Ignore client goals, culture, and current safety concerns.

110. A counselor is preparing for a session involving contingency management. What is the most accurate statement?

- A. Assume the same intervention is appropriate for every client.
- B. Rely on confrontation before gathering relevant information.
- C. Ignore client goals, culture, and current safety concerns.
- D. Use planned reinforcement of agreed recovery-supporting behaviors when appropriate.

111. Which answer best reflects evidence-informed practice related to trauma-responsive counseling?

- A. Assume the same intervention is appropriate for every client.
- B. Prioritize choice, collaboration, pacing, and emotional safety while avoiding forced disclosure.
- C. Rely on confrontation before gathering relevant information.
- D. Ignore client goals, culture, and current safety concerns.

112. In reviewing client needs, what should the counselor know about cultural responsiveness?

- A. Assume the same intervention is appropriate for every client.
- B. Rely on confrontation before gathering relevant information.
- C. Adapt communication and supports to the client's stated culture, language, and values.
- D. Ignore client goals, culture, and current safety concerns.

113. Which statement correctly applies discharge planning to alcohol and drug counseling?

- A. Begin early and address housing, medication, appointments, transportation, supports, and warning signs.
- B. Assume the same intervention is appropriate for every client.

- C. Rely on confrontation before gathering relevant information.
- D. Ignore client goals, culture, and current safety concerns.

114. A supervisor asks about discrimination. Which response is most appropriate?

- A. Assume the same intervention is appropriate for every client.
- B. Rely on confrontation before gathering relevant information.
- C. Ignore client goals, culture, and current safety concerns.
- D. Provide equitable services and challenge bias that interferes with client care.

115. A counselor is preparing for a session involving professional impairment. What is the most accurate statement?

- A. Assume the same intervention is appropriate for every client.
- B. Address personal impairment that could affect client care through supervision and appropriate support.
- C. Rely on confrontation before gathering relevant information.
- D. Ignore client goals, culture, and current safety concerns.

116. Which answer best reflects evidence-informed practice related to ethical decision making?

- A. Identify facts, consult standards and supervision, consider harms, document reasoning, and act responsibly.
- B. Assume the same intervention is appropriate for every client.
- C. Rely on confrontation before gathering relevant information.
- D. Ignore client goals, culture, and current safety concerns.

117. In reviewing client needs, what should the counselor know about consultation?

- A. Assume the same intervention is appropriate for every client.
- B. Rely on confrontation before gathering relevant information.

- C. Ignore client goals, culture, and current safety concerns.
- D. Share only information needed for consultation and protect identity when possible.

118. Which statement correctly applies client records to alcohol and drug counseling?

- A. Assume the same intervention is appropriate for every client.
- B. Rely on confrontation before gathering relevant information.
- C. Store and transmit records securely according to law, policy, and professional standards.
- D. Ignore client goals, culture, and current safety concerns.

119. A supervisor asks about termination. Which response is most appropriate?

- A. Plan and document termination responsibly, including referrals or continuing-care options when indicated.
- B. Assume the same intervention is appropriate for every client.
- C. Rely on confrontation before gathering relevant information.
- D. Ignore client goals, culture, and current safety concerns.

120. A counselor is preparing for a session involving abandonment. What is the most accurate statement?

- A. Assume the same intervention is appropriate for every client.
- B. Rely on confrontation before gathering relevant information.
- C. Do not end services abruptly when foreseeable harm can be reduced through planning and referral.
- D. Ignore client goals, culture, and current safety concerns.

121. Which answer best reflects evidence-informed practice related to fee transparency?

- A. Assume the same intervention is appropriate for every client.
- B. Explain fees, billing practices, cancellation policies, and financial limits before services begin.
- C. Rely on confrontation before gathering relevant information.

D. Ignore client goals, culture, and current safety concerns.

122. In reviewing client needs, what should the counselor know about advertising?

- A. Assume the same intervention is appropriate for every client.
- B. Rely on confrontation before gathering relevant information.
- C. Ignore client goals, culture, and current safety concerns.
- D. Represent credentials, services, and qualifications accurately without misleading claims.

123. Which statement correctly applies credential use to alcohol and drug counseling?

- A. Assume the same intervention is appropriate for every client.
- B. Rely on confrontation before gathering relevant information.
- C. Ignore client goals, culture, and current safety concerns.
- D. Use only credentials that are current and legitimately earned.

124. A supervisor asks about research participation. Which response is most appropriate?

- A. Assume the same intervention is appropriate for every client.
- B. Protect voluntary consent and confidentiality when clients are invited into research.
- C. Rely on confrontation before gathering relevant information.
- D. Ignore client goals, culture, and current safety concerns.

125. A counselor is preparing for a session involving client grievance. What is the most accurate statement?

- A. Inform clients of available complaint procedures and respond without retaliation.
- B. Assume the same intervention is appropriate for every client.
- C. Rely on confrontation before gathering relevant information.
- D. Ignore client goals, culture, and current safety concerns.

126. Which answer best reflects evidence-informed practice related to boundary crossing?

- A. Assume the same intervention is appropriate for every client.
- B. Rely on confrontation before gathering relevant information.
- C. Consult supervision when a nonroutine action could benefit the client but creates boundary risk.
- D. Ignore client goals, culture, and current safety concerns.

127. In reviewing client needs, what should the counselor know about conflict of interest?

- A. Assume the same intervention is appropriate for every client.
- B. Rely on confrontation before gathering relevant information.
- C. Disclose and manage interests that could compromise objective service to the client.
- D. Ignore client goals, culture, and current safety concerns.

128. Which statement correctly applies professional consultation to alcohol and drug counseling?

- A. Assume the same intervention is appropriate for every client.
- B. Document significant consultations and the rationale for resulting decisions.
- C. Rely on confrontation before gathering relevant information.
- D. Ignore client goals, culture, and current safety concerns.

129. A supervisor asks about emergency disclosure. Which response is most appropriate?

- A. Disclose only what is necessary to address an immediate, serious safety emergency when permitted.
- B. Assume the same intervention is appropriate for every client.
- C. Rely on confrontation before gathering relevant information.
- D. Ignore client goals, culture, and current safety concerns.

130. A counselor is preparing for a session involving client access. What is the most accurate statement?

- A. Assume the same intervention is appropriate for every client.
- B. Rely on confrontation before gathering relevant information.
- C. Ignore client goals, culture, and current safety concerns.
- D. Follow applicable law and policy when responding to a client request for records.

131. Which answer best reflects evidence-informed practice related to continuing education?

- A. Assume the same intervention is appropriate for every client.
- B. Rely on confrontation before gathering relevant information.
- C. Maintain competence through ongoing learning relevant to the populations and services provided.
- D. Ignore client goals, culture, and current safety concerns.

132. In reviewing client needs, what should the counselor know about ethical language?

- A. Assume the same intervention is appropriate for every client.
- B. Use respectful, person-first or client-preferred language and avoid stigmatizing labels.
- C. Rely on confrontation before gathering relevant information.
- D. Ignore client goals, culture, and current safety concerns.

133. Which statement correctly applies confidentiality to alcohol and drug counseling?

- A. Assume the same intervention is appropriate for every client.
- B. Rely on confrontation before gathering relevant information.
- C. Ignore client goals, culture, and current safety concerns.
- D. Protect identifiable client information except when a valid authorization or a legal exception applies.

134. A supervisor asks about 42 CFR Part 2. Which response is most appropriate?

- A. Follow the special federal confidentiality protections that may apply to substance-use treatment records.
- B. Assume the same intervention is appropriate for every client.

