

EXAM 4: ALCOHOL AND DRUG COUNSELOR PRACTICE

EXAM (150 QUESTIONS)

Choose the single best answer for each question. This independent practice exam uses broadly applicable U.S. alcohol and drug counseling principles; consult your credentialing body and jurisdiction for its specific requirements.

1. Jordan is meeting with an alcohol and drug counselor. A client says, 'I know drinking is hurting me, but it also helps me sleep.' What is the most helpful initial counseling response?
 - A. Explain that alcohol is never a sleep aid and end the discussion.
 - B. Reflect the ambivalence and invite the client to explore both sides.
 - C. Ask the client to promise immediate abstinence before continuing.
 - D. List the program rules that apply to clients who drink.

2. Jordan is meeting with an alcohol and drug counselor. During an intake, a client gives a long description of recent losses. Which counselor response best demonstrates reflective listening?
 - A. 'You have been carrying several painful changes at once, and it feels overwhelming.'
 - B. 'Why did you wait so long to seek help?'
 - C. 'You should focus on the positive things in your life.'
 - D. 'Let us move on to the substance-use checklist now.'

3. Jordan is meeting with an alcohol and drug counselor. A counselor wants to learn how substance use affects a client's daily life without steering the answer. Which question is most open-ended?
 - A. 'Do you use substances every day?'
 - B. 'What changes have you noticed in your routine since using more often?'
 - C. 'Have you lost your job because of alcohol?'

D. 'Is your partner upset about your drug use?'

4. Jordan is meeting with an alcohol and drug counselor. A client says, 'I made it three days without using, then I slipped.' Which response is the strongest affirmation?

A. 'Three days is not enough progress to celebrate.'

B. 'You failed because you did not follow the plan.'

C. 'Next time, do exactly what I tell you.'

D. 'You returned to treatment and were honest about the slip; that took courage.'

5. Jordan is meeting with an alcohol and drug counselor. A client states, 'I do not think my cannabis use is a problem, but my family keeps complaining.' In the stages-of-change model, this most closely reflects:

A. Precontemplation, because the client does not yet identify a personal need for change.

B. Preparation, because the family is concerned and has requested change.

C. Action, because the client is attending counseling and discussing cannabis use.

D. Maintenance, because the client has discussed cannabis and heard family concerns.

6. Jordan is meeting with an alcohol and drug counselor. A client who drinks heavily reports shaking, sweating, confusion, and seeing things that are not present after stopping alcohol. What is the counselor's priority?

A. Schedule an extra counseling session later this week.

B. Suggest the client drink coffee and rest at home.

C. Arrange urgent medical evaluation for potentially severe withdrawal.

D. Ask the client to complete a relapse-prevention worksheet.

7. Jordan is meeting with an alcohol and drug counselor. A client is difficult to arouse and has slow breathing after using an unknown opioid. What should the counselor do first?

- A. Wait to see whether the client wakes without assistance.
- B. Activate emergency response and follow the program's overdose protocol, including naloxone if trained and available.
- C. Offer water and ask the client to walk around.
- D. Begin a detailed assessment of the amount used.

8. Jordan is meeting with an alcohol and drug counselor. A former client asks the counselor to confirm to an employer that the client attended treatment. What must occur before the counselor releases that information?

- A. Give the employer a verbal confirmation because attendance is harmless.
- B. Release the record if the employer says it is urgent.
- C. Ask a coworker to decide whether disclosure is acceptable.
- D. Obtain the client's valid written authorization that specifies the information and recipient.

9. Jordan is meeting with an alcohol and drug counselor. A client tells a counselor that a child at home is being physically harmed. What is the appropriate next step?

- A. Promise absolute secrecy to preserve rapport.
- B. Wait until the next session to gather more details.
- C. Follow mandated-reporting law and agency procedure promptly, while explaining limits of confidentiality.
- D. Contact the client's family and ask them to investigate.

10. Jordan is meeting with an alcohol and drug counselor. A client says, 'Everyone would be better off if I were gone,' and has access to a firearm. What is the counselor's priority?

- A. Conduct or arrange an immediate suicide-risk assessment and take protective action under policy.
- B. Redirect the conversation to the client's recovery goals.
- C. Ask the client to sign a promise not to self-harm.
- D. Wait for the next group meeting to involve the team.

11. Jordan is meeting with an alcohol and drug counselor. A client invites the counselor to a family birthday party after discharge. What response best maintains professional boundaries?

- A. Decline warmly and explain that social contact could interfere with the professional relationship.
- B. Attend briefly so the client feels supported.
- C. Accept the invitation but do not tell the agency.
- D. Ask the client to bring a gift to the next session instead.

12. Jordan is meeting with an alcohol and drug counselor. A client has remained abstinent for two months and identifies loneliness as a common trigger. Which plan is most specific and useful?

- A. Tell the client to avoid feeling lonely.
- B. Schedule peer-support contact and a sober activity for the evenings when loneliness is strongest.
- C. Ask the client to rely only on willpower.
- D. Wait until a relapse occurs to discuss triggers.

13. Jordan is meeting with an alcohol and drug counselor. A client reports that passing a particular bar reliably triggers urges to use. Which intervention best targets the trigger?

- A. Encourage the client to drive past the bar repeatedly without a plan.
- B. Tell the client that triggers disappear if ignored.
- C. Ask the client to stop leaving home entirely.
- D. Develop an alternative route and rehearse a coping response before travel.

