

PRACTICE EXAM 7: 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. In a client-centered practice setting, what should the counselor understand about Tolerance?

- A. Use an identical approach without considering the individual client.
- B. Needing a larger amount to obtain a previously experienced effect.
- C. Prioritize confrontation before safety and assessment are addressed.
- D. Disregard client input, culture, and current recovery needs.

2. Which response best reflects sound practice related to Physical dependence?

- A. Physiologic adaptation that may occur without compulsive use.
- B. Use an identical approach without considering the individual client.
- C. Prioritize confrontation before safety and assessment are addressed.
- D. Disregard client input, culture, and current recovery needs.

3. A training discussion focuses on Craving. Which conclusion is correct?

- A. Use an identical approach without considering the individual client.
- B. Prioritize confrontation before safety and assessment are addressed.
- C. A strong urge or desire to use a substance.
- D. Disregard client input, culture, and current recovery needs.

4. When applying professional judgment, what is most accurate about Cross-dependence?

- A. One substance suppressing withdrawal from another pharmacologically similar substance.
- B. Use an identical approach without considering the individual client.
- C. Prioritize confrontation before safety and assessment are addressed.
- D. Disregard client input, culture, and current recovery needs.

5. Which statement is most accurate about Stimulant intoxication?

- A. Use an identical approach without considering the individual client.
- B. A state that can include increased energy, agitation, elevated heart rate, and reduced appetite.
- C. Prioritize confrontation before safety and assessment are addressed.
- D. Disregard client input, culture, and current recovery needs.

6. In a client-centered practice setting, what should the counselor understand about Naloxone?

- A. Use an identical approach without considering the individual client.
- B. Prioritize confrontation before safety and assessment are addressed.
- C. Disregard client input, culture, and current recovery needs.
- D. An opioid antagonist used to reverse opioid overdose temporarily.

7. Which response best reflects sound practice related to Delirium tremens?

- A. Use an identical approach without considering the individual client.
- B. A severe alcohol-withdrawal complication involving confusion and autonomic instability.
- C. Prioritize confrontation before safety and assessment are addressed.
- D. Disregard client input, culture, and current recovery needs.

8. A training discussion focuses on Hallucinogen effects. Which conclusion is correct?

- A. Use an identical approach without considering the individual client.
- B. Prioritize confrontation before safety and assessment are addressed.
- C. Changes in perception that may include distortions, anxiety, or panic.
- D. Disregard client input, culture, and current recovery needs.

9. When applying professional judgment, what is most accurate about Routes of administration?

- A. A factor that can change onset, intensity, duration, and overdose risk.
- B. Use an identical approach without considering the individual client.
- C. Prioritize confrontation before safety and assessment are addressed.
- D. Disregard client input, culture, and current recovery needs.

10. Which statement is most accurate about Reward pathway?

- A. Use an identical approach without considering the individual client.
- B. Prioritize confrontation before safety and assessment are addressed.
- C. Disregard client input, culture, and current recovery needs.
- D. A brain system involved in reinforcement, motivation, and learned associations.

11. In a client-centered practice setting, what should the counselor understand about Positive reinforcement?

- A. Use an identical approach without considering the individual client.
- B. Prioritize confrontation before safety and assessment are addressed.
- C. Behavior strengthened because it produces a rewarding consequence.
- D. Disregard client input, culture, and current recovery needs.

12. Which response best reflects sound practice related to Operant conditioning?

- A. Use an identical approach without considering the individual client.
- B. Prioritize confrontation before safety and assessment are addressed.

- C. Disregard client input, culture, and current recovery needs.
- D. Learning shaped by consequences that follow behavior.

13. A training discussion focuses on Recovery capital. Which conclusion is correct?

- A. Use an identical approach without considering the individual client.
- B. Internal and external resources that support recovery and well-being.
- C. Prioritize confrontation before safety and assessment are addressed.
- D. Disregard client input, culture, and current recovery needs.

14. When applying professional judgment, what is most accurate about Risk factors?

- A. Conditions associated with increased likelihood of substance-related problems.
- B. Use an identical approach without considering the individual client.
- C. Prioritize confrontation before safety and assessment are addressed.
- D. Disregard client input, culture, and current recovery needs.

15. Which statement is most accurate about Trauma-informed care?

- A. Use an identical approach without considering the individual client.
- B. Prioritize confrontation before safety and assessment are addressed.
- C. Care that emphasizes safety, trust, choice, collaboration, and empowerment.
- D. Disregard client input, culture, and current recovery needs.

16. In a client-centered practice setting, what should the counselor understand about Relapse?

- A. Use an identical approach without considering the individual client.
- B. Prioritize confrontation before safety and assessment are addressed.
- C. Disregard client input, culture, and current recovery needs.
- D. A return to substance use after a period of reduction or abstinence.

17. Which response best reflects sound practice related to Medication for opioid use disorder?

- A. Use an identical approach without considering the individual client.
- B. Evidence-based medication treatment used with counseling and recovery supports.
- C. Prioritize confrontation before safety and assessment are addressed.
- D. Disregard client input, culture, and current recovery needs.

18. A training discussion focuses on Pharmacodynamics. Which conclusion is correct?

- A. Use an identical approach without considering the individual client.
- B. How a substance produces effects in the body and brain.
- C. Prioritize confrontation before safety and assessment are addressed.
- D. Disregard client input, culture, and current recovery needs.

19. When applying professional judgment, what is most accurate about Cultural humility?

- A. An ongoing practice of self-reflection and respectful learning from each client.
- B. Use an identical approach without considering the individual client.
- C. Prioritize confrontation before safety and assessment are addressed.
- D. Disregard client input, culture, and current recovery needs.

20. Which statement is most accurate about Withdrawal?

- A. Use an identical approach without considering the individual client.
- B. Prioritize confrontation before safety and assessment are addressed.
- C. Disregard client input, culture, and current recovery needs.
- D. A predictable set of symptoms after reducing or stopping a substance.

21. In a client-centered practice setting, what should the counselor understand about Substance use disorder?

- A. Use an identical approach without considering the individual client.
- B. Prioritize confrontation before safety and assessment are addressed.
- C. A clinically significant pattern of impaired control, social impairment, risky use, or pharmacologic criteria.
- D. Disregard client input, culture, and current recovery needs.

22. Which response best reflects sound practice related to Cross-tolerance?

- A. Tolerance to one substance reducing response to a pharmacologically similar substance.
- B. Use an identical approach without considering the individual client.
- C. Prioritize confrontation before safety and assessment are addressed.
- D. Disregard client input, culture, and current recovery needs.

23. A training discussion focuses on Alcohol intoxication. Which conclusion is correct?

- A. Use an identical approach without considering the individual client.
- B. Prioritize confrontation before safety and assessment are addressed.
- C. Disregard client input, culture, and current recovery needs.
- D. Central nervous system depression that can impair judgment, coordination, and reaction time.

24. When applying professional judgment, what is most accurate about Opioid overdose?

- A. Use an identical approach without considering the individual client.
- B. A medical emergency marked by depressed breathing and decreased responsiveness.
- C. Prioritize confrontation before safety and assessment are addressed.
- D. Disregard client input, culture, and current recovery needs.

25. Which statement is most accurate about Benzodiazepine withdrawal?

- A. Use an identical approach without considering the individual client.
- B. Prioritize confrontation before safety and assessment are addressed.
- C. A potentially dangerous withdrawal syndrome that may require medical management.
- D. Disregard client input, culture, and current recovery needs.

26. In a client-centered practice setting, what should the counselor understand about Cannabis intoxication?

- A. A state that may impair attention, coordination, memory, and perception.
- B. Use an identical approach without considering the individual client.
- C. Prioritize confrontation before safety and assessment are addressed.
- D. Disregard client input, culture, and current recovery needs.

27. Which response best reflects sound practice related to Nicotine dependence?

- A. A pattern often maintained by withdrawal relief, cue reactivity, and reinforcement.
- B. Use an identical approach without considering the individual client.
- C. Prioritize confrontation before safety and assessment are addressed.
- D. Disregard client input, culture, and current recovery needs.

28. A training discussion focuses on Neuroadaptation. Which conclusion is correct?

- A. Use an identical approach without considering the individual client.
- B. Prioritize confrontation before safety and assessment are addressed.
- C. Brain and body changes that develop with repeated substance exposure.
- D. Disregard client input, culture, and current recovery needs.

29. When applying professional judgment, what is most accurate about Negative reinforcement?

- A. Use an identical approach without considering the individual client.
- B. Behavior strengthened because it removes or reduces an unpleasant state.

- C. Prioritize confrontation before safety and assessment are addressed.
- D. Disregard client input, culture, and current recovery needs.

30. Which statement is most accurate about Classical conditioning?

- A. Use an identical approach without considering the individual client.
- B. Prioritize confrontation before safety and assessment are addressed.
- C. Disregard client input, culture, and current recovery needs.
- D. Learning in which cues become associated with substance effects.

31. In a client-centered practice setting, what should the counselor understand about Biopsychosocial model?

- A. Use an identical approach without considering the individual client.
- B. Prioritize confrontation before safety and assessment are addressed.
- C. Disregard client input, culture, and current recovery needs.
- D. An approach integrating biological, psychological, social, and cultural influences.

32. Which response best reflects sound practice related to Protective factors?

- A. Conditions that reduce risk or buffer the effects of adversity.
- B. Use an identical approach without considering the individual client.
- C. Prioritize confrontation before safety and assessment are addressed.
- D. Disregard client input, culture, and current recovery needs.

33. A training discussion focuses on Co-occurring disorders. Which conclusion is correct?

- A. Use an identical approach without considering the individual client.
- B. Prioritize confrontation before safety and assessment are addressed.
- C. Mental health and substance use conditions that require integrated attention.
- D. Disregard client input, culture, and current recovery needs.

34. When applying professional judgment, what is most accurate about Harm reduction?

- A. Use an identical approach without considering the individual client.
- B. Practical strategies that reduce adverse consequences even when abstinence is not immediate.
- C. Prioritize confrontation before safety and assessment are addressed.
- D. Disregard client input, culture, and current recovery needs.

35. Which statement is most accurate about Lapse?

- A. A brief return to use that need not become a sustained relapse.
- B. Use an identical approach without considering the individual client.
- C. Prioritize confrontation before safety and assessment are addressed.
- D. Disregard client input, culture, and current recovery needs.

36. In a client-centered practice setting, what should the counselor understand about Pharmacokinetics?

- A. Use an identical approach without considering the individual client.
- B. How the body absorbs, distributes, metabolizes, and eliminates a substance.
- C. Prioritize confrontation before safety and assessment are addressed.
- D. Disregard client input, culture, and current recovery needs.

37. Which response best reflects sound practice related to Polysubstance use?

- A. Use an identical approach without considering the individual client.
- B. Prioritize confrontation before safety and assessment are addressed.
- C. Use of more than one substance that can complicate assessment and increase risk.
- D. Disregard client input, culture, and current recovery needs.