- C. Rely on confrontation before gathering relevant information.
- D. Ignore client goals, culture, and current safety concerns.

135. A counselor is preparing for a session involving HIPAA. What is the most accurate statement?

- A. Assume the same intervention is appropriate for every client.
- B. Rely on confrontation before gathering relevant information.
- C. Use and disclose protected health information only as permitted by applicable privacy rules.
- D. Ignore client goals, culture, and current safety concerns.

136. Which answer best reflects evidence-informed practice related to minimum necessary?

- A. Assume the same intervention is appropriate for every client.
- B. Rely on confrontation before gathering relevant information.
- C. Ignore client goals, culture, and current safety concerns.
- D. Limit routine information sharing to the least information needed for the intended purpose.

137. In reviewing client needs, what should the counselor know about informed-release authorization?

- A. Assume the same intervention is appropriate for every client.
- B. Use a valid, specific authorization before sharing information when authorization is required.
- C. Rely on confrontation before gathering relevant information.
- D. Ignore client goals, culture, and current safety concerns.

138. Which statement correctly applies mandated reporting to alcohol and drug counseling?

- A. Follow the law and agency policy when facts create a reportable concern, documenting actions taken.
- B. Assume the same intervention is appropriate for every client.
- C. Rely on confrontation before gathering relevant information.
- D. Ignore client goals, culture, and current safety concerns.

139. A supervisor asks about duty to protect. Which response is most appropriate?

- A. Consult law, policy, and supervision promptly when a credible threat may require protective action.
- B. Assume the same intervention is appropriate for every client.
- C. Rely on confrontation before gathering relevant information.
- D. Ignore client goals, culture, and current safety concerns.

140. A counselor is preparing for a session involving scope of practice. What is the most accurate statement?

- A. Assume the same intervention is appropriate for every client.
- B. Refer or consult when client needs exceed the counselor's training, authority, or competence.
- C. Rely on confrontation before gathering relevant information.
- D. Ignore client goals, culture, and current safety concerns.

141. Which answer best reflects evidence-informed practice related to clinical supervision?

- A. Assume the same intervention is appropriate for every client.
- B. Rely on confrontation before gathering relevant information.
- C. Seek timely supervision for uncertainty, risk, boundary concerns, or complex clinical decisions.
- D. Ignore client goals, culture, and current safety concerns.

142. In reviewing client needs, what should the counselor know about dual relationships?

- A. Assume the same intervention is appropriate for every client.
- B. Rely on confrontation before gathering relevant information.
- C. Ignore client goals, culture, and current safety concerns.
- D. Avoid relationships that could impair professional judgment or exploit the client.

143. Which statement correctly applies sexual boundaries to alcohol and drug counseling?

- A. Never engage in sexual or romantic conduct with a current client.
- B. Assume the same intervention is appropriate for every client.
- C. Rely on confrontation before gathering relevant information.
- D. Ignore client goals, culture, and current safety concerns.

144. A supervisor asks about gifts. Which response is most appropriate?

- A. Assume the same intervention is appropriate for every client.
- B. Evaluate gifts using policy, culture, value, power dynamics, and supervision rather than accepting automatically.
- C. Rely on confrontation before gathering relevant information.
- D. Ignore client goals, culture, and current safety concerns.

145. A counselor is preparing for a session involving social media. What is the most accurate statement?

- A. Assume the same intervention is appropriate for every client.
- B. Rely on confrontation before gathering relevant information.
- C. Ignore client goals, culture, and current safety concerns.
- D. Avoid personal social-media contact that compromises client boundaries or privacy.

146. Which answer best reflects evidence-informed practice related to documentation?

- A. Assume the same intervention is appropriate for every client.
- B. Rely on confrontation before gathering relevant information.
- C. Create timely, factual, objective records that support continuity of care and accountability.
- D. Ignore client goals, culture, and current safety concerns.

147. In reviewing client needs, what should the counselor know about record correction?

- A. Assume the same intervention is appropriate for every client.
- B. Rely on confrontation before gathering relevant information.
- C. Ignore client goals, culture, and current safety concerns.
- D. Correct errors transparently without deleting or obscuring the original record.

148. Which statement correctly applies informed consent renewal to alcohol and drug counseling?

- A. Revisit consent when services, risks, technology, or relevant circumstances change.
- B. Assume the same intervention is appropriate for every client.
- C. Rely on confrontation before gathering relevant information.
- D. Ignore client goals, culture, and current safety concerns.

149. A supervisor asks about telehealth privacy. Which response is most appropriate?

- A. Assume the same intervention is appropriate for every client.
- B. Use secure processes and discuss privacy limits, emergency procedures, and technology risks.
- C. Rely on confrontation before gathering relevant information.
- D. Ignore client goals, culture, and current safety concerns.

150. A counselor is preparing for a session involving cultural competence. What is the most accurate statement?

- A. Assume the same intervention is appropriate for every client.
- B. Rely on confrontation before gathering relevant information.
- C. Recognize limits in one's knowledge and seek consultation rather than making assumptions.
- D. Ignore client goals, culture, and current safety concerns.

Practice Exam 3: Answer Key and Explanations

1. A — Behavior strengthened because it removes or reduces an unpleasant state. This is the best description of Negative reinforcement for addiction counseling practice. It should guide a collaborative

response that considers assessment findings, client preferences, and safety needs. The other choices fail because they are rigid, punitive, or inattentive to individual context. Counselors should use professional judgment, document relevant actions, and

2. D — Behavior strengthened because it produces a rewarding consequence. This is the best description of Positive reinforcement for addiction counseling practice. It should guide a collaborative response that considers assessment findings, client preferences, and safety needs. The other choices fail because they are rigid, punitive, or inattentive to individual context. Counselors should use professional judgment, document relevant actions, and seek consultation

3. D — Learning in which cues become associated with substance effects. This is the best description of Classical conditioning for addiction counseling practice. It should guide a collaborative response that considers assessment findings, client preferences, and safety needs. The other choices fail because they are rigid, punitive, or inattentive to individual context. Counselors should use professional judgment, document relevant actions, and seek

4. A — Learning shaped by consequences that follow behavior. This is the best description of Operant conditioning for addiction counseling practice. It should guide a collaborative response that considers assessment findings, client preferences, and safety needs. The other choices fail because they are rigid, punitive, or inattentive to individual context. Counselors should use professional judgment, document relevant actions, and seek consultation whenever

5. B — An approach integrating biological, psychological, social, and cultural influences. This is the best description of Biopsychosocial model for addiction counseling practice. It should guide a collaborative response that considers assessment findings, client preferences, and safety needs. The other choices fail because they are rigid, punitive, or inattentive to individual context. Counselors should use professional judgment, document relevant actions, and seek

6. C — Internal and external resources that support recovery and well-being. This is the best description of Recovery capital for addiction counseling practice. It should guide a collaborative response that considers assessment findings, client preferences, and safety needs. The other choices fail because they are rigid, punitive, or inattentive to individual context. Counselors should use professional judgment, document relevant actions, and seek

7. D — Conditions that reduce risk or buffer the effects of adversity. This is the best description of Protective factors for addiction counseling practice. It should guide a collaborative response that considers assessment findings, client preferences, and safety needs. The other choices fail because they are rigid, punitive, or inattentive to individual context. Counselors should use professional judgment, document relevant actions, and