14. Jordan is meeting with an alcohol and drug counselor. During a craving, a client says, 'I cannot stand this feeling.' Which coping skill is most appropriate to teach?

- A. Argue with the craving until it disappears, regardless of rising distress.
- B. Make an irreversible decision while highly distressed and focused on immediate relief.
- C. Use urge surfing: notice the craving, breathe, and observe it rise and fall without acting on it.
- D. Use a substance to take the edge off the urge and reduce discomfort.

15. Jordan is meeting with an alcohol and drug counselor. In SBIRT, the purpose of a brief intervention after a positive screen is to:

- A. Provide feedback, enhance motivation, and discuss a next step matched to risk.
- B. Deliver long-term psychotherapy in one visit.
- C. Assign a diagnosis without further assessment.
- D. Guarantee that the person will stop using immediately.

16. Jordan is meeting with an alcohol and drug counselor. Which information is most important to include in a biopsychosocial assessment?

- A. Only the substance used most recently.
- B. Substance-use patterns, health, mental health, supports, functioning, and safety concerns.
- C. Only the client's insurance information.
- D. Only the counselor's first impression of motivation.

17. Jordan is meeting with an alcohol and drug counselor. When assessing possible substance use disorder, which approach is most appropriate?

- A. Diagnose solely from a positive drug screen.
- B. Assume any prescribed medication use is a disorder.
- C. Gather evidence about impaired control, consequences, risky use, and related symptoms over time.
- D. Base the conclusion only on a family member's opinion.

18. Jordan is meeting with an alcohol and drug counselor. Which ASAM dimension focuses most directly on whether a person has acute intoxication or withdrawal risk?

- A. Dimension 2: Biomedical conditions and complications.
- B. Dimension 4: Readiness to change.
- C. Dimension 6: Recovery environment.
- D. Dimension 1: Acute intoxication and withdrawal potential.

19. Jordan is meeting with an alcohol and drug counselor. In a therapy group, two members argue repeatedly and others become silent. What is the counselor's best initial action?

- A. Dimension 2: Biomedical conditions and complications that affect participation in care.
- B. Name the interaction respectfully and invite the group to examine its impact and return to agreements.
- C. Dimension 4: Readiness to change and the client's willingness to engage.
- D. Dimension 6: Recovery environment, including supports and risks after treatment.

20. Jordan is meeting with an alcohol and drug counselor. A client describes spiritual practices that differ from the counselor's own beliefs. What is the most culturally responsive response?

- A. Explain why the counselor's beliefs are more helpful.
- B. Avoid discussing spirituality because it is always irrelevant.
- C. Assume the practices mean the same thing for every client.
- D. Ask respectfully how those practices support the client's goals and avoid imposing the counselor's beliefs.

21. Jordan is meeting with an alcohol and drug counselor. A client with a trauma history becomes visibly distressed when asked detailed questions about past violence. A trauma-informed response is to:

- A. Slow the pace, offer choice, support grounding, and avoid forcing disclosure.
- B. Insist on a full trauma narrative immediately.
- C. Tell the client the reaction is irrational.
- D. Continue questioning because the intake form requires it.

22. Jordan is meeting with an alcohol and drug counselor. Which progress note is most appropriate?

- A. Explain why the counselor's beliefs are more helpful for recovery and wellness.
- B. Avoid discussing spirituality because it is always irrelevant to treatment planning.
- C. 'Client arrived on time, reported two alcohol-free days, identified stress as a trigger, and agreed to call support tonight.'

D. Assume the practices mean the same thing for every client from that background.

23. Jordan is meeting with an alcohol and drug counselor. A counselor is unsure whether a client's new medication may affect participation in treatment. What is the best professional action?

- A. Tell the client to stop taking the medication.
- B. Give detailed medication advice based on internet searches.
- C. Seek supervision or coordinate with qualified medical providers using appropriate authorization.
- D. Ignore the issue because it is outside counseling.

24. Jordan is meeting with an alcohol and drug counselor. A counselor is offered free home-repair work by a current client in exchange for reduced session fees. What is the best response?

- A. Accept because both parties benefit financially.
- B. Decline the arrangement because it creates a dual relationship and risks exploitation or impaired judgment.
- C. Accept if the client insists and keep it private.
- D. Let the client decide whether ethical rules apply.

25. Jordan is meeting with an alcohol and drug counselor. A family member says, 'If I criticize him enough, he will finally quit.' Which counseling principle is most helpful?

- A. Recommend escalating criticism to increase pressure.
- B. Tell the family to manage every decision for the client.
- C. Promise that the family can control another person's recovery.
- D. Encourage communication that supports boundaries, safety, and change without shaming or controlling.

26. Jordan is meeting with an alcohol and drug counselor. A client has depression and stimulant use and says each problem worsens the other. Which approach is most appropriate?

- A. Use integrated, coordinated care that addresses both conditions together.
- B. Require depression to disappear before discussing substance use.
- C. Treat substance use only and ignore mood symptoms.
- D. Refer the client away without assessing current safety.

27. Jordan is meeting with an alcohol and drug counselor. A program gives clients small incentives for verified attendance and recovery-related behaviors. This approach is known as:

- A. Confrontational counseling, which uses shame to change behavior.
- B. Contingency management, which reinforces selected behaviors with planned rewards.
- C. Aversion therapy, which requires unpleasant punishment.
- D. Unstructured support, which avoids measurable goals.

28. Jordan is meeting with an alcohol and drug counselor. A client who injects drugs is not ready for abstinence but asks how to reduce overdose risk. What is the best response?