38. A training discussion focuses on Stigma. Which conclusion is correct?

- A. Use an identical approach without considering the individual client.
- B. Prioritize confrontation before safety and assessment are addressed.
- C. Disregard client input, culture, and current recovery needs.
- D. Negative labeling that can reduce help-seeking and quality of care.

39. When applying professional judgment, what is most accurate about screening?

- A. Use an identical approach without considering the individual client.
- B. Prioritize confrontation before safety and assessment are addressed.
- C. Use a brief, validated process to identify whether further assessment may be needed.
- D. Disregard client input, culture, and current recovery needs.

40. Which statement is most accurate about rapport?

- A. Use an identical approach without considering the individual client.
- B. Use empathy, respect, and collaborative communication to build a working alliance.
- C. Prioritize confrontation before safety and assessment are addressed.
- D. Disregard client input, culture, and current recovery needs.

41. In a client-centered practice setting, what should the counselor understand about suicide screening?

- A. Use an identical approach without considering the individual client.
- B. Prioritize confrontation before safety and assessment are addressed.
- C. Disregard client input, culture, and current recovery needs.
- D. Ask directly about thoughts, plans, intent, means, and protective factors when risk is indicated.

42. Which response best reflects sound practice related to withdrawal screening?

- A. Identify symptoms and medical risk before assuming outpatient counseling is appropriate.

- B. Use an identical approach without considering the individual client.
- C. Prioritize confrontation before safety and assessment are addressed.
- D. Disregard client input, culture, and current recovery needs.

43. A training discussion focuses on mental-status observation. Which conclusion is correct?

- A. Use an identical approach without considering the individual client.
- B. Document observable appearance, behavior, speech, mood, affect, thought process, and orientation.
- C. Prioritize confrontation before safety and assessment are addressed.
- D. Disregard client input, culture, and current recovery needs.

44. When applying professional judgment, what is most accurate about strengths assessment?

- A. Identify abilities, supports, values, and past successes that can aid recovery.
- B. Use an identical approach without considering the individual client.
- C. Prioritize confrontation before safety and assessment are addressed.
- D. Disregard client input, culture, and current recovery needs.

45. Which statement is most accurate about readiness assessment?

- A. Use an identical approach without considering the individual client.
- B. Prioritize confrontation before safety and assessment are addressed.
- C. Disregard client input, culture, and current recovery needs.
- D. Explore importance, confidence, goals, and ambivalence rather than arguing for change.

46. In a client-centered practice setting, what should the counselor understand about medical referral?

- A. Use an identical approach without considering the individual client.
- B. Prioritize confrontation before safety and assessment are addressed.
- C. Seek medical evaluation when symptoms suggest intoxication, withdrawal, or another urgent condition.

D. Disregard client input, culture, and current recovery needs.

47. Which response best reflects sound practice related to domestic-violence assessment?

- A. Use an identical approach without considering the individual client.
- B. Prioritize confrontation before safety and assessment are addressed.
- C. Ask privately and safely, then support choice and connect the client with appropriate resources.
- D. Disregard client input, culture, and current recovery needs.

48. A training discussion focuses on standardized tools. Which conclusion is correct?

- A. Use an identical approach without considering the individual client.
- B. Use validated tools as one source of information, not as a substitute for clinical judgment.
- C. Prioritize confrontation before safety and assessment are addressed.
- D. Disregard client input, culture, and current recovery needs.

49. When applying professional judgment, what is most accurate about engagement barrier assessment?

- A. Identify transportation, childcare, language, cost, stigma, and scheduling barriers to participation.
- B. Use an identical approach without considering the individual client.
- C. Prioritize confrontation before safety and assessment are addressed.
- D. Disregard client input, culture, and current recovery needs.

50. Which statement is most accurate about adolescent assessment?

- A. Use an identical approach without considering the individual client.
- B. Prioritize confrontation before safety and assessment are addressed.
- C. Disregard client input, culture, and current recovery needs.
- D. Include development, family involvement, school functioning, and confidentiality limits appropriate to law.

51. In a client-centered practice setting, what should the counselor understand about pregnancy assessment?

- A. Use an identical approach without considering the individual client.
- B. Prioritize confrontation before safety and assessment are addressed.
- C. Promptly coordinate appropriate medical care while using nonjudgmental, supportive communication.
- D. Disregard client input, culture, and current recovery needs.

52. Which response best reflects sound practice related to differential concern?

- A. Use an identical approach without considering the individual client.
- B. Prioritize confrontation before safety and assessment are addressed.
- C. Disregard client input, culture, and current recovery needs.
- D. Refer for qualified evaluation when symptoms may reflect a medical or mental health condition.

53. A training discussion focuses on assessment update. Which conclusion is correct?

- A. Use an identical approach without considering the individual client.
- B. Revise assessment when significant new information or changes in functioning emerge.
- C. Prioritize confrontation before safety and assessment are addressed.
- D. Disregard client input, culture, and current recovery needs.

54. When applying professional judgment, what is most accurate about informed consent?

- A. Explain services, risks, benefits, limits, and choices before beginning treatment.
- B. Use an identical approach without considering the individual client.
- C. Prioritize confrontation before safety and assessment are addressed.
- D. Disregard client input, culture, and current recovery needs.

55. Which statement is most accurate about biopsychosocial assessment?

- A. Use an identical approach without considering the individual client.
- B. Prioritize confrontation before safety and assessment are addressed.
- C. Disregard client input, culture, and current recovery needs.
- D. Gather information about substance use, health, mental health, family, culture, housing, and functioning.

56. In a client-centered practice setting, what should the counselor understand about overdose-risk assessment?

- A. Assess current opioid exposure, tolerance changes, mixing substances, and access to naloxone.
- B. Use an identical approach without considering the individual client.
- C. Prioritize confrontation before safety and assessment are addressed.
- D. Disregard client input, culture, and current recovery needs.

57. Which response best reflects sound practice related to ASAM placement?

- A. Use an identical approach without considering the individual client.
- B. Prioritize confrontation before safety and assessment are addressed.
- C. Consider multidimensional needs rather than using a diagnosis alone to choose level of care.
- D. Disregard client input, culture, and current recovery needs.

58. A training discussion focuses on collateral information. Which conclusion is correct?

- A. Use an identical approach without considering the individual client.
- B. Obtain consent when required before gathering information from family or other providers.
- C. Prioritize confrontation before safety and assessment are addressed.
- D. Disregard client input, culture, and current recovery needs.

59. When applying professional judgment, what is most accurate about cultural assessment?

- A. Explore language, identity, beliefs, and community context without stereotyping the client.
- B. Use an identical approach without considering the individual client.
- C. Prioritize confrontation before safety and assessment are addressed.
- D. Disregard client input, culture, and current recovery needs.

60. Which statement is most accurate about substance-use history?

- A. Use an identical approach without considering the individual client.
- B. Prioritize confrontation before safety and assessment are addressed.
- C. Disregard client input, culture, and current recovery needs.
- D. Clarify substances, amount, frequency, route, last use, consequences, and prior treatment.

61. In a client-centered practice setting, what should the counselor understand about child-safety assessment?

- A. Use an identical approach without considering the individual client.
- B. Prioritize confrontation before safety and assessment are addressed.
- C. Follow applicable law and policy when there is a reasonable concern for a child's safety.
- D. Disregard client input, culture, and current recovery needs.

62. Which response best reflects sound practice related to diagnostic caution?

- A. Use an identical approach without considering the individual client.
- B. Distinguish observed facts from diagnostic conclusions outside the counselor's authority.
- C. Prioritize confrontation before safety and assessment are addressed.
- D. Disregard client input, culture, and current recovery needs.

63. A training discussion focuses on functional assessment. Which conclusion is correct?

- A. Use an identical approach without considering the individual client.
- B. Prioritize confrontation before safety and assessment are addressed.

- C. Examine how substance use affects work, relationships, health, legal status, and daily living.
- D. Disregard client input, culture, and current recovery needs.

64. When applying professional judgment, what is most accurate about telehealth assessment?

- A. Use an identical approach without considering the individual client.
- B. Confirm privacy, location, emergency contacts, technology access, and suitability for remote care.
- C. Prioritize confrontation before safety and assessment are addressed.
- D. Disregard client input, culture, and current recovery needs.

65. Which statement is most accurate about older-adult assessment?

- A. Use an identical approach without considering the individual client.
- B. Prioritize confrontation before safety and assessment are addressed.
- C. Disregard client input, culture, and current recovery needs.
- D. Consider medication interactions, cognition, isolation, falls, and medical conditions.

66. In a client-centered practice setting, what should the counselor understand about documentation of assessment?

- A. Record relevant findings, client statements, observations, decisions, and follow-up actions promptly.
- B. Use an identical approach without considering the individual client.
- C. Prioritize confrontation before safety and assessment are addressed.
- D. Disregard client input, culture, and current recovery needs.

67. Which response best reflects sound practice related to risk prioritization?

- A. Use an identical approach without considering the individual client.
- B. Prioritize confrontation before safety and assessment are addressed.
- C. Disregard client input, culture, and current recovery needs.
- D. Address immediate safety and medical needs before routine treatment-planning tasks.

68. A training discussion focuses on client self-report. Which conclusion is correct?

- A. Use an identical approach without considering the individual client.
- B. Treat self-report respectfully while checking consistency and seeking permitted corroboration when needed.
- C. Prioritize confrontation before safety and assessment are addressed.
- D. Disregard client input, culture, and current recovery needs.

69. When applying professional judgment, what is most accurate about person-centered treatment plan?

- A. Develop goals with the client that reflect assessed needs, strengths, culture, and preferences.
- B. Use an identical approach without considering the individual client.
- C. Prioritize confrontation before safety and assessment are addressed.
- D. Disregard client input, culture, and current recovery needs.

70. Which statement is most accurate about motivational interviewing?

- A. Use an identical approach without considering the individual client.
- B. Prioritize confrontation before safety and assessment are addressed.
- C. Use open questions, affirmations, reflections, and summaries to evoke the client's own reasons for change.
- D. Disregard client input, culture, and current recovery needs.

71. In a client-centered practice setting, what should the counselor understand about stages of change?

- A. Match interventions to readiness rather than treating ambivalence as defiance.
- B. Use an identical approach without considering the individual client.
- C. Prioritize confrontation before safety and assessment are addressed.
- D. Disregard client input, culture, and current recovery needs.

72. Which response best reflects sound practice related to relapse-prevention plan?

- A. Use an identical approach without considering the individual client.
- B. Identify warning signs, coping responses, supports, and steps to take after a lapse.
- C. Prioritize confrontation before safety and assessment are addressed.
- D. Disregard client input, culture, and current recovery needs.

73. A training discussion focuses on coping-skills training. Which conclusion is correct?

- A. Use an identical approach without considering the individual client.
- B. Prioritize confrontation before safety and assessment are addressed.
- C. Disregard client input, culture, and current recovery needs.
- D. Practice concrete skills such as urge surfing, refusal, problem solving, and emotion regulation.