8. B — Conditions associated with increased likelihood of substance-related problems. This is the best description of Risk factors for addiction counseling practice. It should guide a collaborative response that considers assessment findings, client preferences, and safety needs. The other choices fail because they are rigid, punitive, or inattentive to individual context. Counselors should use professional judgment, document relevant actions, and seek consultation

9. A — Mental health and substance use conditions that require integrated attention. This is the best description of Co-occurring disorders for addiction counseling practice. It should guide a collaborative response that considers assessment findings, client preferences, and safety needs. The other choices fail because they are rigid, punitive, or inattentive to individual context. Counselors should use professional judgment, document relevant actions, and

10. C — Care that emphasizes safety, trust, choice, collaboration, and empowerment. This is the best description of Trauma-informed care for addiction counseling practice. It should guide a collaborative response that considers assessment findings, client preferences, and safety needs. The other choices fail because they are rigid, punitive, or inattentive to individual context. Counselors should use professional judgment, document relevant actions, and seek

11. A — Practical strategies that reduce adverse consequences even when abstinence is not immediate. This is the best description of Harm reduction for addiction counseling practice. It should guide a collaborative response that considers assessment findings, client preferences, and safety needs. The other choices fail because they are rigid, punitive, or inattentive to individual context. Counselors should use professional judgment, document relevant

12. B — A return to substance use after a period of reduction or abstinence. This is the best description of Relapse for addiction counseling practice. It should guide a collaborative response that considers assessment findings, client preferences, and safety needs. The other choices fail because they are rigid, punitive, or inattentive to individual context. Counselors should use professional judgment, document relevant actions,

13. C — A brief return to use that need not become a sustained relapse. This is the best description of Lapse for addiction counseling practice. It should guide a collaborative response that considers assessment findings, client preferences, and safety needs. The other choices fail because they are rigid, punitive, or inattentive to individual context. Counselors should use professional judgment, document relevant actions,

14. D — Evidence-based medication treatment used with counseling and recovery supports. This is the best description of Medication for opioid use disorder for addiction counseling practice. It should guide a collaborative response that considers assessment findings, client preferences, and safety needs. The other choices fail because they are rigid, punitive, or inattentive to individual context. Counselors should use professional judgment, document relevant

15. C — How the body absorbs, distributes, metabolizes, and eliminates a substance. This is the best description of Pharmacokinetics for addiction counseling practice. It should guide a collaborative response that considers assessment findings, client preferences, and safety needs. The other choices fail because they are rigid, punitive, or inattentive to individual context. Counselors should use professional judgment, document relevant actions, and seek

16. A — How a substance produces effects in the body and brain. This is the best description of Pharmacodynamics for addiction counseling practice. It should guide a collaborative response that considers assessment findings, client preferences, and safety needs. The other choices fail because they

are rigid, punitive, or inattentive to individual context. Counselors should use professional judgment, document relevant actions, and seek

17. D — Use of more than one substance that can complicate assessment and increase risk. This is the best description of Polysubstance use for addiction counseling practice. It should guide a collaborative response that considers assessment findings, client preferences, and safety needs. The other choices fail because they are rigid, punitive, or inattentive to individual context. Counselors should use professional judgment, document

18. B — An ongoing practice of self-reflection and respectful learning from each client. This is the best description of Cultural humility for addiction counseling practice. It should guide a collaborative response that considers assessment findings, client preferences, and safety needs. The other choices fail because they are rigid, punitive, or inattentive to individual context. Counselors should use professional judgment, document relevant actions,

19. A — Negative labeling that can reduce help-seeking and quality of care. This is the best description of Stigma for addiction counseling practice. It should guide a collaborative response that considers assessment findings, client preferences, and safety needs. The other choices fail because they are rigid, punitive, or inattentive to individual context. Counselors should use professional judgment, document relevant actions, and seek

20. D — Needing a larger amount to obtain a previously experienced effect. This is the best description of Tolerance for addiction counseling practice. It should guide a collaborative response that considers assessment findings, client preferences, and safety needs. The other choices fail because they are rigid, punitive, or inattentive to individual context. Counselors should use professional judgment, document relevant actions, and seek

21. B — A predictable set of symptoms after reducing or stopping a substance. This is the best description of Withdrawal for addiction counseling practice. It should guide a collaborative response that considers assessment findings, client preferences, and safety needs. The other choices fail because they are rigid, punitive, or inattentive to individual context. Counselors should use professional judgment, document relevant actions, and

22. C — Physiologic adaptation that may occur without compulsive use. This is the best description of Physical dependence for addiction counseling practice. It should guide a collaborative response that considers assessment findings, client preferences, and safety needs. The other choices fail because they are rigid, punitive, or inattentive to individual context. Counselors should use professional judgment, document relevant actions, and seek consultation

23. B — A clinically significant pattern of impaired control, social impairment, risky use, or pharmacologic criteria. This is the best description of Substance use disorder for addiction counseling practice. It should guide a collaborative response that considers assessment findings, client preferences, and safety needs. The other choices fail because they are rigid, punitive, or inattentive to individual context. Counselors should use professional

24. A — A strong urge or desire to use a substance. This is the best description of Craving for addiction counseling practice. It should guide a collaborative response that considers assessment findings, client preferences, and safety needs. The other choices fail because they are rigid, punitive, or inattentive to individual context. Counselors should use professional judgment, document relevant actions, and seek consultation

25. C — Tolerance to one substance reducing response to a pharmacologically similar substance. This is the best description of Cross-tolerance for addiction counseling practice. It should guide a collaborative response that considers assessment findings, client preferences, and safety needs. The other choices fail because they are rigid, punitive, or inattentive to individual context. Counselors should use professional judgment, document relevant actions, and

26. D — One substance suppressing withdrawal from another pharmacologically similar substance. This is the best description of Cross-dependence for addiction counseling practice. It should guide a collaborative response that considers assessment findings, client preferences, and safety needs. The other choices fail because they are rigid, punitive, or inattentive to individual context. Counselors should use professional judgment, document relevant actions, and seek consultation

27. B — Central nervous system depression that can impair judgment, coordination, and reaction time. This is the best description of Alcohol intoxication for addiction counseling practice. It should guide a collaborative response that considers assessment findings, client preferences, and safety needs. The other choices fail because they are rigid, punitive, or inattentive to individual context. Counselors should use professional judgment, document relevant

28. D — A state that can include increased energy, agitation, elevated heart rate, and reduced appetite. This is the best description of Stimulant intoxication for addiction counseling practice. It should guide a collaborative response that considers assessment findings, client preferences, and safety needs. The other choices fail because they are rigid, punitive, or inattentive to individual context. Counselors should use professional judgment,

29. A — A medical emergency marked by depressed breathing and decreased responsiveness. This is the best description of Opioid overdose for addiction counseling practice. It should guide a collaborative response that considers assessment findings, client preferences, and safety needs. The other choices fail because they are rigid, punitive, or inattentive to individual context. Counselors should use professional judgment, document relevant actions, and

30. C — An opioid antagonist used to reverse opioid overdose temporarily. This is the best description of Naloxone for addiction counseling practice. It should guide a collaborative response that considers assessment findings, client preferences, and safety needs. The other choices fail because they are rigid, punitive, or inattentive to individual context. Counselors should use professional judgment, document relevant actions, and seek consultation

31. A — A potentially dangerous withdrawal syndrome that may require medical management. This is the best description of Benzodiazepine withdrawal for addiction counseling practice. It should guide a collaborative response that considers assessment findings, client preferences, and safety needs. The

other choices fail because they are rigid, punitive, or inattentive to individual context. Counselors should use professional judgment, document relevant actions, and