- A. Refuse to discuss safety until the client commits to abstinence.
- B. Tell the client that overdose risk cannot be reduced.
- C. End services because the client is not ready for the program goal.
- D. Offer nonjudgmental harm-reduction education, including overdose prevention and connection to services.

29. Avery is meeting with an alcohol and drug counselor. A client says, 'I know drinking is hurting me, but it also helps me sleep.' What is the most helpful initial counseling response?

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30. Avery is meeting with an alcohol and drug counselor. During an intake, a client gives a long description of recent losses. Which counselor response best demonstrates reflective listening?

- A. 'Why did you wait so long to seek help?'
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- C. 'You have been carrying several painful changes at once, and it feels overwhelming.'
- D. 'Let us move on to the substance-use checklist now.'

31. Avery is meeting with an alcohol and drug counselor. A counselor wants to learn how substance use affects a client's daily life without steering the answer. Which question is most open-ended?

- A. 'Do you use substances every day?'
- B. 'Have you lost your job because of alcohol?'
- C. 'What changes have you noticed in your routine since using more often?'
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- B. 'You returned to treatment and were honest about the slip; that took courage.'
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- A. Precontemplation, because the client does not yet identify a personal need for change.
- B. Preparation, because the family is concerned and has requested change.
- C. Action, because the client is attending counseling and discussing cannabis use.
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- A. Schedule an extra counseling session later this week.
- B. Suggest the client drink coffee and rest at home.
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- B. Dimension 2: Biomedical conditions and complications.
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- C. Slow the pace, offer choice, support grounding, and avoid forcing disclosure.
- D. Continue questioning because the intake form requires it.

78. Morgan is meeting with an alcohol and drug counselor. Which progress note is most appropriate?

- A. Explain why the counselor's beliefs are more helpful for recovery and wellness.
- B. 'Client arrived on time, reported two alcohol-free days, identified stress as a trigger, and agreed to call support tonight.'
- C. Avoid discussing spirituality because it is always irrelevant to treatment planning.
- D. Assume the practices mean the same thing for every client from that background.

79. Morgan is meeting with an alcohol and drug counselor. A counselor is unsure whether a client's new medication may affect participation in treatment. What is the best professional action?

- A. Tell the client to stop taking the medication.
- B. Seek supervision or coordinate with qualified medical providers using appropriate authorization.
- C. Give detailed medication advice based on internet searches.
- D. Ignore the issue because it is outside counseling.

80. Morgan is meeting with an alcohol and drug counselor. A counselor is offered free home-repair work by a current client in exchange for reduced session fees. What is the best response?

- A. Accept because both parties benefit financially.
- B. Accept if the client insists and keep it private.
- C. Decline the arrangement because it creates a dual relationship and risks exploitation or impaired judgment.
- D. Let the client decide whether ethical rules apply.

81. Morgan is meeting with an alcohol and drug counselor. A family member says, 'If I criticize him enough, he will finally quit.' Which counseling principle is most helpful?

- A. Recommend escalating criticism to increase pressure.
- B. Tell the family to manage every decision for the client.
- C. Promise that the family can control another person's recovery.
- D. Encourage communication that supports boundaries, safety, and change without shaming or controlling.

82. Morgan is meeting with an alcohol and drug counselor. A client has depression and stimulant use and says each problem worsens the other. Which approach is most appropriate?

- A. Use integrated, coordinated care that addresses both conditions together.
- B. Require depression to disappear before discussing substance use.
- C. Treat substance use only and ignore mood symptoms.
- D. Refer the client away without assessing current safety.

83. Morgan is meeting with an alcohol and drug counselor. A program gives clients small incentives for verified attendance and recovery-related behaviors. This approach is known as:

- A. Confrontational counseling, which uses shame to change behavior.
- B. Aversion therapy, which requires unpleasant punishment.
- C. Contingency management, which reinforces selected behaviors with planned rewards.
- D. Unstructured support, which avoids measurable goals.

84. Morgan is meeting with an alcohol and drug counselor. A client who injects drugs is not ready for abstinence but asks how to reduce overdose risk. What is the best response?

- A. Offer nonjudgmental harm-reduction education, including overdose prevention and connection to services.
- B. Refuse to discuss safety until the client commits to abstinence.
- C. Tell the client that overdose risk cannot be reduced.
- D. End services because the client is not ready for the program goal.

85. Riley is meeting with an alcohol and drug counselor. A client says, 'I know drinking is hurting me, but it also helps me sleep.' What is the most helpful initial counseling response?

- A. Explain that alcohol is never a sleep aid and end the discussion.
- B. Ask the client to promise immediate abstinence before continuing.
- C. List the program rules that apply to clients who drink.
- D. Reflect the ambivalence and invite the client to explore both sides.

86. Riley is meeting with an alcohol and drug counselor. During an intake, a client gives a long description of recent losses. Which counselor response best demonstrates reflective listening?

- A. 'Why did you wait so long to seek help?'
- B. 'You have been carrying several painful changes at once, and it feels overwhelming.'
- C. 'You should focus on the positive things in your life.'
- D. 'Let us move on to the substance-use checklist now.'

87. Riley is meeting with an alcohol and drug counselor. A counselor wants to learn how substance use affects a client's daily life without steering the answer. Which question is most open-ended?

- A. 'Do you use substances every day?'
- B. 'What changes have you noticed in your routine since using more often?'
- C. 'Have you lost your job because of alcohol?'
- D. 'Is your partner upset about your drug use?'