74. When applying professional judgment, what is most accurate about family involvement?

- A. Use an identical approach without considering the individual client.
- B. Prioritize confrontation before safety and assessment are addressed.
- C. Include family or supports with the client's consent and with clear boundaries.
- D. Disregard client input, culture, and current recovery needs.

75. Which statement is most accurate about warm handoff?

- A. Connect the client directly with another provider and confirm the next step when possible.
- B. Use an identical approach without considering the individual client.
- C. Prioritize confrontation before safety and assessment are addressed.
- D. Disregard client input, culture, and current recovery needs.

76. In a client-centered practice setting, what should the counselor understand about crisis intervention?

- A. Use an identical approach without considering the individual client.
- B. Prioritize confrontation before safety and assessment are addressed.
- C. Stabilize immediate safety, assess risk, mobilize supports, and obtain emergency help when needed.
- D. Disregard client input, culture, and current recovery needs.

77. Which response best reflects sound practice related to medication coordination?

- A. Use an identical approach without considering the individual client.
- B. Encourage communication with qualified prescribers while staying within counselor scope.
- C. Prioritize confrontation before safety and assessment are addressed.
- D. Disregard client input, culture, and current recovery needs.

78. A training discussion focuses on contingency management. Which conclusion is correct?

- A. Use an identical approach without considering the individual client.
- B. Prioritize confrontation before safety and assessment are addressed.
- C. Disregard client input, culture, and current recovery needs.
- D. Use planned reinforcement of agreed recovery-supporting behaviors when appropriate.

79. When applying professional judgment, what is most accurate about cultural responsiveness?

- A. Use an identical approach without considering the individual client.
- B. Prioritize confrontation before safety and assessment are addressed.
- C. Disregard client input, culture, and current recovery needs.
- D. Adapt communication and supports to the client's stated culture, language, and values.

80. Which statement is most accurate about treatment-plan review?

- A. Use an identical approach without considering the individual client.
- B. Update goals and interventions when progress, barriers, or risks change.
- C. Prioritize confrontation before safety and assessment are addressed.

D. Disregard client input, culture, and current recovery needs.

81. In a client-centered practice setting, what should the counselor understand about refusal-skills rehearsal?

- A. Practice concise responses and exit strategies for high-risk social situations.
- B. Use an identical approach without considering the individual client.
- C. Prioritize confrontation before safety and assessment are addressed.
- D. Disregard client input, culture, and current recovery needs.

82. Which response best reflects sound practice related to problem-solving model?

- A. Use an identical approach without considering the individual client.
- B. Prioritize confrontation before safety and assessment are addressed.
- C. Define the problem, generate options, weigh consequences, choose a step, and review results.
- D. Disregard client input, culture, and current recovery needs.

83. A training discussion focuses on sleep-support plan. Which conclusion is correct?

- A. Use an identical approach without considering the individual client.
- B. Encourage routine, non-substance coping, and medical consultation when sleep problems persist.
- C. Prioritize confrontation before safety and assessment are addressed.
- D. Disregard client input, culture, and current recovery needs.

84. When applying professional judgment, what is most accurate about strengths-based counseling?

- A. Use an identical approach without considering the individual client.
- B. Prioritize confrontation before safety and assessment are addressed.
- C. Disregard client input, culture, and current recovery needs.
- D. Build intervention plans around competencies, values, resources, and prior successes.

85. Which statement is most accurate about peer-support referral?

- A. Use an identical approach without considering the individual client.
- B. Prioritize confrontation before safety and assessment are addressed.
- C. Offer voluntary connections to trained peers or mutual-help groups that match client preference.
- D. Disregard client input, culture, and current recovery needs.

86. In a client-centered practice setting, what should the counselor understand about harm-reduction planning?

- A. Collaborate on steps that lower immediate risk, such as avoiding solitary use and carrying naloxone.
- B. Use an identical approach without considering the individual client.
- C. Prioritize confrontation before safety and assessment are addressed.
- D. Disregard client input, culture, and current recovery needs.

87. Which response best reflects sound practice related to treatment retention?

- A. Use an identical approach without considering the individual client.
- B. Prioritize confrontation before safety and assessment are addressed.
- C. Disregard client input, culture, and current recovery needs.
- D. Address practical and relational barriers early rather than labeling the client noncompliant.

88. A training discussion focuses on resistance. Which conclusion is correct?

- A. Use an identical approach without considering the individual client.
- B. Respond with curiosity and reflection instead of confrontation or argument.
- C. Prioritize confrontation before safety and assessment are addressed.
- D. Disregard client input, culture, and current recovery needs.

89. When applying professional judgment, what is most accurate about goal scaling?

- A. Use an identical approach without considering the individual client.
- B. Prioritize confrontation before safety and assessment are addressed.
- C. Break a large recovery goal into smaller observable steps that build confidence.
- D. Disregard client input, culture, and current recovery needs.

90. Which statement is most accurate about referral follow-through?

- A. Check whether the client could access the referral and help solve barriers if consent permits.
- B. Use an identical approach without considering the individual client.
- C. Prioritize confrontation before safety and assessment are addressed.
- D. Disregard client input, culture, and current recovery needs.

91. In a client-centered practice setting, what should the counselor understand about client autonomy?

- A. Use an identical approach without considering the individual client.
- B. Offer recommendations while preserving the client's right to make informed choices.
- C. Prioritize confrontation before safety and assessment are addressed.
- D. Disregard client input, culture, and current recovery needs.

92. Which response best reflects sound practice related to SMART objective?

- A. Use an identical approach without considering the individual client.
- B. Prioritize confrontation before safety and assessment are addressed.
- C. Write a specific, measurable, achievable, relevant, and time-bound step toward a goal.
- D. Disregard client input, culture, and current recovery needs.

93. A training discussion focuses on decisional balance. Which conclusion is correct?

- A. Explore both perceived benefits and costs of using and changing without pressuring the client.

- B. Use an identical approach without considering the individual client.
- C. Prioritize confrontation before safety and assessment are addressed.
- D. Disregard client input, culture, and current recovery needs.

94. When applying professional judgment, what is most accurate about cognitive behavioral therapy?

- A. Use an identical approach without considering the individual client.
- B. Prioritize confrontation before safety and assessment are addressed.
- C. Disregard client input, culture, and current recovery needs.
- D. Help the client identify links among thoughts, feelings, behaviors, and substance-use triggers.

95. Which statement is most accurate about trigger management?

- A. Use an identical approach without considering the individual client.
- B. Prioritize confrontation before safety and assessment are addressed.
- C. Disregard client input, culture, and current recovery needs.
- D. Plan alternatives for people, places, emotions, and situations associated with use.

96. In a client-centered practice setting, what should the counselor understand about group counseling?

- A. Use an identical approach without considering the individual client.
- B. Establish safety, purpose, norms, confidentiality limits, and balanced participation.
- C. Prioritize confrontation before safety and assessment are addressed.
- D. Disregard client input, culture, and current recovery needs.

97. Which response best reflects sound practice related to case management?

- A. Coordinate practical supports such as housing, benefits, transportation, and health care.
- B. Use an identical approach without considering the individual client.
- C. Prioritize confrontation before safety and assessment are addressed.
- D. Disregard client input, culture, and current recovery needs.

98. A training discussion focuses on continuing care. Which conclusion is correct?

- A. Use an identical approach without considering the individual client.
- B. Prioritize confrontation before safety and assessment are addressed.
- C. Arrange ongoing supports after intensive treatment to reduce return-to-use risk.
- D. Disregard client input, culture, and current recovery needs.

99. When applying professional judgment, what is most accurate about co-occurring treatment?

- A. Use an identical approach without considering the individual client.
- B. Prioritize confrontation before safety and assessment are addressed.
- C. Disregard client input, culture, and current recovery needs.
- D. Coordinate substance-use and mental-health services in an integrated, client-centered way.

100. Which statement is most accurate about recovery-support planning?

- A. Link the client with peer, mutual-help, family, community, and wellness supports that fit preferences.
- B. Use an identical approach without considering the individual client.
- C. Prioritize confrontation before safety and assessment are addressed.
- D. Disregard client input, culture, and current recovery needs.

101. In a client-centered practice setting, what should the counselor understand about trauma-responsive counseling?

- A. Use an identical approach without considering the individual client.
- B. Prioritize choice, collaboration, pacing, and emotional safety while avoiding forced disclosure.
- C. Prioritize confrontation before safety and assessment are addressed.
- D. Disregard client input, culture, and current recovery needs.

102. Which response best reflects sound practice related to discharge planning?

- A. Use an identical approach without considering the individual client.
- B. Prioritize confrontation before safety and assessment are addressed.
- C. Begin early and address housing, medication, appointments, transportation, supports, and warning signs.
- D. Disregard client input, culture, and current recovery needs.

103. A training discussion focuses on client education. Which conclusion is correct?

- A. Use an identical approach without considering the individual client.
- B. Prioritize confrontation before safety and assessment are addressed.
- C. Disregard client input, culture, and current recovery needs.
- D. Provide understandable, accurate information and check comprehension using teach-back.

104. When applying professional judgment, what is most accurate about emotion-regulation skill?

- A. Teach skills that help the client notice, name, tolerate, and respond to intense feelings.
- B. Use an identical approach without considering the individual client.
- C. Prioritize confrontation before safety and assessment are addressed.
- D. Disregard client input, culture, and current recovery needs.

105. Which statement is most accurate about behavioral activation?

- A. Use an identical approach without considering the individual client.
- B. Prioritize confrontation before safety and assessment are addressed.
- C. Schedule rewarding, recovery-supportive activities to reduce isolation and inactivity.
- D. Disregard client input, culture, and current recovery needs.

106. In a client-centered practice setting, what should the counselor understand about recovery-oriented language?

- A. Use an identical approach without considering the individual client.
- B. Use nonstigmatizing language that recognizes the client as more than a diagnosis.
- C. Prioritize confrontation before safety and assessment are addressed.
- D. Disregard client input, culture, and current recovery needs.

107. Which response best reflects sound practice related to therapeutic boundaries?

- A. Use an identical approach without considering the individual client.
- B. Prioritize confrontation before safety and assessment are addressed.
- C. Maintain a purposeful professional relationship and avoid meeting counselor needs through the client.
- D. Disregard client input, culture, and current recovery needs.

108. A training discussion focuses on aftercare contact. Which conclusion is correct?

- A. Use an identical approach without considering the individual client.
- B. Plan timely follow-up after discharge and respond early to missed appointments or warning signs.
- C. Prioritize confrontation before safety and assessment are addressed.
- D. Disregard client input, culture, and current recovery needs.

109. When applying professional judgment, what is most accurate about service coordination?

- A. Use an identical approach without considering the individual client.
- B. Prioritize confrontation before safety and assessment are addressed.
- C. Disregard client input, culture, and current recovery needs.
- D. Share relevant information only as authorized and ensure each provider understands agreed roles.

110. Which statement is most accurate about group conflict?

- A. Address harmful behavior calmly, reinforce norms, and protect the group's safety.