32. C — A severe alcohol-withdrawal complication involving confusion and autonomic instability. This is the best description of Delirium tremens for addiction counseling practice. It should guide a collaborative response that considers assessment findings, client preferences, and safety needs. The other choices fail because they are rigid, punitive, or inattentive to individual context. Counselors should use professional judgment, document relevant actions, and seek

33. D — A state that may impair attention, coordination, memory, and perception. This is the best description of Cannabis intoxication for addiction counseling practice. It should guide a collaborative response that considers assessment findings, client preferences, and safety needs. The other choices fail because they are rigid, punitive, or inattentive to individual context. Counselors should use professional judgment, document relevant actions, and

34. B — Changes in perception that may include distortions, anxiety, or panic. This is the best description of Hallucinogen effects for addiction counseling practice. It should guide a collaborative response that considers assessment findings, client preferences, and safety needs. The other choices fail because they are rigid, punitive, or inattentive to individual context. Counselors should use professional judgment, document relevant actions, and

35. D — A pattern often maintained by withdrawal relief, cue reactivity, and reinforcement. This is the best description of Nicotine dependence for addiction counseling practice. It should guide a collaborative response that considers assessment findings, client preferences, and safety needs. The other choices fail because they are rigid, punitive, or inattentive to individual context. Counselors should use professional judgment, document relevant actions,

36. C — A factor that can change onset, intensity, duration, and overdose risk. This is the best description of Routes of administration for addiction counseling practice. It should guide a collaborative response that considers assessment findings, client preferences, and safety needs. The other choices fail because they are rigid, punitive, or inattentive to individual context. Counselors should use professional judgment, document relevant

37. A — Brain and body changes that develop with repeated substance exposure. This is the best description of Neuroadaptation for addiction counseling practice. It should guide a collaborative response that considers assessment findings, client preferences, and safety needs. The other choices fail because they are rigid, punitive, or inattentive to individual context. Counselors should use professional judgment, document relevant actions, and seek

38. B — A brain system involved in reinforcement, motivation, and learned associations. This is the best description of Reward pathway for addiction counseling practice. It should guide a collaborative response that considers assessment findings, client preferences, and safety needs. The other choices fail because they are rigid, punitive, or inattentive to individual context. Counselors should use professional judgment, document relevant actions, and

39. C — Follow applicable law and policy when there is a reasonable concern for a child’s safety. This is the best description of child-safety assessment for addiction counseling practice. It should guide a collaborative response that considers assessment findings, client preferences, and safety needs. The other choices fail because they are rigid, punitive, or inattentive to individual context. Counselors should use professional

40. D — Ask privately and safely, then support choice and connect the client with appropriate resources. This is the best description of domestic-violence assessment for addiction counseling practice. It should guide a collaborative response that considers assessment findings, client preferences, and safety needs. The other choices fail because they are rigid, punitive, or inattentive to individual context. Counselors should use professional judgment,

41. B — Distinguish observed facts from diagnostic conclusions outside the counselor’s authority. This is the best description of diagnostic caution for addiction counseling practice. It should guide a collaborative response that considers assessment findings, client preferences, and safety needs. The other choices fail because they are rigid, punitive, or inattentive to individual context. Counselors should use professional judgment, document relevant actions, and

42. A — Use validated tools as one source of information, not as a substitute for clinical judgment. This is the best description of standardized tools for addiction counseling practice. It should guide a collaborative response that considers assessment findings, client preferences, and safety needs. The other choices fail because they are rigid, punitive, or inattentive to individual context. Counselors should use professional

43. B — Examine how substance use affects work, relationships, health, legal status, and daily living. This is the best description of functional assessment for addiction counseling practice. It should guide a collaborative response that considers assessment findings, client preferences, and safety needs. The other choices fail because they are rigid, punitive, or inattentive to individual context. Counselors should use professional judgment, document

44. A — Identify transportation, childcare, language, cost, stigma, and scheduling barriers to participation. This is the best description of engagement barrier assessment for addiction counseling practice. It should guide a collaborative response that considers assessment findings, client preferences, and safety needs. The other choices fail because they are rigid, punitive, or inattentive to individual context. Counselors should use professional judgment, document relevant

45. D — Confirm privacy, location, emergency contacts, technology access, and suitability for remote care. This is the best description of telehealth assessment for addiction counseling practice. It should guide a collaborative response that considers assessment findings, client preferences, and safety needs. The other choices fail because they are rigid, punitive, or inattentive to individual context. Counselors should use professional judgment, document relevant

46. C — Include development, family involvement, school functioning, and confidentiality limits appropriate to law. This is the best description of adolescent assessment for addiction counseling practice. It should guide a collaborative response that considers assessment findings, client preferences,

and safety needs. The other choices fail because they are rigid, punitive, or inattentive to individual context. Counselors should use professional judgment, document relevant

47. A — Consider medication interactions, cognition, isolation, falls, and medical conditions. This is the best description of older-adult assessment for addiction counseling practice. It should guide a collaborative response that considers assessment findings, client preferences, and safety needs. The other choices fail because they are rigid, punitive, or inattentive to individual context. Counselors should use professional judgment, document relevant actions, and seek

48. B — Promptly coordinate appropriate medical care while using nonjudgmental, supportive communication. This is the best description of pregnancy assessment for addiction counseling practice. It should guide a collaborative response that considers assessment findings, client preferences, and safety needs. The other choices fail because they are rigid, punitive, or inattentive to individual context. Counselors should use professional judgment, document relevant actions, and

49. D — Record relevant findings, client statements, observations, decisions, and follow-up actions promptly. This is the best description of documentation of assessment for addiction counseling practice. It should guide a collaborative response that considers assessment findings, client preferences, and safety needs. The other choices fail because they are rigid, punitive, or inattentive to individual context. Counselors should use professional judgment, document relevant

50. C — Refer for qualified evaluation when symptoms may reflect a medical or mental health condition. This is the best description of differential concern for addiction counseling practice. It should guide a collaborative response that considers assessment findings, client preferences, and safety needs. The other choices fail because they are rigid, punitive, or inattentive to individual context. Counselors should use professional judgment,

51. A — Address immediate safety and medical needs before routine treatment-planning tasks. This is the best description of risk prioritization for addiction counseling practice. It should guide a collaborative response that considers assessment findings, client preferences, and safety needs. The other choices fail because they are rigid, punitive, or inattentive to individual context. Counselors should use professional judgment, document relevant actions, and

52. C — Revise assessment when significant new information or changes in functioning emerge. This is the best description of assessment update for addiction counseling practice. It should guide a collaborative response that considers assessment findings, client preferences, and safety needs. The other choices fail because they are rigid, punitive, or inattentive to individual context. Counselors should use professional judgment, document relevant actions,

53. B — Treat self-report respectfully while checking consistency and seeking permitted corroboration when needed. This is the best description of client self-report for addiction counseling practice. It should guide a collaborative response that considers assessment findings, client preferences, and safety needs. The other choices fail because they are rigid, punitive, or inattentive to individual context. Counselors should use professional judgment, document relevant

54. D — Use a brief, validated process to identify whether further assessment may be needed. This is the best description of screening for addiction counseling practice. It should guide a collaborative response that considers assessment findings, client preferences, and safety needs. The other choices fail because they are rigid, punitive, or inattentive to individual context. Counselors should use professional judgment, document relevant

55. C — Explain services, risks, benefits, limits, and choices before beginning treatment. This is the best description of informed consent for addiction counseling practice. It should guide a collaborative response that considers assessment findings, client preferences, and safety needs. The other choices fail because they are rigid, punitive, or inattentive to individual context. Counselors should use professional judgment, document relevant actions, and