88. Riley is meeting with an alcohol and drug counselor. A client says, 'I made it three days without using, then I slipped.' Which response is the strongest affirmation?

- A. 'Three days is not enough progress to celebrate.'
- B. 'You failed because you did not follow the plan.'
- C. 'You returned to treatment and were honest about the slip; that took courage.'
- D. 'Next time, do exactly what I tell you.'

89. Riley is meeting with an alcohol and drug counselor. A client states, 'I do not think my cannabis use is a problem, but my family keeps complaining.' In the stages-of-change model, this most closely reflects:

- A. Preparation, because the family is concerned and has requested change.
- B. Action, because the client is attending counseling and discussing cannabis use.
- C. Maintenance, because the client has discussed cannabis and heard family concerns.
- D. Precontemplation, because the client does not yet identify a personal need for change.

90. Riley is meeting with an alcohol and drug counselor. A client who drinks heavily reports shaking, sweating, confusion, and seeing things that are not present after stopping alcohol. What is the counselor's priority?

- A. Arrange urgent medical evaluation for potentially severe withdrawal.

- B. Schedule an extra counseling session later this week.
- C. Suggest the client drink coffee and rest at home.
- D. Ask the client to complete a relapse-prevention worksheet.

91. Riley is meeting with an alcohol and drug counselor. A client is difficult to arouse and has slow breathing after using an unknown opioid. What should the counselor do first?

- A. Wait to see whether the client wakes without assistance.
- B. Offer water and ask the client to walk around.
- C. Activate emergency response and follow the program's overdose protocol, including naloxone if trained and available.
- D. Begin a detailed assessment of the amount used.

92. Riley is meeting with an alcohol and drug counselor. A former client asks the counselor to confirm to an employer that the client attended treatment. What must occur before the counselor releases that information?

- A. Give the employer a verbal confirmation because attendance is harmless.
- B. Obtain the client's valid written authorization that specifies the information and recipient.
- C. Release the record if the employer says it is urgent.
- D. Ask a coworker to decide whether disclosure is acceptable.

93. Riley is meeting with an alcohol and drug counselor. A client tells a counselor that a child at home is being physically harmed. What is the appropriate next step?

- A. Promise absolute secrecy to preserve rapport.
- B. Wait until the next session to gather more details.
- C. Contact the client's family and ask them to investigate.
- D. Follow mandated-reporting law and agency procedure promptly, while explaining limits of confidentiality.

94. Riley is meeting with an alcohol and drug counselor. A client says, 'Everyone would be better off if I were gone,' and has access to a firearm. What is the counselor's priority?

- A. Conduct or arrange an immediate suicide-risk assessment and take protective action under policy.
- B. Redirect the conversation to the client's recovery goals.
- C. Ask the client to sign a promise not to self-harm.
- D. Wait for the next group meeting to involve the team.

95. Riley is meeting with an alcohol and drug counselor. A client invites the counselor to a family birthday party after discharge. What response best maintains professional boundaries?

- A. Attend briefly so the client feels supported.
- B. Accept the invitation but do not tell the agency.
- C. Ask the client to bring a gift to the next session instead.
- D. Decline warmly and explain that social contact could interfere with the professional relationship.

96. Riley is meeting with an alcohol and drug counselor. A client has remained abstinent for two months and identifies loneliness as a common trigger. Which plan is most specific and useful?

- A. Tell the client to avoid feeling lonely.
- B. Ask the client to rely only on willpower.
- C. Schedule peer-support contact and a sober activity for the evenings when loneliness is strongest.
- D. Wait until a relapse occurs to discuss triggers.

97. Riley is meeting with an alcohol and drug counselor. A client reports that passing a particular bar reliably triggers urges to use. Which intervention best targets the trigger?

- A. Encourage the client to drive past the bar repeatedly without a plan.
- B. Develop an alternative route and rehearse a coping response before travel.
- C. Tell the client that triggers disappear if ignored.
- D. Ask the client to stop leaving home entirely.

98. Riley is meeting with an alcohol and drug counselor. During a craving, a client says, 'I cannot stand this feeling.' Which coping skill is most appropriate to teach?

- A. Use urge surfing: notice the craving, breathe, and observe it rise and fall without acting on it.
- B. Argue with the craving until it disappears, regardless of rising distress.
- C. Make an irreversible decision while highly distressed and focused on immediate relief.
- D. Use a substance to take the edge off the urge and reduce discomfort.

99. Riley is meeting with an alcohol and drug counselor. In SBIRT, the purpose of a brief intervention after a positive screen is to:

- A. Deliver long-term psychotherapy in one visit.
- B. Assign a diagnosis without further assessment.
- C. Provide feedback, enhance motivation, and discuss a next step matched to risk.
- D. Guarantee that the person will stop using immediately.

100. Riley is meeting with an alcohol and drug counselor. Which information is most important to include in a biopsychosocial assessment?

- A. Only the substance used most recently.
- B. Only the client's insurance information.
- C. Only the counselor's first impression of motivation.
- D. Substance-use patterns, health, mental health, supports, functioning, and safety concerns.

101. Riley is meeting with an alcohol and drug counselor. When assessing possible substance use disorder, which approach is most appropriate?

- A. Diagnose solely from a positive drug screen.
- B. Gather evidence about impaired control, consequences, risky use, and related symptoms over time.
- C. Assume any prescribed medication use is a disorder.
- D. Base the conclusion only on a family member's opinion.