- B. Use an identical approach without considering the individual client.
- C. Prioritize confrontation before safety and assessment are addressed.
- D. Disregard client input, culture, and current recovery needs.

111. In a client-centered practice setting, what should the counselor understand about values clarification?

- A. Help the client compare current behavior with personally chosen values and goals.
- B. Use an identical approach without considering the individual client.
- C. Prioritize confrontation before safety and assessment are addressed.
- D. Disregard client input, culture, and current recovery needs.

112. Which response best reflects sound practice related to family education?

- A. Use an identical approach without considering the individual client.
- B. Prioritize confrontation before safety and assessment are addressed.
- C. Disregard client input, culture, and current recovery needs.
- D. Provide accurate information about substance use, recovery, boundaries, and support options.

113. A training discussion focuses on recovery environment. Which conclusion is correct?

- A. Use an identical approach without considering the individual client.
- B. Assess and strengthen housing, relationships, employment, and routines that support recovery.
- C. Prioritize confrontation before safety and assessment are addressed.
- D. Disregard client input, culture, and current recovery needs.

114. When applying professional judgment, what is most accurate about confidentiality?

- A. Use an identical approach without considering the individual client.
- B. Prioritize confrontation before safety and assessment are addressed.
- C. Protect identifiable client information except when a valid authorization or a legal exception applies.

D. Disregard client input, culture, and current recovery needs.

115. Which statement is most accurate about HIPAA?

- A. Use and disclose protected health information only as permitted by applicable privacy rules.
- B. Use an identical approach without considering the individual client.
- C. Prioritize confrontation before safety and assessment are addressed.
- D. Disregard client input, culture, and current recovery needs.

116. In a client-centered practice setting, what should the counselor understand about informed-release authorization?

- A. Use an identical approach without considering the individual client.
- B. Prioritize confrontation before safety and assessment are addressed.
- C. Disregard client input, culture, and current recovery needs.
- D. Use a valid, specific authorization before sharing information when authorization is required.

117. Which response best reflects sound practice related to duty to protect?

- A. Use an identical approach without considering the individual client.
- B. Consult law, policy, and supervision promptly when a credible threat may require protective action.
- C. Prioritize confrontation before safety and assessment are addressed.
- D. Disregard client input, culture, and current recovery needs.

118. A training discussion focuses on clinical supervision. Which conclusion is correct?

- A. Use an identical approach without considering the individual client.
- B. Prioritize confrontation before safety and assessment are addressed.
- C. Disregard client input, culture, and current recovery needs.
- D. Seek timely supervision for uncertainty, risk, boundary concerns, or complex clinical decisions.

119. When applying professional judgment, what is most accurate about sexual boundaries?

- A. Use an identical approach without considering the individual client.
- B. Prioritize confrontation before safety and assessment are addressed.
- C. Never engage in sexual or romantic conduct with a current client.
- D. Disregard client input, culture, and current recovery needs.

120. Which statement is most accurate about social media?

- A. Avoid personal social-media contact that compromises client boundaries or privacy.
- B. Use an identical approach without considering the individual client.
- C. Prioritize confrontation before safety and assessment are addressed.
- D. Disregard client input, culture, and current recovery needs.

121. In a client-centered practice setting, what should the counselor understand about record correction?

- A. Use an identical approach without considering the individual client.
- B. Correct errors transparently without deleting or obscuring the original record.
- C. Prioritize confrontation before safety and assessment are addressed.
- D. Disregard client input, culture, and current recovery needs.

122. Which response best reflects sound practice related to telehealth privacy?

- A. Use an identical approach without considering the individual client.
- B. Prioritize confrontation before safety and assessment are addressed.
- C. Use secure processes and discuss privacy limits, emergency procedures, and technology risks.
- D. Disregard client input, culture, and current recovery needs.

123. A training discussion focuses on discrimination. Which conclusion is correct?

- A. Use an identical approach without considering the individual client.
- B. Prioritize confrontation before safety and assessment are addressed.
- C. Disregard client input, culture, and current recovery needs.
- D. Provide equitable services and challenge bias that interferes with client care.

124. When applying professional judgment, what is most accurate about ethical decision making?

- A. Use an identical approach without considering the individual client.
- B. Prioritize confrontation before safety and assessment are addressed.
- C. Identify facts, consult standards and supervision, consider harms, document reasoning, and act responsibly.
- D. Disregard client input, culture, and current recovery needs.

125. Which statement is most accurate about client records?

- A. Store and transmit records securely according to law, policy, and professional standards.
- B. Use an identical approach without considering the individual client.
- C. Prioritize confrontation before safety and assessment are addressed.
- D. Disregard client input, culture, and current recovery needs.

126. In a client-centered practice setting, what should the counselor understand about abandonment?

- A. Use an identical approach without considering the individual client.
- B. Do not end services abruptly when foreseeable harm can be reduced through planning and referral.
- C. Prioritize confrontation before safety and assessment are addressed.
- D. Disregard client input, culture, and current recovery needs.

127. Which response best reflects sound practice related to advertising?

- A. Use an identical approach without considering the individual client.
- B. Represent credentials, services, and qualifications accurately without misleading claims.

- C. Prioritize confrontation before safety and assessment are addressed.
- D. Disregard client input, culture, and current recovery needs.

128. A training discussion focuses on research participation. Which conclusion is correct?

- A. Protect voluntary consent and confidentiality when clients are invited into research.
- B. Use an identical approach without considering the individual client.
- C. Prioritize confrontation before safety and assessment are addressed.
- D. Disregard client input, culture, and current recovery needs.

129. When applying professional judgment, what is most accurate about boundary crossing?

- A. Use an identical approach without considering the individual client.
- B. Prioritize confrontation before safety and assessment are addressed.
- C. Consult supervision when a nonroutine action could benefit the client but creates boundary risk.
- D. Disregard client input, culture, and current recovery needs.

130. Which statement is most accurate about professional consultation?

- A. Use an identical approach without considering the individual client.
- B. Prioritize confrontation before safety and assessment are addressed.
- C. Disregard client input, culture, and current recovery needs.
- D. Document significant consultations and the rationale for resulting decisions.

131. In a client-centered practice setting, what should the counselor understand about client access?

- A. Follow applicable law and policy when responding to a client request for records.
- B. Use an identical approach without considering the individual client.
- C. Prioritize confrontation before safety and assessment are addressed.
- D. Disregard client input, culture, and current recovery needs.

132. Which response best reflects sound practice related to ethical language?

- A. Use an identical approach without considering the individual client.
- B. Use respectful, person-first or client-preferred language and avoid stigmatizing labels.
- C. Prioritize confrontation before safety and assessment are addressed.
- D. Disregard client input, culture, and current recovery needs.

133. A training discussion focuses on 42 CFR Part 2. Which conclusion is correct?

- A. Use an identical approach without considering the individual client.
- B. Prioritize confrontation before safety and assessment are addressed.
- C. Disregard client input, culture, and current recovery needs.
- D. Follow the special federal confidentiality protections that may apply to substance-use treatment records.

134. When applying professional judgment, what is most accurate about minimum necessary?

- A. Use an identical approach without considering the individual client.
- B. Prioritize confrontation before safety and assessment are addressed.
- C. Limit routine information sharing to the least information needed for the intended purpose.
- D. Disregard client input, culture, and current recovery needs.

135. Which statement is most accurate about mandated reporting?

- A. Use an identical approach without considering the individual client.
- B. Prioritize confrontation before safety and assessment are addressed.
- C. Follow the law and agency policy when facts create a reportable concern, documenting actions taken.
- D. Disregard client input, culture, and current recovery needs.

136. In a client-centered practice setting, what should the counselor understand about scope of practice?

- A. Use an identical approach without considering the individual client.
- B. Refer or consult when client needs exceed the counselor's training, authority, or competence.
- C. Prioritize confrontation before safety and assessment are addressed.
- D. Disregard client input, culture, and current recovery needs.

137. Which response best reflects sound practice related to dual relationships?

- A. Use an identical approach without considering the individual client.
- B. Prioritize confrontation before safety and assessment are addressed.
- C. Disregard client input, culture, and current recovery needs.
- D. Avoid relationships that could impair professional judgment or exploit the client.

138. A training discussion focuses on gifts. Which conclusion is correct?

- A. Evaluate gifts using policy, culture, value, power dynamics, and supervision rather than accepting automatically.
- B. Use an identical approach without considering the individual client.
- C. Prioritize confrontation before safety and assessment are addressed.
- D. Disregard client input, culture, and current recovery needs.

139. When applying professional judgment, what is most accurate about documentation?

- A. Use an identical approach without considering the individual client.
- B. Prioritize confrontation before safety and assessment are addressed.
- C. Disregard client input, culture, and current recovery needs.
- D. Create timely, factual, objective records that support continuity of care and accountability.

140. Which statement is most accurate about informed consent renewal?

- A. Use an identical approach without considering the individual client.
- B. Revisit consent when services, risks, technology, or relevant circumstances change.
- C. Prioritize confrontation before safety and assessment are addressed.
- D. Disregard client input, culture, and current recovery needs.

141. In a client-centered practice setting, what should the counselor understand about cultural competence?

- A. Recognize limits in one's knowledge and seek consultation rather than making assumptions.
- B. Use an identical approach without considering the individual client.
- C. Prioritize confrontation before safety and assessment are addressed.
- D. Disregard client input, culture, and current recovery needs.

142. Which response best reflects sound practice related to professional impairment?

- A. Use an identical approach without considering the individual client.
- B. Prioritize confrontation before safety and assessment are addressed.
- C. Address personal impairment that could affect client care through supervision and appropriate support.
- D. Disregard client input, culture, and current recovery needs.

143. A training discussion focuses on consultation. Which conclusion is correct?

- A. Use an identical approach without considering the individual client.
- B. Prioritize confrontation before safety and assessment are addressed.
- C. Share only information needed for consultation and protect identity when possible.
- D. Disregard client input, culture, and current recovery needs.

144. When applying professional judgment, what is most accurate about termination?

- A. Plan and document termination responsibly, including referrals or continuing-care options when indicated.
- B. Use an identical approach without considering the individual client.
- C. Prioritize confrontation before safety and assessment are addressed.
- D. Disregard client input, culture, and current recovery needs.

145. Which statement is most accurate about fee transparency?

- A. Use an identical approach without considering the individual client.
- B. Explain fees, billing practices, cancellation policies, and financial limits before services begin.
- C. Prioritize confrontation before safety and assessment are addressed.
- D. Disregard client input, culture, and current recovery needs.

146. In a client-centered practice setting, what should the counselor understand about credential use?

- A. Use an identical approach without considering the individual client.
- B. Prioritize confrontation before safety and assessment are addressed.
- C. Disregard client input, culture, and current recovery needs.
- D. Use only credentials that are current and legitimately earned.

147. Which response best reflects sound practice related to client grievance?

- A. Use an identical approach without considering the individual client.
- B. Prioritize confrontation before safety and assessment are addressed.
- C. Disregard client input, culture, and current recovery needs.
- D. Inform clients of available complaint procedures and respond without retaliation.