56. A — Use empathy, respect, and collaborative communication to build a working alliance. This is the best description of rapport for addiction counseling practice. It should guide a collaborative response that considers assessment findings, client preferences, and safety needs. The other choices fail because they are rigid, punitive, or inattentive to individual context. Counselors should use professional judgment, document relevant actions, and

57. D — Gather information about substance use, health, mental health, family, culture, housing, and functioning. This is the best description of biopsychosocial assessment for addiction counseling practice. It should guide a collaborative response that considers assessment findings, client preferences, and safety needs. The other choices fail because they are rigid, punitive, or inattentive to individual context. Counselors should use professional judgment, document

58. B — Ask directly about thoughts, plans, intent, means, and protective factors when risk is indicated. This is the best description of suicide screening for addiction counseling practice. It should guide a collaborative response that considers assessment findings, client preferences, and safety needs. The other choices fail because they are rigid, punitive, or inattentive to individual context. Counselors should use professional judgment,

59. C — Assess current opioid exposure, tolerance changes, mixing substances, and access to naloxone. This is the best description of overdose-risk assessment for addiction counseling practice. It should guide a collaborative response that considers assessment findings, client preferences, and safety needs. The other choices fail because they are rigid, punitive, or inattentive to individual context. Counselors should use professional judgment, document relevant

60. B — Identify symptoms and medical risk before assuming outpatient counseling is appropriate. This is the best description of withdrawal screening for addiction counseling practice. It should guide a collaborative response that considers assessment findings, client preferences, and safety needs. The other choices fail because they are rigid, punitive, or inattentive to individual context. Counselors should use professional judgment, document relevant actions,

61. A — Consider multidimensional needs rather than using a diagnosis alone to choose level of care. This is the best description of ASAM placement for addiction counseling practice. It should guide a collaborative response that considers assessment findings, client preferences, and safety needs. The

other choices fail because they are rigid, punitive, or inattentive to individual context. Counselors should use professional judgment,

62. D — Document observable appearance, behavior, speech, mood, affect, thought process, and orientation. This is the best description of mental-status observation for addiction counseling practice. It should guide a collaborative response that considers assessment findings, client preferences, and safety needs. The other choices fail because they are rigid, punitive, or inattentive to individual context. Counselors should use professional judgment, document relevant actions,

63. B — Obtain consent when required before gathering information from family or other providers. This is the best description of collateral information for addiction counseling practice. It should guide a collaborative response that considers assessment findings, client preferences, and safety needs. The other choices fail because they are rigid, punitive, or inattentive to individual context. Counselors should use professional judgment, document relevant

64. A — Identify abilities, supports, values, and past successes that can aid recovery. This is the best description of strengths assessment for addiction counseling practice. It should guide a collaborative response that considers assessment findings, client preferences, and safety needs. The other choices fail because they are rigid, punitive, or inattentive to individual context. Counselors should use professional judgment, document relevant actions,

65. C — Explore language, identity, beliefs, and community context without stereotyping the client. This is the best description of cultural assessment for addiction counseling practice. It should guide a collaborative response that considers assessment findings, client preferences, and safety needs. The other choices fail because they are rigid, punitive, or inattentive to individual context. Counselors should use professional judgment, document relevant actions,

66. D — Explore importance, confidence, goals, and ambivalence rather than arguing for change. This is the best description of readiness assessment for addiction counseling practice. It should guide a collaborative response that considers assessment findings, client preferences, and safety needs. The other choices fail because they are rigid, punitive, or inattentive to individual context. Counselors should use professional judgment, document relevant actions,

67. D — Clarify substances, amount, frequency, route, last use, consequences, and prior treatment. This is the best description of substance-use history for addiction counseling practice. It should guide a collaborative response that considers assessment findings, client preferences, and safety needs. The other choices fail because they are rigid, punitive, or inattentive to individual context. Counselors should use professional judgment, document relevant actions,

68. C — Seek medical evaluation when symptoms suggest intoxication, withdrawal, or another urgent condition. This is the best description of medical referral for addiction counseling practice. It should guide a collaborative response that considers assessment findings, client preferences, and safety needs. The other choices fail because they are rigid, punitive, or inattentive to individual context. Counselors should use professional judgment, document relevant

69. B — Update goals and interventions when progress, barriers, or risks change. This is the best description of treatment-plan review for addiction counseling practice. It should guide a collaborative response that considers assessment findings, client preferences, and safety needs. The other choices fail because they are rigid, punitive, or inattentive to individual context. Counselors should use professional judgment, document relevant actions, and

70. A — Provide understandable, accurate information and check comprehension using teach-back. This is the best description of client education for addiction counseling practice. It should guide a collaborative response that considers assessment findings, client preferences, and safety needs. The other choices fail because they are rigid, punitive, or inattentive to individual context. Counselors should use professional judgment, document relevant actions, and seek

71. A — Practice concise responses and exit strategies for high-risk social situations. This is the best description of refusal-skills rehearsal for addiction counseling practice. It should guide a collaborative response that considers assessment findings, client preferences, and safety needs. The other choices fail because they are rigid, punitive, or inattentive to individual context. Counselors should use professional judgment, document relevant actions, and

72. C — Teach skills that help the client notice, name, tolerate, and respond to intense feelings. This is the best description of emotion-regulation skill for addiction counseling practice. It should guide a collaborative response that considers assessment findings, client preferences, and safety needs. The other choices fail because they are rigid, punitive, or inattentive to individual context. Counselors should use professional judgment,

73. B — Define the problem, generate options, weigh consequences, choose a step, and review results. This is the best description of problem-solving model for addiction counseling practice. It should guide a collaborative response that considers assessment findings, client preferences, and safety needs. The other choices fail because they are rigid, punitive, or inattentive to individual context. Counselors should use professional judgment, document

74. D — Schedule rewarding, recovery-supportive activities to reduce isolation and inactivity. This is the best description of behavioral activation for addiction counseling practice. It should guide a collaborative response that considers assessment findings, client preferences, and safety needs. The other choices fail because they are rigid, punitive, or inattentive to individual context. Counselors should use professional judgment, document relevant actions, and seek

75. C — Encourage routine, non-substance coping, and medical consultation when sleep problems persist. This is the best description of sleep-support plan for addiction counseling practice. It should guide a collaborative response that considers assessment findings, client preferences, and safety needs. The other choices fail because they are rigid, punitive, or inattentive to individual context. Counselors should use professional judgment, document relevant actions,

76. B — Use nonstigmatizing language that recognizes the client as more than a diagnosis. This is the best description of recovery-oriented language for addiction counseling practice. It should guide a collaborative response that considers assessment findings, client preferences, and safety needs. The

other choices fail because they are rigid, punitive, or inattentive to individual context. Counselors should use professional judgment, document relevant

77. A — Build intervention plans around competencies, values, resources, and prior successes. This is the best description of strengths-based counseling for addiction counseling practice. It should guide a collaborative response that considers assessment findings, client preferences, and safety needs. The other choices fail because they are rigid, punitive, or inattentive to individual context. Counselors should use professional judgment, document relevant actions, and

78. D — Maintain a purposeful professional relationship and avoid meeting counselor needs through the client. This is the best description of therapeutic boundaries for addiction counseling practice. It should guide a collaborative response that considers assessment findings, client preferences, and safety needs. The other choices fail because they are rigid, punitive, or inattentive to individual context. Counselors should use professional judgment, document