102. Riley is meeting with an alcohol and drug counselor. Which ASAM dimension focuses most directly on whether a person has acute intoxication or withdrawal risk?

- A. Dimension 1: Acute intoxication and withdrawal potential.
- B. Dimension 2: Biomedical conditions and complications.
- C. Dimension 4: Readiness to change.
- D. Dimension 6: Recovery environment.

103. Riley is meeting with an alcohol and drug counselor. In a therapy group, two members argue repeatedly and others become silent. What is the counselor's best initial action?

- A. Dimension 2: Biomedical conditions and complications that affect participation in care.
- B. Dimension 4: Readiness to change and the client's willingness to engage.
- C. Name the interaction respectfully and invite the group to examine its impact and return to agreements.
- D. Dimension 6: Recovery environment, including supports and risks after treatment.

104. Riley is meeting with an alcohol and drug counselor. A client describes spiritual practices that differ from the counselor's own beliefs. What is the most culturally responsive response?

- A. Explain why the counselor's beliefs are more helpful.
- B. Ask respectfully how those practices support the client's goals and avoid imposing the counselor's beliefs.
- C. Avoid discussing spirituality because it is always irrelevant.
- D. Assume the practices mean the same thing for every client.

105. Riley is meeting with an alcohol and drug counselor. A client with a trauma history becomes visibly distressed when asked detailed questions about past violence. A trauma-informed response is to:

- A. Insist on a full trauma narrative immediately.
- B. Tell the client the reaction is irrational.
- C. Continue questioning because the intake form requires it.

D. Slow the pace, offer choice, support grounding, and avoid forcing disclosure.

106. Riley is meeting with an alcohol and drug counselor. Which progress note is most appropriate?

- A. 'Client arrived on time, reported two alcohol-free days, identified stress as a trigger, and agreed to call support tonight.'
- B. Explain why the counselor's beliefs are more helpful for recovery and wellness.
- C. Avoid discussing spirituality because it is always irrelevant to treatment planning.
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- D. Ignore the issue because it is outside counseling.

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- A. Refuse to discuss safety until the client commits to abstinence.
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- C. Tell the client that overdose risk cannot be reduced.
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113. Casey is meeting with an alcohol and drug counselor. A client says, 'I know drinking is hurting me, but it also helps me sleep.' What is the most helpful initial counseling response?

- A. Explain that alcohol is never a sleep aid and end the discussion.
- B. Ask the client to promise immediate abstinence before continuing.
- C. Reflect the ambivalence and invite the client to explore both sides.
- D. List the program rules that apply to clients who drink.

114. Casey is meeting with an alcohol and drug counselor. During an intake, a client gives a long description of recent losses. Which counselor response best demonstrates reflective listening?

- A. 'Why did you wait so long to seek help?'
- B. 'You should focus on the positive things in your life.'
- C. 'Let us move on to the substance-use checklist now.'
- D. 'You have been carrying several painful changes at once, and it feels overwhelming.'

115. Casey is meeting with an alcohol and drug counselor. A counselor wants to learn how substance use affects a client's daily life without steering the answer. Which question is most open-ended?

- A. 'What changes have you noticed in your routine since using more often?'
- B. 'Do you use substances every day?'
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- A. Arrange urgent medical evaluation for potentially severe withdrawal.
- B. Schedule an extra counseling session later this week.
- C. Suggest the client drink coffee and rest at home.
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- C. Begin a detailed assessment of the amount used.
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120. Casey is meeting with an alcohol and drug counselor. A former client asks the counselor to confirm to an employer that the client attended treatment. What must occur before the counselor releases that information?

- A. Give the employer a verbal confirmation because attendance is harmless.

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123. Casey is meeting with an alcohol and drug counselor. A client invites the counselor to a family birthday party after discharge. What response best maintains professional boundaries?

- A. Attend briefly so the client feels supported.
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- D. Ask the client to bring a gift to the next session instead.

124. Casey is meeting with an alcohol and drug counselor. A client has remained abstinent for two months and identifies loneliness as a common trigger. Which plan is most specific and useful?

- A. Tell the client to avoid feeling lonely.
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- C. Ask the client to rely only on willpower.
- D. Wait until a relapse occurs to discuss triggers.

125. Casey is meeting with an alcohol and drug counselor. A client reports that passing a particular bar reliably triggers urges to use. Which intervention best targets the trigger?

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- A. Slow the pace, offer choice, support grounding, and avoid forcing disclosure.
- B. Insist on a full trauma narrative immediately.
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- B. Avoid discussing spirituality because it is always irrelevant to treatment planning.
- C. 'Client arrived on time, reported two alcohol-free days, identified stress as a trigger, and agreed to call support tonight.'
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- A. Refuse to discuss safety until the client commits to abstinence.
- B. Tell the client that overdose risk cannot be reduced.
- C. End services because the client is not ready for the program goal.
- D. Offer nonjudgmental harm-reduction education, including overdose prevention and connection to services.

141. Jordan is meeting with an alcohol and drug counselor. A client says, 'I know drinking is hurting me, but it also helps me sleep.' What is the most helpful initial counseling response?

- A. Explain that alcohol is never a sleep aid and end the discussion.
- B. Ask the client to promise immediate abstinence before continuing.
- C. Reflect the ambivalence and invite the client to explore both sides.
- D. List the program rules that apply to clients who drink.

142. Jordan is meeting with an alcohol and drug counselor. During an intake, a client gives a long description of recent losses. Which counselor response best demonstrates reflective listening?