148. A training discussion focuses on conflict of interest. Which conclusion is correct?

- A. Use an identical approach without considering the individual client.
- B. Disclose and manage interests that could compromise objective service to the client.

- C. Prioritize confrontation before safety and assessment are addressed.
- D. Disregard client input, culture, and current recovery needs.

149. When applying professional judgment, what is most accurate about emergency disclosure?

- A. Disclose only what is necessary to address an immediate, serious safety emergency when permitted.
- B. Use an identical approach without considering the individual client.
- C. Prioritize confrontation before safety and assessment are addressed.
- D. Disregard client input, culture, and current recovery needs.

150. Which statement is most accurate about continuing education?

- A. Use an identical approach without considering the individual client.
- B. Prioritize confrontation before safety and assessment are addressed.
- C. Maintain competence through ongoing learning relevant to the populations and services provided.
- D. Disregard client input, culture, and current recovery needs.

Practice Exam 7: Answer Key and Explanations

1. B — Needing a larger amount to obtain a previously experienced effect. This accurately describes Tolerance for alcohol and drug counseling practice. Counselors apply this principle in a way that considers client strengths, safety, culture, and current assessment findings. The other choices are overly rigid, punitive, or dismissive of collaboration. Appropriate documentation and timely consultation support ethical, effective, recovery-oriented decisions in complex

2. A — Physiologic adaptation that may occur without compulsive use. This accurately describes Physical dependence for alcohol and drug counseling practice. Counselors apply this principle in a way that considers client strengths, safety, culture, and current assessment findings. The other choices are overly rigid, punitive, or dismissive of collaboration. Appropriate documentation and timely consultation support ethical, effective, recovery-oriented decisions in complex situations.

3. C — A strong urge or desire to use a substance. This accurately describes Craving for alcohol and drug counseling practice. Counselors apply this principle in a way that considers client strengths, safety, culture, and current assessment findings. The other choices are overly rigid, punitive, or dismissive of

collaboration. Appropriate documentation and timely consultation support ethical, effective, recovery-oriented decisions in complex situations.

4. A — One substance suppressing withdrawal from another pharmacologically similar substance. This accurately describes Cross-dependence for alcohol and drug counseling practice. Counselors apply this principle in a way that considers client strengths, safety, culture, and current assessment findings. The other choices are overly rigid, punitive, or dismissive of collaboration. Appropriate documentation and timely consultation support ethical, effective, recovery-oriented decisions in complex situations.

5. B — A state that can include increased energy, agitation, elevated heart rate, and reduced appetite. This accurately describes Stimulant intoxication for alcohol and drug counseling practice. Counselors apply this principle in a way that considers client strengths, safety, culture, and current assessment findings. The other choices are overly rigid, punitive, or dismissive of collaboration. Appropriate documentation and timely consultation support ethical,

6. D — An opioid antagonist used to reverse opioid overdose temporarily. This accurately describes Naloxone for alcohol and drug counseling practice. Counselors apply this principle in a way that considers client strengths, safety, culture, and current assessment findings. The other choices are overly rigid, punitive, or dismissive of collaboration. Appropriate documentation and timely consultation support ethical, effective, recovery-oriented decisions in complex situations.

7. B — A severe alcohol-withdrawal complication involving confusion and autonomic instability. This accurately describes Delirium tremens for alcohol and drug counseling practice. Counselors apply this principle in a way that considers client strengths, safety, culture, and current assessment findings. The other choices are overly rigid, punitive, or dismissive of collaboration. Appropriate documentation and timely consultation support ethical, effective, recovery-oriented decisions in complex

8. C — Changes in perception that may include distortions, anxiety, or panic. This accurately describes Hallucinogen effects for alcohol and drug counseling practice. Counselors apply this principle in a way that considers client strengths, safety, culture, and current assessment findings. The other choices are overly rigid, punitive, or dismissive of collaboration. Appropriate documentation and timely consultation support ethical, effective, recovery-oriented decisions in

9. A — A factor that can change onset, intensity, duration, and overdose risk. This accurately describes Routes of administration for alcohol and drug counseling practice. Counselors apply this principle in a way that considers client strengths, safety, culture, and current assessment findings. The other choices are overly rigid, punitive, or dismissive of collaboration. Appropriate documentation and timely consultation support ethical, effective, recovery-oriented

10. D — A brain system involved in reinforcement, motivation, and learned associations. This accurately describes Reward pathway for alcohol and drug counseling practice. Counselors apply this principle in a way that considers client strengths, safety, culture, and current assessment findings. The other choices are overly rigid, punitive, or dismissive of collaboration. Appropriate documentation and timely consultation support ethical, effective, recovery-oriented decisions in

11. C — Behavior strengthened because it produces a rewarding consequence. This accurately describes Positive reinforcement for alcohol and drug counseling practice. Counselors apply this principle in a way that considers client strengths, safety, culture, and current assessment findings. The other choices are overly rigid, punitive, or dismissive of collaboration. Appropriate documentation and timely consultation support ethical, effective, recovery-oriented decisions in complex situations.

12. D — Learning shaped by consequences that follow behavior. This accurately describes Operant conditioning for alcohol and drug counseling practice. Counselors apply this principle in a way that considers client strengths, safety, culture, and current assessment findings. The other choices are overly rigid, punitive, or dismissive of collaboration. Appropriate documentation and timely consultation support ethical, effective, recovery-oriented decisions in complex situations.

13. B — Internal and external resources that support recovery and well-being. This accurately describes Recovery capital for alcohol and drug counseling practice. Counselors apply this principle in a way that considers client strengths, safety, culture, and current assessment findings. The other choices are overly rigid, punitive, or dismissive of collaboration. Appropriate documentation and timely consultation support ethical, effective, recovery-oriented decisions in complex

14. A — Conditions associated with increased likelihood of substance-related problems. This accurately describes Risk factors for alcohol and drug counseling practice. Counselors apply this principle in a way that considers client strengths, safety, culture, and current assessment findings. The other choices are overly rigid, punitive, or dismissive of collaboration. Appropriate documentation and timely consultation support ethical, effective, recovery-oriented decisions in complex situations.

15. C — Care that emphasizes safety, trust, choice, collaboration, and empowerment. This accurately describes Trauma-informed care for alcohol and drug counseling practice. Counselors apply this principle in a way that considers client strengths, safety, culture, and current assessment findings. The other choices are overly rigid, punitive, or dismissive of collaboration. Appropriate documentation and timely consultation support ethical, effective, recovery-oriented decisions in complex

16. D — A return to substance use after a period of reduction or abstinence. This accurately describes Relapse for alcohol and drug counseling practice. Counselors apply this principle in a way that considers client strengths, safety, culture, and current assessment findings. The other choices are overly rigid, punitive, or dismissive of collaboration. Appropriate documentation and timely consultation support ethical, effective, recovery-oriented decisions

17. B — Evidence-based medication treatment used with counseling and recovery supports. This accurately describes Medication for opioid use disorder for alcohol and drug counseling practice. Counselors apply this principle in a way that considers client strengths, safety, culture, and current assessment findings. The other choices are overly rigid, punitive, or dismissive of collaboration. Appropriate documentation and timely consultation support ethical, effective, recovery-oriented

18. B — How a substance produces effects in the body and brain. This accurately describes Pharmacodynamics for alcohol and drug counseling practice. Counselors apply this principle in a way that considers client strengths, safety, culture, and current assessment findings. The other choices are

overly rigid, punitive, or dismissive of collaboration. Appropriate documentation and timely consultation support ethical, effective, recovery-oriented decisions in complex

19. A — An ongoing practice of self-reflection and respectful learning from each client. This accurately describes Cultural humility for alcohol and drug counseling practice. Counselors apply this principle in a way that considers client strengths, safety, culture, and current assessment findings. The other choices are overly rigid, punitive, or dismissive of collaboration. Appropriate documentation and timely consultation support ethical, effective, recovery-oriented decisions

20. D — A predictable set of symptoms after reducing or stopping a substance. This accurately describes Withdrawal for alcohol and drug counseling practice. Counselors apply this principle in a way that considers client strengths, safety, culture, and current assessment findings. The other choices are overly rigid, punitive, or dismissive of collaboration. Appropriate documentation and timely consultation support ethical, effective, recovery-oriented decisions in

21. C — A clinically significant pattern of impaired control, social impairment, risky use, or pharmacologic criteria. This accurately describes Substance use disorder for alcohol and drug counseling practice. Counselors apply this principle in a way that considers client strengths, safety, culture, and current assessment findings. The other choices are overly rigid, punitive, or dismissive of collaboration. Appropriate documentation and timely consultation support

22. A — Tolerance to one substance reducing response to a pharmacologically similar substance. This accurately describes Cross-tolerance for alcohol and drug counseling practice. Counselors apply this principle in a way that considers client strengths, safety, culture, and current assessment findings. The other choices are overly rigid, punitive, or dismissive of collaboration. Appropriate documentation and timely consultation support ethical, effective, recovery-oriented decisions in

23. D — Central nervous system depression that can impair judgment, coordination, and reaction time. This accurately describes Alcohol intoxication for alcohol and drug counseling practice. Counselors apply this principle in a way that considers client strengths, safety, culture, and current assessment findings. The other choices are overly rigid, punitive, or dismissive of collaboration. Appropriate documentation and timely consultation support ethical, effective, recovery-oriented

24. B — A medical emergency marked by depressed breathing and decreased responsiveness. This accurately describes Opioid overdose for alcohol and drug counseling practice. Counselors apply this principle in a way that considers client strengths, safety, culture, and current assessment findings. The other choices are overly rigid, punitive, or dismissive of collaboration. Appropriate documentation and timely consultation support ethical, effective, recovery-oriented decisions in

25. C — A potentially dangerous withdrawal syndrome that may require medical management. This accurately describes Benzodiazepine withdrawal for alcohol and drug counseling practice. Counselors apply this principle in a way that considers client strengths, safety, culture, and current assessment findings. The other choices are overly rigid, punitive, or dismissive of collaboration. Appropriate documentation and timely consultation support ethical, effective, recovery-oriented decisions in

26. A — A state that may impair attention, coordination, memory, and perception. This accurately describes Cannabis intoxication for alcohol and drug counseling practice. Counselors apply this principle in a way that considers client strengths, safety, culture, and current assessment findings. The other choices are overly rigid, punitive, or dismissive of collaboration. Appropriate documentation and timely consultation support ethical, effective, recovery-oriented decisions in

27. A — A pattern often maintained by withdrawal relief, cue reactivity, and reinforcement. This accurately describes Nicotine dependence for alcohol and drug counseling practice. Counselors apply this principle in a way that considers client strengths, safety, culture, and current assessment findings. The other choices are overly rigid, punitive, or dismissive of collaboration. Appropriate documentation and timely consultation support ethical, effective, recovery-oriented decisions