79. C — Offer voluntary connections to trained peers or mutual-help groups that match client preference. This is the best description of peer-support referral for addiction counseling practice. It should guide a collaborative response that considers assessment findings, client preferences, and safety needs. The other choices fail because they are rigid, punitive, or inattentive to individual context. Counselors should use professional judgment, document

80. B — Plan timely follow-up after discharge and respond early to missed appointments or warning signs. This is the best description of aftercare contact for addiction counseling practice. It should guide a collaborative response that considers assessment findings, client preferences, and safety needs. The other choices fail because they are rigid, punitive, or inattentive to individual context. Counselors should use professional judgment,

81. D — Collaborate on steps that lower immediate risk, such as avoiding solitary use and carrying naloxone. This is the best description of harm-reduction planning for addiction counseling practice. It should guide a collaborative response that considers assessment findings, client preferences, and safety needs. The other choices fail because they are rigid, punitive, or inattentive to individual context. Counselors should use professional

82. A — Share relevant information only as authorized and ensure each provider understands agreed roles. This is the best description of service coordination for addiction counseling practice. It should guide a collaborative response that considers assessment findings, client preferences, and safety needs. The other choices fail because they are rigid, punitive, or inattentive to individual context. Counselors should use professional judgment, document

83. B — Address practical and relational barriers early rather than labeling the client noncompliant. This is the best description of treatment retention for addiction counseling practice. It should guide a collaborative response that considers assessment findings, client preferences, and safety needs. The other choices fail because they are rigid, punitive, or inattentive to individual context. Counselors should use professional judgment, document relevant

84. A — Address harmful behavior calmly, reinforce norms, and protect the group’s safety. This is the best description of group conflict for addiction counseling practice. It should guide a collaborative response that considers assessment findings, client preferences, and safety needs. The other choices fail because they are rigid, punitive, or inattentive to individual context. Counselors should use professional judgment, document relevant actions,

85. C — Respond with curiosity and reflection instead of confrontation or argument. This is the best description of resistance for addiction counseling practice. It should guide a collaborative response that considers assessment findings, client preferences, and safety needs. The other choices fail because they are rigid, punitive, or inattentive to individual context. Counselors should use professional judgment, document relevant actions, and seek

86. D — Help the client compare current behavior with personally chosen values and goals. This is the best description of values clarification for addiction counseling practice. It should guide a collaborative response that considers assessment findings, client preferences, and safety needs. The other choices fail because they are rigid, punitive, or inattentive to individual context. Counselors should use professional judgment, document relevant

87. C — Break a large recovery goal into smaller observable steps that build confidence. This is the best description of goal scaling for addiction counseling practice. It should guide a collaborative response that considers assessment findings, client preferences, and safety needs. The other choices fail because they are rigid, punitive, or inattentive to individual context. Counselors should use professional judgment, document relevant

88. B — Provide accurate information about substance use, recovery, boundaries, and support options. This is the best description of family education for addiction counseling practice. It should guide a collaborative response that considers assessment findings, client preferences, and safety needs. The other choices fail because they are rigid, punitive, or inattentive to individual context. Counselors should use professional judgment, document relevant actions,

89. D — Check whether the client could access the referral and help solve barriers if consent permits. This is the best description of referral follow-through for addiction counseling practice. It should guide a collaborative response that considers assessment findings, client preferences, and safety needs. The other choices fail because they are rigid, punitive, or inattentive to individual context. Counselors should use professional

90. A — Assess and strengthen housing, relationships, employment, and routines that support recovery. This is the best description of recovery environment for addiction counseling practice. It should guide a collaborative response that considers assessment findings, client preferences, and safety needs. The other choices fail because they are rigid, punitive, or inattentive to individual context. Counselors should use professional judgment, document relevant actions,

91. C — Offer recommendations while preserving the client’s right to make informed choices. This is the best description of client autonomy for addiction counseling practice. It should guide a collaborative response that considers assessment findings, client preferences, and safety needs. The other choices fail

because they are rigid, punitive, or inattentive to individual context. Counselors should use professional judgment, document relevant actions,

92. B — Develop goals with the client that reflect assessed needs, strengths, culture, and preferences. This is the best description of person-centered treatment plan for addiction counseling practice. It should guide a collaborative response that considers assessment findings, client preferences, and safety needs. The other choices fail because they are rigid, punitive, or inattentive to individual context. Counselors should use professional judgment,

93. A — Write a specific, measurable, achievable, relevant, and time-bound step toward a goal. This is the best description of SMART objective for addiction counseling practice. It should guide a collaborative response that considers assessment findings, client preferences, and safety needs. The other choices fail because they are rigid, punitive, or inattentive to individual context. Counselors should use professional judgment, document relevant

94. D — Use open questions, affirmations, reflections, and summaries to evoke the client's own reasons for change. This is the best description of motivational interviewing for addiction counseling practice. It should guide a collaborative response that considers assessment findings, client preferences, and safety needs. The other choices fail because they are rigid, punitive, or inattentive to individual context. Counselors should use professional

95. B — Explore both perceived benefits and costs of using and changing without pressuring the client. This is the best description of decisional balance for addiction counseling practice. It should guide a collaborative response that considers assessment findings, client preferences, and safety needs. The other choices fail because they are rigid, punitive, or inattentive to individual context. Counselors should use professional judgment,

96. D — Match interventions to readiness rather than treating ambivalence as defiance. This is the best description of stages of change for addiction counseling practice. It should guide a collaborative response that considers assessment findings, client preferences, and safety needs. The other choices fail because they are rigid, punitive, or inattentive to individual context. Counselors should use professional judgment, document relevant actions,

97. C — Help the client identify links among thoughts, feelings, behaviors, and substance-use triggers. This is the best description of cognitive behavioral therapy for addiction counseling practice. It should guide a collaborative response that considers assessment findings, client preferences, and safety needs. The other choices fail because they are rigid, punitive, or inattentive to individual context. Counselors should use professional judgment, document

98. A — Identify warning signs, coping responses, supports, and steps to take after a lapse. This is the best description of relapse-prevention plan for addiction counseling practice. It should guide a collaborative response that considers assessment findings, client preferences, and safety needs. The other choices fail because they are rigid, punitive, or inattentive to individual context. Counselors should use professional judgment, document

99. A — Plan alternatives for people, places, emotions, and situations associated with use. This is the best description of trigger management for addiction counseling practice. It should guide a collaborative response that considers assessment findings, client preferences, and safety needs. The other choices fail because they are rigid, punitive, or inattentive to individual context. Counselors should use professional judgment, document relevant actions,

100. B — Practice concrete skills such as urge surfing, refusal, problem solving, and emotion regulation. This is the best description of coping-skills training for addiction counseling practice. It should guide a collaborative response that considers assessment findings, client preferences, and safety needs. The other choices fail because they are rigid, punitive, or inattentive to individual context. Counselors should use professional judgment, document

101. C — Establish safety, purpose, norms, confidentiality limits, and balanced participation. This is the best description of group counseling for addiction counseling practice. It should guide a collaborative response that considers assessment findings, client preferences, and safety needs. The other choices fail because they are rigid, punitive, or inattentive to individual context. Counselors should use professional judgment, document relevant actions, and seek

102. D — Include family or supports with the client's consent and with clear boundaries. This is the best description of family involvement for addiction counseling practice. It should guide a collaborative response that considers assessment findings, client preferences, and safety needs. The other choices fail because they are rigid, punitive, or inattentive to individual context. Counselors should use professional judgment, document relevant