- A. 'Why did you wait so long to seek help?'
- B. 'You have been carrying several painful changes at once, and it feels overwhelming.'
- C. 'You should focus on the positive things in your life.'
- D. 'Let us move on to the substance-use checklist now.'

143. Jordan is meeting with an alcohol and drug counselor. A counselor wants to learn how substance use affects a client's daily life without steering the answer. Which question is most open-ended?

- A. 'Do you use substances every day?'

- B. 'Have you lost your job because of alcohol?'
- C. 'Is your partner upset about your drug use?'
- D. 'What changes have you noticed in your routine since using more often?'

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- B. 'You returned to treatment and were honest about the slip; that took courage.'
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- D. 'Next time, do exactly what I tell you.'

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- B. Preparation, because the family is concerned and has requested change.
- C. Action, because the client is attending counseling and discussing cannabis use.
- D. Maintenance, because the client has discussed cannabis and heard family concerns.

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- A. Schedule an extra counseling session later this week.
- B. Suggest the client drink coffee and rest at home.
- C. Arrange urgent medical evaluation for potentially severe withdrawal.
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- B. Redirect the conversation to the client's recovery goals.
- C. Ask the client to sign a promise not to self-harm.
- D. Wait for the next group meeting to involve the team.

Exam 4: Answer Key and Explanations

- 1. B** — Reflecting ambivalence acknowledges the client's mixed experience without arguing or endorsing alcohol use. This motivational interviewing response helps the client hear their own reasons for change and preserves autonomy. The other responses lecture, demand commitment, or shift prematurely to rules. They are more likely to increase resistance than encourage a collaborative conversation about sleep and drinking.
- 2. A** — A reflection restates the client's underlying meaning and emotion in concise language. It shows careful listening, checks understanding, and often invites deeper exploration. Asking why can sound accusatory, positive reframing may minimize grief, and abruptly changing topics can disrupt rapport. Effective reflections avoid judgment and do not require the counselor to agree with every conclusion.
- 3. B** — Open-ended questions invite a fuller response and allow the client to identify what matters most. The best question asks about changes without assuming a specific consequence. The other options can be useful screening questions, but they limit answers to yes or no and may imply conclusions the client has not yet expressed. Open questions support accurate assessment and engagement.
- 4. D** — An affirmation identifies a genuine strength or helpful action without offering empty praise. Returning to treatment and speaking honestly are meaningful recovery behaviors after a lapse. The other statements shame, blame, or control the client, which can reduce disclosure. Affirmations support self-efficacy while still leaving room to examine what contributed to the slip and plan differently.
- 5. A** — Precontemplation describes a stage in which a person does not recognize a personal need to change or is not ready to act. Family concern alone does not establish readiness. Preparation involves planning change, action involves implementing it, and maintenance follows sustained behavior change. The counselor should explore the client's perspective rather than force a stage label or goal.
- 6. C** — Confusion, hallucinations, and autonomic symptoms after stopping heavy alcohol use can signal severe withdrawal requiring urgent medical assessment. Counselors should act within their role, use emergency procedures, and arrange appropriate care. Counseling, caffeine, and worksheets do not address possible medical instability. The priority is safety, not diagnosing independently or attempting to manage withdrawal outside qualified medical services.
- 7. B** — Slow breathing and reduced responsiveness are overdose warning signs requiring immediate emergency action. Activate emergency medical response, follow organizational protocol, and administer naloxone only when trained and authorized. Waiting, offering water, or conducting a detailed interview delays lifesaving care. After emergency help is activated, continue monitoring and provide information to responders according to policy and applicable confidentiality exceptions.
- 8. D** — Treatment attendance can be protected information. A valid written authorization identifies what may be disclosed, to whom, and for what purpose, subject to applicable law and policy. Verbal

convenience or employer urgency does not replace authorization. Consultation may help with uncertainty, but it does not itself create permission. Counselors should document releases and disclose only the minimum authorized information.

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10. A — A statement suggesting death, combined with access to a lethal means, requires immediate attention to suicide risk. Counselors should assess or arrange assessment, follow crisis procedures, seek emergency help when indicated, and work to reduce imminent danger. A promise alone is not a safety intervention. Delaying or redirecting ignores a potentially acute risk and can undermine the duty to protect.

11. A — Clear boundaries protect the client, the counselor, and the treatment relationship. A warm explanation recognizes the invitation while declining a social role that may create confusion, favoritism, or dual relationships. Attending secretly or exchanging gifts can blur roles. Boundary decisions should be guided by ethics, policy, and consultation when needed, with the client's welfare remaining central.

12. B — Effective relapse-prevention plans link a known trigger to concrete, realistic coping actions. Scheduling support and an alternative activity creates a response before high-risk periods occur. Telling someone not to feel lonely is not actionable, and willpower alone is unreliable. Waiting for relapse misses an opportunity to practice prevention. Plans work best when the client helps choose feasible supports.

13. D — A trigger-management strategy anticipates the cue and pairs it with a practical alternative. Changing the route and rehearsing coping steps reduces exposure and increases readiness. Unplanned exposure can be risky, ignoring triggers does not reliably reduce them, and complete isolation is usually unsustainable. Counselors should help clients select strategies that fit their environment, recovery goals, and available supports.

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16. B — A biopsychosocial assessment examines how biological, psychological, and social factors interact with substance use and functioning. It includes patterns of use, health, mental health, supports,

practical needs, strengths, and safety concerns. Focusing on one recent substance or administrative detail produces an incomplete picture. Initial impressions should be tested through collaborative assessment rather than treated as definitive conclusions.