28. C — Brain and body changes that develop with repeated substance exposure. This accurately describes Neuroadaptation for alcohol and drug counseling practice. Counselors apply this principle in a way that considers client strengths, safety, culture, and current assessment findings. The other choices are overly rigid, punitive, or dismissive of collaboration. Appropriate documentation and timely consultation support ethical, effective, recovery-oriented decisions in complex

29. B — Behavior strengthened because it removes or reduces an unpleasant state. This accurately describes Negative reinforcement for alcohol and drug counseling practice. Counselors apply this principle in a way that considers client strengths, safety, culture, and current assessment findings. The other choices are overly rigid, punitive, or dismissive of collaboration. Appropriate documentation and timely consultation support ethical, effective, recovery-oriented decisions in

30. D — Learning in which cues become associated with substance effects. This accurately describes Classical conditioning for alcohol and drug counseling practice. Counselors apply this principle in a way that considers client strengths, safety, culture, and current assessment findings. The other choices are overly rigid, punitive, or dismissive of collaboration. Appropriate documentation and timely consultation support ethical, effective, recovery-oriented decisions in complex

31. D — An approach integrating biological, psychological, social, and cultural influences. This accurately describes Biopsychosocial model for alcohol and drug counseling practice. Counselors apply this principle in a way that considers client strengths, safety, culture, and current assessment findings. The other choices are overly rigid, punitive, or dismissive of collaboration. Appropriate documentation and timely consultation support ethical, effective, recovery-oriented decisions in complex

32. A — Conditions that reduce risk or buffer the effects of adversity. This accurately describes Protective factors for alcohol and drug counseling practice. Counselors apply this principle in a way that considers client strengths, safety, culture, and current assessment findings. The other choices are overly rigid, punitive, or dismissive of collaboration. Appropriate documentation and timely consultation support ethical, effective, recovery-oriented decisions in

33. C — Mental health and substance use conditions that require integrated attention. This accurately describes Co-occurring disorders for alcohol and drug counseling practice. Counselors apply this principle in a way that considers client strengths, safety, culture, and current assessment findings. The

other choices are overly rigid, punitive, or dismissive of collaboration. Appropriate documentation and timely consultation support ethical, effective, recovery-oriented decisions in

34. B — Practical strategies that reduce adverse consequences even when abstinence is not immediate. This accurately describes Harm reduction for alcohol and drug counseling practice. Counselors apply this principle in a way that considers client strengths, safety, culture, and current assessment findings. The other choices are overly rigid, punitive, or dismissive of collaboration. Appropriate documentation and timely consultation support ethical, effective, recovery-oriented

35. A — A brief return to use that need not become a sustained relapse. This accurately describes Lapse for alcohol and drug counseling practice. Counselors apply this principle in a way that considers client strengths, safety, culture, and current assessment findings. The other choices are overly rigid, punitive, or dismissive of collaboration. Appropriate documentation and timely consultation support ethical, effective, recovery-oriented decisions

36. B — How the body absorbs, distributes, metabolizes, and eliminates a substance. This accurately describes Pharmacokinetics for alcohol and drug counseling practice. Counselors apply this principle in a way that considers client strengths, safety, culture, and current assessment findings. The other choices are overly rigid, punitive, or dismissive of collaboration. Appropriate documentation and timely consultation support ethical, effective, recovery-oriented decisions in complex

37. C — Use of more than one substance that can complicate assessment and increase risk. This accurately describes Polysubstance use for alcohol and drug counseling practice. Counselors apply this principle in a way that considers client strengths, safety, culture, and current assessment findings. The other choices are overly rigid, punitive, or dismissive of collaboration. Appropriate documentation and timely consultation support ethical, effective,

38. D — Negative labeling that can reduce help-seeking and quality of care. This accurately describes Stigma for alcohol and drug counseling practice. Counselors apply this principle in a way that considers client strengths, safety, culture, and current assessment findings. The other choices are overly rigid, punitive, or dismissive of collaboration. Appropriate documentation and timely consultation support ethical, effective, recovery-oriented decisions in complex

39. C — Use a brief, validated process to identify whether further assessment may be needed. This accurately describes screening for alcohol and drug counseling practice. Counselors apply this principle in a way that considers client strengths, safety, culture, and current assessment findings. The other choices are overly rigid, punitive, or dismissive of collaboration. Appropriate documentation and timely consultation support ethical, effective, recovery-oriented

40. B — Use empathy, respect, and collaborative communication to build a working alliance. This accurately describes rapport for alcohol and drug counseling practice. Counselors apply this principle in a way that considers client strengths, safety, culture, and current assessment findings. The other choices are overly rigid, punitive, or dismissive of collaboration. Appropriate documentation and timely consultation support ethical, effective, recovery-oriented decisions in

41. D — Ask directly about thoughts, plans, intent, means, and protective factors when risk is indicated. This accurately describes suicide screening for alcohol and drug counseling practice. Counselors apply this principle in a way that considers client strengths, safety, culture, and current assessment findings. The other choices are overly rigid, punitive, or dismissive of collaboration. Appropriate documentation and timely consultation support ethical,

42. A — Identify symptoms and medical risk before assuming outpatient counseling is appropriate. This accurately describes withdrawal screening for alcohol and drug counseling practice. Counselors apply this principle in a way that considers client strengths, safety, culture, and current assessment findings. The other choices are overly rigid, punitive, or dismissive of collaboration. Appropriate documentation and timely consultation support ethical, effective, recovery-oriented decisions

43. B — Document observable appearance, behavior, speech, mood, affect, thought process, and orientation. This accurately describes mental-status observation for alcohol and drug counseling practice. Counselors apply this principle in a way that considers client strengths, safety, culture, and current assessment findings. The other choices are overly rigid, punitive, or dismissive of collaboration. Appropriate documentation and timely consultation support ethical, effective, recovery-oriented decisions

44. A — Identify abilities, supports, values, and past successes that can aid recovery. This accurately describes strengths assessment for alcohol and drug counseling practice. Counselors apply this principle in a way that considers client strengths, safety, culture, and current assessment findings. The other choices are overly rigid, punitive, or dismissive of collaboration. Appropriate documentation and timely consultation support ethical, effective, recovery-oriented decisions

45. D — Explore importance, confidence, goals, and ambivalence rather than arguing for change. This accurately describes readiness assessment for alcohol and drug counseling practice. Counselors apply this principle in a way that considers client strengths, safety, culture, and current assessment findings. The other choices are overly rigid, punitive, or dismissive of collaboration. Appropriate documentation and timely consultation support ethical, effective, recovery-oriented decisions

46. C — Seek medical evaluation when symptoms suggest intoxication, withdrawal, or another urgent condition. This accurately describes medical referral for alcohol and drug counseling practice. Counselors apply this principle in a way that considers client strengths, safety, culture, and current assessment findings. The other choices are overly rigid, punitive, or dismissive of collaboration. Appropriate documentation and timely consultation support ethical, effective, recovery-oriented

47. C — Ask privately and safely, then support choice and connect the client with appropriate resources. This accurately describes domestic-violence assessment for alcohol and drug counseling practice. Counselors apply this principle in a way that considers client strengths, safety, culture, and current assessment findings. The other choices are overly rigid, punitive, or dismissive of collaboration. Appropriate documentation and timely consultation support ethical,

48. B — Use validated tools as one source of information, not as a substitute for clinical judgment. This accurately describes standardized tools for alcohol and drug counseling practice. Counselors apply this

principle in a way that considers client strengths, safety, culture, and current assessment findings. The other choices are overly rigid, punitive, or dismissive of collaboration. Appropriate documentation and timely consultation support

49. A — Identify transportation, childcare, language, cost, stigma, and scheduling barriers to participation. This accurately describes engagement barrier assessment for alcohol and drug counseling practice. Counselors apply this principle in a way that considers client strengths, safety, culture, and current assessment findings. The other choices are overly rigid, punitive, or dismissive of collaboration. Appropriate documentation and timely consultation support ethical, effective, recovery-oriented

50. D — Include development, family involvement, school functioning, and confidentiality limits appropriate to law. This accurately describes adolescent assessment for alcohol and drug counseling practice. Counselors apply this principle in a way that considers client strengths, safety, culture, and current assessment findings. The other choices are overly rigid, punitive, or dismissive of collaboration. Appropriate documentation and timely consultation support ethical, effective, recovery-oriented

51. C — Promptly coordinate appropriate medical care while using nonjudgmental, supportive communication. This accurately describes pregnancy assessment for alcohol and drug counseling practice. Counselors apply this principle in a way that considers client strengths, safety, culture, and current assessment findings. The other choices are overly rigid, punitive, or dismissive of collaboration. Appropriate documentation and timely consultation support ethical, effective, recovery-oriented decisions in

52. D — Refer for qualified evaluation when symptoms may reflect a medical or mental health condition. This accurately describes differential concern for alcohol and drug counseling practice. Counselors apply this principle in a way that considers client strengths, safety, culture, and current assessment findings. The other choices are overly rigid, punitive, or dismissive of collaboration. Appropriate documentation and timely consultation support ethical,

53. B — Revise assessment when significant new information or changes in functioning emerge. This accurately describes assessment update for alcohol and drug counseling practice. Counselors apply this principle in a way that considers client strengths, safety, culture, and current assessment findings. The other choices are overly rigid, punitive, or dismissive of collaboration. Appropriate documentation and timely consultation support ethical, effective, recovery-oriented decisions

54. A — Explain services, risks, benefits, limits, and choices before beginning treatment. This accurately describes informed consent for alcohol and drug counseling practice. Counselors apply this principle in a way that considers client strengths, safety, culture, and current assessment findings. The other choices are overly rigid, punitive, or dismissive of collaboration. Appropriate documentation and timely consultation support ethical, effective, recovery-oriented decisions in

55. D — Gather information about substance use, health, mental health, family, culture, housing, and functioning. This accurately describes biopsychosocial assessment for alcohol and drug counseling practice. Counselors apply this principle in a way that considers client strengths, safety, culture, and

current assessment findings. The other choices are overly rigid, punitive, or dismissive of collaboration. Appropriate documentation and timely consultation support ethical, effective,

56. A — Assess current opioid exposure, tolerance changes, mixing substances, and access to naloxone. This accurately describes overdose-risk assessment for alcohol and drug counseling practice. Counselors apply this principle in a way that considers client strengths, safety, culture, and current assessment findings. The other choices are overly rigid, punitive, or dismissive of collaboration. Appropriate documentation and timely consultation support ethical, effective, recovery-oriented

57. C — Consider multidimensional needs rather than using a diagnosis alone to choose level of care. This accurately describes ASAM placement for alcohol and drug counseling practice. Counselors apply this principle in a way that considers client strengths, safety, culture, and current assessment findings. The other choices are overly rigid, punitive, or dismissive of collaboration. Appropriate documentation and timely consultation support ethical,

58. B — Obtain consent when required before gathering information from family or other providers. This accurately describes collateral information for alcohol and drug counseling practice. Counselors apply this principle in a way that considers client strengths, safety, culture, and current assessment findings. The other choices are overly rigid, punitive, or dismissive of collaboration. Appropriate documentation and timely consultation support ethical, effective, recovery-oriented