103. B — Coordinate practical supports such as housing, benefits, transportation, and health care. This is the best description of case management for addiction counseling practice. It should guide a collaborative response that considers assessment findings, client preferences, and safety needs. The other choices fail because they are rigid, punitive, or inattentive to individual context. Counselors should use professional judgment, document relevant actions,

104. A — Connect the client directly with another provider and confirm the next step when possible. This is the best description of warm handoff for addiction counseling practice. It should guide a collaborative response that considers assessment findings, client preferences, and safety needs. The other choices fail because they are rigid, punitive, or inattentive to individual context. Counselors should use professional judgment,

105. D — Arrange ongoing supports after intensive treatment to reduce return-to-use risk. This is the best description of continuing care for addiction counseling practice. It should guide a collaborative response that considers assessment findings, client preferences, and safety needs. The other choices fail because they are rigid, punitive, or inattentive to individual context. Counselors should use professional judgment, document relevant actions, and

106. C — Stabilize immediate safety, assess risk, mobilize supports, and obtain emergency help when needed. This is the best description of crisis intervention for addiction counseling practice. It should guide a collaborative response that considers assessment findings, client preferences, and safety needs.

The other choices fail because they are rigid, punitive, or inattentive to individual context. Counselors should use professional judgment, document

107. B — Coordinate substance-use and mental-health services in an integrated, client-centered way. This is the best description of co-occurring treatment for addiction counseling practice. It should guide a collaborative response that considers assessment findings, client preferences, and safety needs. The other choices fail because they are rigid, punitive, or inattentive to individual context. Counselors should use professional judgment, document relevant actions, and

108. A — Encourage communication with qualified prescribers while staying within counselor scope. This is the best description of medication coordination for addiction counseling practice. It should guide a collaborative response that considers assessment findings, client preferences, and safety needs. The other choices fail because they are rigid, punitive, or inattentive to individual context. Counselors should use professional judgment, document relevant actions, and

109. C — Link the client with peer, mutual-help, family, community, and wellness supports that fit preferences. This is the best description of recovery-support planning for addiction counseling practice. It should guide a collaborative response that considers assessment findings, client preferences, and safety needs. The other choices fail because they are rigid, punitive, or inattentive to individual context. Counselors should use professional judgment,

110. D — Use planned reinforcement of agreed recovery-supporting behaviors when appropriate. This is the best description of contingency management for addiction counseling practice. It should guide a collaborative response that considers assessment findings, client preferences, and safety needs. The other choices fail because they are rigid, punitive, or inattentive to individual context. Counselors should use professional judgment, document relevant actions, and seek

111. B — Prioritize choice, collaboration, pacing, and emotional safety while avoiding forced disclosure. This is the best description of trauma-responsive counseling for addiction counseling practice. It should guide a collaborative response that considers assessment findings, client preferences, and safety needs. The other choices fail because they are rigid, punitive, or inattentive to individual context. Counselors should use professional judgment, document relevant actions,

112. C — Adapt communication and supports to the client's stated culture, language, and values. This is the best description of cultural responsiveness for addiction counseling practice. It should guide a collaborative response that considers assessment findings, client preferences, and safety needs. The other choices fail because they are rigid, punitive, or inattentive to individual context. Counselors should use professional judgment, document relevant

113. A — Begin early and address housing, medication, appointments, transportation, supports, and warning signs. This is the best description of discharge planning for addiction counseling practice. It should guide a collaborative response that considers assessment findings, client preferences, and safety needs. The other choices fail because they are rigid, punitive, or inattentive to individual context. Counselors should use professional judgment, document relevant

114. D — Provide equitable services and challenge bias that interferes with client care. This is the best description of discrimination for addiction counseling practice. It should guide a collaborative response that considers assessment findings, client preferences, and safety needs. The other choices fail because they are rigid, punitive, or inattentive to individual context. Counselors should use professional judgment, document relevant actions, and

115. B — Address personal impairment that could affect client care through supervision and appropriate support. This is the best description of professional impairment for addiction counseling practice. It should guide a collaborative response that considers assessment findings, client preferences, and safety needs. The other choices fail because they are rigid, punitive, or inattentive to individual context. Counselors should use professional judgment, document

116. A — Identify facts, consult standards and supervision, consider harms, document reasoning, and act responsibly. This is the best description of ethical decision making for addiction counseling practice. It should guide a collaborative response that considers assessment findings, client preferences, and safety needs. The other choices fail because they are rigid, punitive, or inattentive to individual context. Counselors should use professional judgment,

117. D — Share only information needed for consultation and protect identity when possible. This is the best description of consultation for addiction counseling practice. It should guide a collaborative response that considers assessment findings, client preferences, and safety needs. The other choices fail because they are rigid, punitive, or inattentive to individual context. Counselors should use professional judgment, document relevant actions, and

118. C — Store and transmit records securely according to law, policy, and professional standards. This is the best description of client records for addiction counseling practice. It should guide a collaborative response that considers assessment findings, client preferences, and safety needs. The other choices fail because they are rigid, punitive, or inattentive to individual context. Counselors should use professional judgment, document relevant

119. A — Plan and document termination responsibly, including referrals or continuing-care options when indicated. This is the best description of termination for addiction counseling practice. It should guide a collaborative response that considers assessment findings, client preferences, and safety needs. The other choices fail because they are rigid, punitive, or inattentive to individual context. Counselors should use professional judgment, document relevant actions,

120. C — Do not end services abruptly when foreseeable harm can be reduced through planning and referral. This is the best description of abandonment for addiction counseling practice. It should guide a collaborative response that considers assessment findings, client preferences, and safety needs. The other choices fail because they are rigid, punitive, or inattentive to individual context. Counselors should use professional judgment,

121. B — Explain fees, billing practices, cancellation policies, and financial limits before services begin. This is the best description of fee transparency for addiction counseling practice. It should guide a collaborative response that considers assessment findings, client preferences, and safety needs. The

other choices fail because they are rigid, punitive, or inattentive to individual context. Counselors should use professional judgment, document relevant

122. D — Represent credentials, services, and qualifications accurately without misleading claims. This is the best description of advertising for addiction counseling practice. It should guide a collaborative response that considers assessment findings, client preferences, and safety needs. The other choices fail because they are rigid, punitive, or inattentive to individual context. Counselors should use professional judgment, document relevant actions, and seek consultation

123. D — Use only credentials that are current and legitimately earned. This is the best description of credential use for addiction counseling practice. It should guide a collaborative response that considers assessment findings, client preferences, and safety needs. The other choices fail because they are rigid, punitive, or inattentive to individual context. Counselors should use professional judgment, document relevant actions, and seek

124. B — Protect voluntary consent and confidentiality when clients are invited into research. This is the best description of research participation for addiction counseling practice. It should guide a collaborative response that considers assessment findings, client preferences, and safety needs. The other choices fail because they are rigid, punitive, or inattentive to individual context. Counselors should use professional judgment, document relevant actions,

125. A — Inform clients of available complaint procedures and respond without retaliation. This is the best description of client grievance for addiction counseling practice. It should guide a collaborative response that considers assessment findings, client preferences, and safety needs. The other choices fail because they are rigid, punitive, or inattentive to individual context. Counselors should use professional judgment, document relevant actions, and

126. C — Consult supervision when a nonroutine action could benefit the client but creates boundary risk. This is the best description of boundary crossing for addiction counseling practice. It should guide a collaborative response that considers assessment findings, client preferences, and safety needs. The other choices fail because they are rigid, punitive, or inattentive to individual context. Counselors should use professional judgment,