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18. D — ASAM Dimension 1 addresses current or potential intoxication and withdrawal that may require monitoring or medical care. Biomedical concerns belong in Dimension 2, readiness in Dimension 4, and recovery environment in Dimension 6. Accurate dimensional assessment supports matching services to current needs. Counselors should not use a single dimension alone to determine placement or level of care.

19. B — Group conflict can become useful material when managed safely and respectfully. Naming the pattern, checking its impact, and returning to agreements helps the facilitator restore structure without shaming members. Ignoring escalation, taking sides, or forcing disclosure can reduce safety. The counselor should monitor risk, model respectful communication, and intervene more directly if behavior threatens group members or rules.

20. D — Cultural humility involves curiosity, respect, and awareness of one's own assumptions. Asking how a practice matters to the client allows it to be integrated when relevant to treatment goals. Imposing beliefs, dismissing spirituality, or stereotyping reduces trust. Counselors should seek consultation or education when needed while allowing the client to define the meaning of culture, identity, and spiritual resources.

21. A — Trauma-informed care emphasizes safety, choice, collaboration, trust, and empowerment. When distress rises, slowing down and offering grounding or choice can help restore regulation. Forcing disclosure may retraumatize the client and does not improve assessment quality. The counselor can explain why information is useful, revisit it later when appropriate, and use supervision or referral when trauma needs exceed scope.

22. C — Good documentation is timely, factual, behaviorally specific, and relevant to treatment. The best note distinguishes observable information, client report, clinical work, and planned follow-up. Labels such as manipulative or bad attitude are vague and judgmental, while a nearly empty note does not support continuity of care. Records should protect privacy and follow agency, legal, and ethical requirements.

23. C — Counselors should recognize limits of competence and use consultation, supervision, and authorized collaboration when medical issues may affect treatment. Advising a client to stop medication or giving prescriptive medical advice exceeds scope. Ignoring a relevant concern can also harm care coordination. Appropriate communication protects confidentiality, clarifies roles, and helps the treatment team respond to the client's needs safely and consistently.

24. B — Bartering services with a current client can create a dual relationship, unequal pressure, and confusion about treatment roles. Even when it appears mutually beneficial, it may compromise professional judgment or exploit vulnerability. The counselor should decline and explain the boundary respectfully, then explore legitimate payment or referral options. Ethical codes, agency policy, and supervision can guide unusual financial situations.

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107. A — Counselors should recognize limits of competence and use consultation, supervision, and authorized collaboration when medical issues may affect treatment. Advising a client to stop medication or giving prescriptive medical advice exceeds scope. Ignoring a relevant concern can also harm care coordination. Appropriate communication protects confidentiality, clarifies roles, and helps the treatment team respond to the client's needs safely and consistently.

108. C — Bartering services with a current client can create a dual relationship, unequal pressure, and confusion about treatment roles. Even when it appears mutually beneficial, it may compromise professional judgment or exploit vulnerability. The counselor should decline and explain the boundary respectfully, then explore legitimate payment or referral options. Ethical codes, agency policy, and supervision can guide unusual financial situations.

109. D — Families can influence recovery, but they cannot control another person's choices. Supportive communication, clear boundaries, and attention to safety are more constructive than shame or coercion. Escalating criticism may intensify conflict and secrecy, while overfunctioning can undermine responsibility. Family-focused work should respect consent, confidentiality, and each person's role, with referrals offered when family needs require separate services.

110. B — Co-occurring conditions often interact, so integrated and coordinated care addresses both rather than treating one as irrelevant. Depression may affect motivation, safety, sleep, and relapse risk, while stimulant use may worsen mood symptoms. Sequential exclusion can leave important needs untreated. Counselors should assess safety, coordinate with qualified providers when authorized, and match services to the client's current functioning and preferences.

111. A — Contingency management uses planned, transparent reinforcement to increase target behaviors such as attendance, medication adherence, or negative tests when appropriate. It is not shame, punishment, or an absence of structure. Programs should apply it consistently, ethically, and within policy. The approach works best when goals are clearly defined, rewards are meaningful, and the intervention is integrated with broader recovery support.

112. B — Harm reduction meets clients where they are while reducing preventable death, injury, and disease. Nonjudgmental education about overdose prevention, naloxone access, safer practices, and treatment options can preserve engagement and create opportunities for future change. Refusing safety information increases risk. Harm reduction does not require approving of substance use; it prioritizes realistic, client-centered steps toward health and safety.

113. C — Reflecting ambivalence acknowledges the client's mixed experience without arguing or endorsing alcohol use. This motivational interviewing response helps the client hear their own reasons for change and preserves autonomy. The other responses lecture, demand commitment, or shift prematurely to rules. They are more likely to increase resistance than encourage a collaborative conversation about sleep and drinking.

114. D — A reflection restates the client's underlying meaning and emotion in concise language. It shows careful listening, checks understanding, and often invites deeper exploration. Asking why can sound accusatory, positive reframing may minimize grief, and abruptly changing topics can disrupt rapport. Effective reflections avoid judgment and do not require the counselor to agree with every conclusion.

115. A — Open-ended questions invite a fuller response and allow the client to identify what matters most. The best question asks about changes without assuming a specific consequence. The other options can be useful screening questions, but they limit answers to yes or no and may imply conclusions the client has not yet expressed. Open questions support accurate assessment and engagement.