59. A — Explore language, identity, beliefs, and community context without stereotyping the client. This accurately describes cultural assessment for alcohol and drug counseling practice. Counselors apply this principle in a way that considers client strengths, safety, culture, and current assessment findings. The other choices are overly rigid, punitive, or dismissive of collaboration. Appropriate documentation and timely consultation support ethical, effective, recovery-oriented decisions

60. D — Clarify substances, amount, frequency, route, last use, consequences, and prior treatment. This accurately describes substance-use history for alcohol and drug counseling practice. Counselors apply this principle in a way that considers client strengths, safety, culture, and current assessment findings. The other choices are overly rigid, punitive, or dismissive of collaboration. Appropriate documentation and timely consultation support ethical, effective, recovery-oriented decisions

61. C — Follow applicable law and policy when there is a reasonable concern for a child's safety. This accurately describes child-safety assessment for alcohol and drug counseling practice. Counselors apply this principle in a way that considers client strengths, safety, culture, and current assessment findings. The other choices are overly rigid, punitive, or dismissive of collaboration. Appropriate documentation and timely consultation support

62. B — Distinguish observed facts from diagnostic conclusions outside the counselor's authority. This accurately describes diagnostic caution for alcohol and drug counseling practice. Counselors apply this principle in a way that considers client strengths, safety, culture, and current assessment findings. The other choices are overly rigid, punitive, or dismissive of collaboration. Appropriate documentation and timely consultation support ethical, effective, recovery-oriented decisions in

63. C — Examine how substance use affects work, relationships, health, legal status, and daily living. This accurately describes functional assessment for alcohol and drug counseling practice. Counselors apply this principle in a way that considers client strengths, safety, culture, and current assessment findings. The other choices are overly rigid, punitive, or dismissive of collaboration. Appropriate documentation and timely consultation support ethical, effective,

64. B — Confirm privacy, location, emergency contacts, technology access, and suitability for remote care. This accurately describes telehealth assessment for alcohol and drug counseling practice. Counselors apply this principle in a way that considers client strengths, safety, culture, and current assessment findings. The other choices are overly rigid, punitive, or dismissive of collaboration. Appropriate documentation and timely consultation support ethical, effective, recovery-oriented

65. D — Consider medication interactions, cognition, isolation, falls, and medical conditions. This accurately describes older-adult assessment for alcohol and drug counseling practice. Counselors apply this principle in a way that considers client strengths, safety, culture, and current assessment findings. The other choices are overly rigid, punitive, or dismissive of collaboration. Appropriate documentation and timely consultation support ethical, effective, recovery-oriented decisions in complex

66. A — Record relevant findings, client statements, observations, decisions, and follow-up actions promptly. This accurately describes documentation of assessment for alcohol and drug counseling practice. Counselors apply this principle in a way that considers client strengths, safety, culture, and current assessment findings. The other choices are overly rigid, punitive, or dismissive of collaboration. Appropriate documentation and timely consultation support ethical, effective, recovery-oriented

67. D — Address immediate safety and medical needs before routine treatment-planning tasks. This accurately describes risk prioritization for alcohol and drug counseling practice. Counselors apply this principle in a way that considers client strengths, safety, culture, and current assessment findings. The other choices are overly rigid, punitive, or dismissive of collaboration. Appropriate documentation and timely consultation support ethical, effective, recovery-oriented decisions in

68. B — Treat self-report respectfully while checking consistency and seeking permitted corroboration when needed. This accurately describes client self-report for alcohol and drug counseling practice. Counselors apply this principle in a way that considers client strengths, safety, culture, and current assessment findings. The other choices are overly rigid, punitive, or dismissive of collaboration. Appropriate documentation and timely consultation support ethical, effective, recovery-oriented

69. A — Develop goals with the client that reflect assessed needs, strengths, culture, and preferences. This accurately describes person-centered treatment plan for alcohol and drug counseling practice. Counselors apply this principle in a way that considers client strengths, safety, culture, and current assessment findings. The other choices are overly rigid, punitive, or dismissive of collaboration. Appropriate documentation and timely consultation support ethical,

70. C — Use open questions, affirmations, reflections, and summaries to evoke the client's own reasons for change. This accurately describes motivational interviewing for alcohol and drug counseling practice. Counselors apply this principle in a way that considers client strengths, safety, culture, and

current assessment findings. The other choices are overly rigid, punitive, or dismissive of collaboration. Appropriate documentation and timely consultation support

71. A — Match interventions to readiness rather than treating ambivalence as defiance. This accurately describes stages of change for alcohol and drug counseling practice. Counselors apply this principle in a way that considers client strengths, safety, culture, and current assessment findings. The other choices are overly rigid, punitive, or dismissive of collaboration. Appropriate documentation and timely consultation support ethical, effective, recovery-oriented decisions

72. B — Identify warning signs, coping responses, supports, and steps to take after a lapse. This accurately describes relapse-prevention plan for alcohol and drug counseling practice. Counselors apply this principle in a way that considers client strengths, safety, culture, and current assessment findings. The other choices are overly rigid, punitive, or dismissive of collaboration. Appropriate documentation and timely consultation support ethical, effective,

73. D — Practice concrete skills such as urge surfing, refusal, problem solving, and emotion regulation. This accurately describes coping-skills training for alcohol and drug counseling practice. Counselors apply this principle in a way that considers client strengths, safety, culture, and current assessment findings. The other choices are overly rigid, punitive, or dismissive of collaboration. Appropriate documentation and timely consultation support ethical, effective,

74. C — Include family or supports with the client's consent and with clear boundaries. This accurately describes family involvement for alcohol and drug counseling practice. Counselors apply this principle in a way that considers client strengths, safety, culture, and current assessment findings. The other choices are overly rigid, punitive, or dismissive of collaboration. Appropriate documentation and timely consultation support ethical, effective, recovery-oriented

75. A — Connect the client directly with another provider and confirm the next step when possible. This accurately describes warm handoff for alcohol and drug counseling practice. Counselors apply this principle in a way that considers client strengths, safety, culture, and current assessment findings. The other choices are overly rigid, punitive, or dismissive of collaboration. Appropriate documentation and timely consultation support ethical,

76. C — Stabilize immediate safety, assess risk, mobilize supports, and obtain emergency help when needed. This accurately describes crisis intervention for alcohol and drug counseling practice. Counselors apply this principle in a way that considers client strengths, safety, culture, and current assessment findings. The other choices are overly rigid, punitive, or dismissive of collaboration. Appropriate documentation and timely consultation support ethical, effective,

77. B — Encourage communication with qualified prescribers while staying within counselor scope. This accurately describes medication coordination for alcohol and drug counseling practice. Counselors apply this principle in a way that considers client strengths, safety, culture, and current assessment findings. The other choices are overly rigid, punitive, or dismissive of collaboration. Appropriate documentation and timely consultation support ethical, effective, recovery-oriented decisions in

78. D — Use planned reinforcement of agreed recovery-supporting behaviors when appropriate. This accurately describes contingency management for alcohol and drug counseling practice. Counselors apply this principle in a way that considers client strengths, safety, culture, and current assessment findings. The other choices are overly rigid, punitive, or dismissive of collaboration. Appropriate documentation and timely consultation support ethical, effective, recovery-oriented decisions in complex

79. D — Adapt communication and supports to the client's stated culture, language, and values. This accurately describes cultural responsiveness for alcohol and drug counseling practice. Counselors apply this principle in a way that considers client strengths, safety, culture, and current assessment findings. The other choices are overly rigid, punitive, or dismissive of collaboration. Appropriate documentation and timely consultation support ethical, effective, recovery-oriented

80. B — Update goals and interventions when progress, barriers, or risks change. This accurately describes treatment-plan review for alcohol and drug counseling practice. Counselors apply this principle in a way that considers client strengths, safety, culture, and current assessment findings. The other choices are overly rigid, punitive, or dismissive of collaboration. Appropriate documentation and timely consultation support ethical, effective, recovery-oriented decisions in

81. A — Practice concise responses and exit strategies for high-risk social situations. This accurately describes refusal-skills rehearsal for alcohol and drug counseling practice. Counselors apply this principle in a way that considers client strengths, safety, culture, and current assessment findings. The other choices are overly rigid, punitive, or dismissive of collaboration. Appropriate documentation and timely consultation support ethical, effective, recovery-oriented decisions in

82. C — Define the problem, generate options, weigh consequences, choose a step, and review results. This accurately describes problem-solving model for alcohol and drug counseling practice. Counselors apply this principle in a way that considers client strengths, safety, culture, and current assessment findings. The other choices are overly rigid, punitive, or dismissive of collaboration. Appropriate documentation and timely consultation support ethical, effective,

83. B — Encourage routine, non-substance coping, and medical consultation when sleep problems persist. This accurately describes sleep-support plan for alcohol and drug counseling practice. Counselors apply this principle in a way that considers client strengths, safety, culture, and current assessment findings. The other choices are overly rigid, punitive, or dismissive of collaboration. Appropriate documentation and timely consultation support ethical, effective, recovery-oriented decisions

84. D — Build intervention plans around competencies, values, resources, and prior successes. This accurately describes strengths-based counseling for alcohol and drug counseling practice. Counselors apply this principle in a way that considers client strengths, safety, culture, and current assessment findings. The other choices are overly rigid, punitive, or dismissive of collaboration. Appropriate documentation and timely consultation support ethical, effective, recovery-oriented decisions in

85. C — Offer voluntary connections to trained peers or mutual-help groups that match client preference. This accurately describes peer-support referral for alcohol and drug counseling practice. Counselors apply this principle in a way that considers client strengths, safety, culture, and current assessment findings. The other choices are overly rigid, punitive, or dismissive of collaboration. Appropriate documentation and timely consultation support ethical, effective,

86. A — Collaborate on steps that lower immediate risk, such as avoiding solitary use and carrying naloxone. This accurately describes harm-reduction planning for alcohol and drug counseling practice. Counselors apply this principle in a way that considers client strengths, safety, culture, and current assessment findings. The other choices are overly rigid, punitive, or dismissive of collaboration. Appropriate documentation and timely consultation support

87. D — Address practical and relational barriers early rather than labeling the client noncompliant. This accurately describes treatment retention for alcohol and drug counseling practice. Counselors apply this principle in a way that considers client strengths, safety, culture, and current assessment findings. The other choices are overly rigid, punitive, or dismissive of collaboration. Appropriate documentation and timely consultation support ethical, effective, recovery-oriented

88. B — Respond with curiosity and reflection instead of confrontation or argument. This accurately describes resistance for alcohol and drug counseling practice. Counselors apply this principle in a way that considers client strengths, safety, culture, and current assessment findings. The other choices are overly rigid, punitive, or dismissive of collaboration. Appropriate documentation and timely consultation support ethical, effective, recovery-oriented decisions in complex