127. C — Disclose and manage interests that could compromise objective service to the client. This is the best description of conflict of interest for addiction counseling practice. It should guide a collaborative response that considers assessment findings, client preferences, and safety needs. The other choices fail because they are rigid, punitive, or inattentive to individual context. Counselors should use professional judgment, document

128. B — Document significant consultations and the rationale for resulting decisions. This is the best description of professional consultation for addiction counseling practice. It should guide a collaborative response that considers assessment findings, client preferences, and safety needs. The other choices fail because they are rigid, punitive, or inattentive to individual context. Counselors should use professional judgment, document relevant actions, and seek

129. A — Disclose only what is necessary to address an immediate, serious safety emergency when permitted. This is the best description of emergency disclosure for addiction counseling practice. It should guide a collaborative response that considers assessment findings, client preferences, and safety needs. The other choices fail because they are rigid, punitive, or inattentive to individual context. Counselors should use professional judgment,

130. D — Follow applicable law and policy when responding to a client request for records. This is the best description of client access for addiction counseling practice. It should guide a collaborative response that considers assessment findings, client preferences, and safety needs. The other choices fail because they are rigid, punitive, or inattentive to individual context. Counselors should use professional judgment, document

131. C — Maintain competence through ongoing learning relevant to the populations and services provided. This is the best description of continuing education for addiction counseling practice. It should guide a collaborative response that considers assessment findings, client preferences, and safety needs. The other choices fail because they are rigid, punitive, or inattentive to individual context. Counselors should use professional judgment, document relevant

132. B — Use respectful, person-first or client-preferred language and avoid stigmatizing labels. This is the best description of ethical language for addiction counseling practice. It should guide a collaborative response that considers assessment findings, client preferences, and safety needs. The other choices fail because they are rigid, punitive, or inattentive to individual context. Counselors should use professional judgment, document relevant actions, and

133. D — Protect identifiable client information except when a valid authorization or a legal exception applies. This is the best description of confidentiality for addiction counseling practice. It should guide a collaborative response that considers assessment findings, client preferences, and safety needs. The other choices fail because they are rigid, punitive, or inattentive to individual context. Counselors should use professional judgment, document

134. A — Follow the special federal confidentiality protections that may apply to substance-use treatment records. This is the best description of 42 CFR Part 2 for addiction counseling practice. It should guide a collaborative response that considers assessment findings, client preferences, and safety needs. The other choices fail because they are rigid, punitive, or inattentive to individual context. Counselors should use professional

135. C — Use and disclose protected health information only as permitted by applicable privacy rules. This is the best description of HIPAA for addiction counseling practice. It should guide a collaborative response that considers assessment findings, client preferences, and safety needs. The other choices fail because they are rigid, punitive, or inattentive to individual context. Counselors should use professional judgment, document relevant

136. D — Limit routine information sharing to the least information needed for the intended purpose. This is the best description of minimum necessary for addiction counseling practice. It should guide a collaborative response that considers assessment findings, client preferences, and safety needs. The

other choices fail because they are rigid, punitive, or inattentive to individual context. Counselors should use professional judgment, document

137. B — Use a valid, specific authorization before sharing information when authorization is required. This is the best description of informed-release authorization for addiction counseling practice. It should guide a collaborative response that considers assessment findings, client preferences, and safety needs. The other choices fail because they are rigid, punitive, or inattentive to individual context. Counselors should use professional judgment, document relevant

138. A — Follow the law and agency policy when facts create a reportable concern, documenting actions taken. This is the best description of mandated reporting for addiction counseling practice. It should guide a collaborative response that considers assessment findings, client preferences, and safety needs. The other choices fail because they are rigid, punitive, or inattentive to individual context. Counselors should use professional

139. A — Consult law, policy, and supervision promptly when a credible threat may require protective action. This is the best description of duty to protect for addiction counseling practice. It should guide a collaborative response that considers assessment findings, client preferences, and safety needs. The other choices fail because they are rigid, punitive, or inattentive to individual context. Counselors should use professional

140. B — Refer or consult when client needs exceed the counselor's training, authority, or competence. This is the best description of scope of practice for addiction counseling practice. It should guide a collaborative response that considers assessment findings, client preferences, and safety needs. The other choices fail because they are rigid, punitive, or inattentive to individual context. Counselors should use professional judgment,

141. C — Seek timely supervision for uncertainty, risk, boundary concerns, or complex clinical decisions. This is the best description of clinical supervision for addiction counseling practice. It should guide a collaborative response that considers assessment findings, client preferences, and safety needs. The other choices fail because they are rigid, punitive, or inattentive to individual context. Counselors should use professional judgment, document relevant

142. D — Avoid relationships that could impair professional judgment or exploit the client. This is the best description of dual relationships for addiction counseling practice. It should guide a collaborative response that considers assessment findings, client preferences, and safety needs. The other choices fail because they are rigid, punitive, or inattentive to individual context. Counselors should use professional judgment, document relevant actions,

143. A — Never engage in sexual or romantic conduct with a current client. This is the best description of sexual boundaries for addiction counseling practice. It should guide a collaborative response that considers assessment findings, client preferences, and safety needs. The other choices fail because they are rigid, punitive, or inattentive to individual context. Counselors should use professional judgment, document relevant actions,

144. B — Evaluate gifts using policy, culture, value, power dynamics, and supervision rather than accepting automatically. This is the best description of gifts for addiction counseling practice. It should guide a collaborative response that considers assessment findings, client preferences, and safety needs. The other choices fail because they are rigid, punitive, or inattentive to individual context. Counselors should use professional judgment, document

145. D — Avoid personal social-media contact that compromises client boundaries or privacy. This is the best description of social media for addiction counseling practice. It should guide a collaborative response that considers assessment findings, client preferences, and safety needs. The other choices fail because they are rigid, punitive, or inattentive to individual context. Counselors should use professional judgment, document relevant actions, and

146. C — Create timely, factual, objective records that support continuity of care and accountability. This is the best description of documentation for addiction counseling practice. It should guide a collaborative response that considers assessment findings, client preferences, and safety needs. The other choices fail because they are rigid, punitive, or inattentive to individual context. Counselors should use professional judgment, document relevant actions,

147. D — Correct errors transparently without deleting or obscuring the original record. This is the best description of record correction for addiction counseling practice. It should guide a collaborative response that considers assessment findings, client preferences, and safety needs. The other choices fail because they are rigid, punitive, or inattentive to individual context. Counselors should use professional judgment, document relevant actions, and

148. A — Revisit consent when services, risks, technology, or relevant circumstances change. This is the best description of informed consent renewal for addiction counseling practice. It should guide a collaborative response that considers assessment findings, client preferences, and safety needs. The other choices fail because they are rigid, punitive, or inattentive to individual context. Counselors should use professional judgment, document relevant actions,

149. B — Use secure processes and discuss privacy limits, emergency procedures, and technology risks. This is the best description of telehealth privacy for addiction counseling practice. It should guide a collaborative response that considers assessment findings, client preferences, and safety needs. The other choices fail because they are rigid, punitive, or inattentive to individual context. Counselors should use professional judgment, document relevant

150. C — Recognize limits in one's knowledge and seek consultation rather than making assumptions. This is the best description of cultural competence for addiction counseling practice. It should guide a collaborative response that considers assessment findings, client preferences, and safety needs. The other choices fail because they are rigid, punitive, or inattentive to individual context. Counselors should use professional judgment, document relevant