116. B — An affirmation identifies a genuine strength or helpful action without offering empty praise. Returning to treatment and speaking honestly are meaningful recovery behaviors after a lapse. The other statements shame, blame, or control the client, which can reduce disclosure. Affirmations support self-efficacy while still leaving room to examine what contributed to the slip and plan differently.

117. C — Precontemplation describes a stage in which a person does not recognize a personal need to change or is not ready to act. Family concern alone does not establish readiness. Preparation involves planning change, action involves implementing it, and maintenance follows sustained behavior change. The counselor should explore the client's perspective rather than force a stage label or goal.

118. A — Confusion, hallucinations, and autonomic symptoms after stopping heavy alcohol use can signal severe withdrawal requiring urgent medical assessment. Counselors should act within their role, use emergency procedures, and arrange appropriate care. Counseling, caffeine, and worksheets do not address possible medical instability. The priority is safety, not diagnosing independently or attempting to manage withdrawal outside qualified medical services.

119. D — Slow breathing and reduced responsiveness are overdose warning signs requiring immediate emergency action. Activate emergency medical response, follow organizational protocol, and administer naloxone only when trained and authorized. Waiting, offering water, or conducting a detailed interview delays lifesaving care. After emergency help is activated, continue monitoring and provide information to responders according to policy and applicable confidentiality exceptions.

120. C — Treatment attendance can be protected information. A valid written authorization identifies what may be disclosed, to whom, and for what purpose, subject to applicable law and policy. Verbal convenience or employer urgency does not replace authorization. Consultation may help with uncertainty, but it does not itself create permission. Counselors should document releases and disclose only the minimum authorized information.

121. D — Suspected child abuse may trigger a legal duty to report, which overrides ordinary confidentiality within defined limits. The counselor should follow jurisdictional law and agency procedures promptly, consult a supervisor when feasible without delaying action, and document the report. Promising secrecy, delaying, or delegating investigation to family members can place the child at further risk and exceeds the counselor's role.

122. B — A statement suggesting death, combined with access to a lethal means, requires immediate attention to suicide risk. Counselors should assess or arrange assessment, follow crisis procedures, seek emergency help when indicated, and work to reduce imminent danger. A promise alone is not a safety intervention. Delaying or redirecting ignores a potentially acute risk and can undermine the duty to protect.

123. C — Clear boundaries protect the client, the counselor, and the treatment relationship. A warm explanation recognizes the invitation while declining a social role that may create confusion, favoritism, or dual relationships. Attending secretly or exchanging gifts can blur roles. Boundary decisions should be guided by ethics, policy, and consultation when needed, with the client's welfare remaining central.

124. B — Effective relapse-prevention plans link a known trigger to concrete, realistic coping actions. Scheduling support and an alternative activity creates a response before high-risk periods occur. Telling someone not to feel lonely is not actionable, and willpower alone is unreliable. Waiting for relapse misses an opportunity to practice prevention. Plans work best when the client helps choose feasible supports.

125. D — A trigger-management strategy anticipates the cue and pairs it with a practical alternative. Changing the route and rehearsing coping steps reduces exposure and increases readiness. Unplanned exposure can be risky, ignoring triggers does not reliably reduce them, and complete isolation is usually

unsustainable. Counselors should help clients select strategies that fit their environment, recovery goals, and available supports.

126. A — Urge surfing treats craving as a temporary internal experience rather than an order that must be obeyed. Mindful observation, breathing, and delaying action can help a client ride out the peak safely. Arguing may intensify distress, major decisions are best postponed during acute urges, and substance use reinforces the cycle. Practice during calmer periods improves skill use under stress.

127. C — A brief intervention is a focused conversation that uses screening results to provide feedback, build motivation, and negotiate appropriate next steps. It is not a full diagnostic evaluation, a guarantee of abstinence, or a substitute for indicated treatment. The approach is collaborative and proportionate to risk, with referral to treatment considered when screening suggests a higher level of need.

128. D — A biopsychosocial assessment examines how biological, psychological, and social factors interact with substance use and functioning. It includes patterns of use, health, mental health, supports, practical needs, strengths, and safety concerns. Focusing on one recent substance or administrative detail produces an incomplete picture. Initial impressions should be tested through collaborative assessment rather than treated as definitive conclusions.

129. A — Assessment of substance-related problems requires a pattern of evidence, not a single test result or opinion. Counselors explore impaired control, social and occupational consequences, hazardous use, tolerance or withdrawal when relevant, and the time course. Prescribed use is not automatically disordered. Collateral information can help when authorized, but it should be integrated with the client's report and clinical assessment.

130. B — ASAM Dimension 1 addresses current or potential intoxication and withdrawal that may require monitoring or medical care. Biomedical concerns belong in Dimension 2, readiness in Dimension 4, and recovery environment in Dimension 6. Accurate dimensional assessment supports matching services to current needs. Counselors should not use a single dimension alone to determine placement or level of care.

131. B — Group conflict can become useful material when managed safely and respectfully. Naming the pattern, checking its impact, and returning to agreements helps the facilitator restore structure without shaming members. Ignoring escalation, taking sides, or forcing disclosure can reduce safety. The counselor should monitor risk, model respectful communication, and intervene more directly if behavior threatens group members or rules.

132. D — Cultural humility involves curiosity, respect, and awareness of one's own assumptions. Asking how a practice matters to the client allows it to be integrated when relevant to treatment goals. Imposing beliefs, dismissing spirituality, or stereotyping reduces trust. Counselors should seek consultation or education when needed while allowing the client to define the meaning of culture, identity, and spiritual resources.

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