89. C — Break a large recovery goal into smaller observable steps that build confidence. This accurately describes goal scaling for alcohol and drug counseling practice. Counselors apply this principle in a way that considers client strengths, safety, culture, and current assessment findings. The other choices are overly rigid, punitive, or dismissive of collaboration. Appropriate documentation and timely consultation support ethical, effective, recovery-oriented

90. A — Check whether the client could access the referral and help solve barriers if consent permits. This accurately describes referral follow-through for alcohol and drug counseling practice. Counselors apply this principle in a way that considers client strengths, safety, culture, and current assessment findings. The other choices are overly rigid, punitive, or dismissive of collaboration. Appropriate documentation and timely consultation support

91. B — Offer recommendations while preserving the client's right to make informed choices. This accurately describes client autonomy for alcohol and drug counseling practice. Counselors apply this principle in a way that considers client strengths, safety, culture, and current assessment findings. The other choices are overly rigid, punitive, or dismissive of collaboration. Appropriate documentation and timely consultation support ethical, effective, recovery-oriented decisions

92. C — Write a specific, measurable, achievable, relevant, and time-bound step toward a goal. This accurately describes SMART objective for alcohol and drug counseling practice. Counselors apply this principle in a way that considers client strengths, safety, culture, and current assessment findings. The

other choices are overly rigid, punitive, or dismissive of collaboration. Appropriate documentation and timely consultation support ethical, effective, recovery-oriented

93. A — Explore both perceived benefits and costs of using and changing without pressuring the client. This accurately describes decisional balance for alcohol and drug counseling practice. Counselors apply this principle in a way that considers client strengths, safety, culture, and current assessment findings. The other choices are overly rigid, punitive, or dismissive of collaboration. Appropriate documentation and timely consultation support ethical,

94. D — Help the client identify links among thoughts, feelings, behaviors, and substance-use triggers. This accurately describes cognitive behavioral therapy for alcohol and drug counseling practice. Counselors apply this principle in a way that considers client strengths, safety, culture, and current assessment findings. The other choices are overly rigid, punitive, or dismissive of collaboration. Appropriate documentation and timely consultation support ethical, effective,

95. D — Plan alternatives for people, places, emotions, and situations associated with use. This accurately describes trigger management for alcohol and drug counseling practice. Counselors apply this principle in a way that considers client strengths, safety, culture, and current assessment findings. The other choices are overly rigid, punitive, or dismissive of collaboration. Appropriate documentation and timely consultation support ethical, effective, recovery-oriented decisions

96. B — Establish safety, purpose, norms, confidentiality limits, and balanced participation. This accurately describes group counseling for alcohol and drug counseling practice. Counselors apply this principle in a way that considers client strengths, safety, culture, and current assessment findings. The other choices are overly rigid, punitive, or dismissive of collaboration. Appropriate documentation and timely consultation support ethical, effective, recovery-oriented decisions in complex

97. A — Coordinate practical supports such as housing, benefits, transportation, and health care. This accurately describes case management for alcohol and drug counseling practice. Counselors apply this principle in a way that considers client strengths, safety, culture, and current assessment findings. The other choices are overly rigid, punitive, or dismissive of collaboration. Appropriate documentation and timely consultation support ethical, effective, recovery-oriented decisions

98. C — Arrange ongoing supports after intensive treatment to reduce return-to-use risk. This accurately describes continuing care for alcohol and drug counseling practice. Counselors apply this principle in a way that considers client strengths, safety, culture, and current assessment findings. The other choices are overly rigid, punitive, or dismissive of collaboration. Appropriate documentation and timely consultation support ethical, effective, recovery-oriented decisions in

99. D — Coordinate substance-use and mental-health services in an integrated, client-centered way. This accurately describes co-occurring treatment for alcohol and drug counseling practice. Counselors apply this principle in a way that considers client strengths, safety, culture, and current assessment findings. The other choices are overly rigid, punitive, or dismissive of collaboration. Appropriate documentation and timely consultation support ethical, effective, recovery-oriented decisions in

100. A — Link the client with peer, mutual-help, family, community, and wellness supports that fit preferences. This accurately describes recovery-support planning for alcohol and drug counseling practice. Counselors apply this principle in a way that considers client strengths, safety, culture, and current assessment findings. The other choices are overly rigid, punitive, or dismissive of collaboration. Appropriate documentation and timely consultation support ethical,

101. B — Prioritize choice, collaboration, pacing, and emotional safety while avoiding forced disclosure. This accurately describes trauma-responsive counseling for alcohol and drug counseling practice. Counselors apply this principle in a way that considers client strengths, safety, culture, and current assessment findings. The other choices are overly rigid, punitive, or dismissive of collaboration. Appropriate documentation and timely consultation support ethical, effective, recovery-oriented decisions

102. C — Begin early and address housing, medication, appointments, transportation, supports, and warning signs. This accurately describes discharge planning for alcohol and drug counseling practice. Counselors apply this principle in a way that considers client strengths, safety, culture, and current assessment findings. The other choices are overly rigid, punitive, or dismissive of collaboration. Appropriate documentation and timely consultation support ethical, effective, recovery-oriented

103. D — Provide understandable, accurate information and check comprehension using teach-back. This accurately describes client education for alcohol and drug counseling practice. Counselors apply this principle in a way that considers client strengths, safety, culture, and current assessment findings. The other choices are overly rigid, punitive, or dismissive of collaboration. Appropriate documentation and timely consultation support ethical, effective, recovery-oriented decisions in complex

104. A — Teach skills that help the client notice, name, tolerate, and respond to intense feelings. This accurately describes emotion-regulation skill for alcohol and drug counseling practice. Counselors apply this principle in a way that considers client strengths, safety, culture, and current assessment findings. The other choices are overly rigid, punitive, or dismissive of collaboration. Appropriate documentation and timely consultation support ethical,

105. C — Schedule rewarding, recovery-supportive activities to reduce isolation and inactivity. This accurately describes behavioral activation for alcohol and drug counseling practice. Counselors apply this principle in a way that considers client strengths, safety, culture, and current assessment findings. The other choices are overly rigid, punitive, or dismissive of collaboration. Appropriate documentation and timely consultation support ethical, effective, recovery-oriented decisions in complex

106. B — Use nonstigmatizing language that recognizes the client as more than a diagnosis. This accurately describes recovery-oriented language for alcohol and drug counseling practice. Counselors apply this principle in a way that considers client strengths, safety, culture, and current assessment findings. The other choices are overly rigid, punitive, or dismissive of collaboration. Appropriate documentation and timely consultation support ethical, effective, recovery-oriented

107. C — Maintain a purposeful professional relationship and avoid meeting counselor needs through the client. This accurately describes therapeutic boundaries for alcohol and drug counseling practice.

Counselors apply this principle in a way that considers client strengths, safety, culture, and current assessment findings. The other choices are overly rigid, punitive, or dismissive of collaboration. Appropriate documentation and timely consultation support ethical, effective,

108. B — Plan timely follow-up after discharge and respond early to missed appointments or warning signs. This accurately describes aftercare contact for alcohol and drug counseling practice. Counselors apply this principle in a way that considers client strengths, safety, culture, and current assessment findings. The other choices are overly rigid, punitive, or dismissive of collaboration. Appropriate documentation and timely consultation support ethical,

109. D — Share relevant information only as authorized and ensure each provider understands agreed roles. This accurately describes service coordination for alcohol and drug counseling practice. Counselors apply this principle in a way that considers client strengths, safety, culture, and current assessment findings. The other choices are overly rigid, punitive, or dismissive of collaboration. Appropriate documentation and timely consultation support ethical, effective,

110. A — Address harmful behavior calmly, reinforce norms, and protect the group's safety. This accurately describes group conflict for alcohol and drug counseling practice. Counselors apply this principle in a way that considers client strengths, safety, culture, and current assessment findings. The other choices are overly rigid, punitive, or dismissive of collaboration. Appropriate documentation and timely consultation support ethical, effective, recovery-oriented decisions

111. A — Help the client compare current behavior with personally chosen values and goals. This accurately describes values clarification for alcohol and drug counseling practice. Counselors apply this principle in a way that considers client strengths, safety, culture, and current assessment findings. The other choices are overly rigid, punitive, or dismissive of collaboration. Appropriate documentation and timely consultation support ethical, effective, recovery-oriented

112. D — Provide accurate information about substance use, recovery, boundaries, and support options. This accurately describes family education for alcohol and drug counseling practice. Counselors apply this principle in a way that considers client strengths, safety, culture, and current assessment findings. The other choices are overly rigid, punitive, or dismissive of collaboration. Appropriate documentation and timely consultation support ethical, effective, recovery-oriented decisions

113. B — Assess and strengthen housing, relationships, employment, and routines that support recovery. This accurately describes recovery environment for alcohol and drug counseling practice. Counselors apply this principle in a way that considers client strengths, safety, culture, and current assessment findings. The other choices are overly rigid, punitive, or dismissive of collaboration. Appropriate documentation and timely consultation support ethical, effective, recovery-oriented decisions

114. C — Protect identifiable client information except when a valid authorization or a legal exception applies. This accurately describes confidentiality for alcohol and drug counseling practice. Counselors apply this principle in a way that considers client strengths, safety, culture, and current assessment findings. The other choices are overly rigid, punitive, or dismissive of collaboration. Appropriate documentation and timely consultation support ethical, effective,

115. A — Use and disclose protected health information only as permitted by applicable privacy rules. This accurately describes HIPAA for alcohol and drug counseling practice. Counselors apply this principle in a way that considers client strengths, safety, culture, and current assessment findings. The other choices are overly rigid, punitive, or dismissive of collaboration. Appropriate documentation and timely consultation support ethical, effective, recovery-oriented

116. D — Use a valid, specific authorization before sharing information when authorization is required. This accurately describes informed-release authorization for alcohol and drug counseling practice. Counselors apply this principle in a way that considers client strengths, safety, culture, and current assessment findings. The other choices are overly rigid, punitive, or dismissive of collaboration. Appropriate documentation and timely consultation support ethical, effective, recovery-oriented

117. B — Consult law, policy, and supervision promptly when a credible threat may require protective action. This accurately describes duty to protect for alcohol and drug counseling practice. Counselors apply this principle in a way that considers client strengths, safety, culture, and current assessment findings. The other choices are overly rigid, punitive, or dismissive of collaboration. Appropriate documentation and timely consultation support

118. D — Seek timely supervision for uncertainty, risk, boundary concerns, or complex clinical decisions. This accurately describes clinical supervision for alcohol and drug counseling practice. Counselors apply this principle in a way that considers client strengths, safety, culture, and current assessment findings. The other choices are overly rigid, punitive, or dismissive of collaboration. Appropriate documentation and timely consultation support ethical, effective, recovery-oriented

119. C — Never engage in sexual or romantic conduct with a current client. This accurately describes sexual boundaries for alcohol and drug counseling practice. Counselors apply this principle in a way that considers client strengths, safety, culture, and current assessment findings. The other choices are overly rigid, punitive, or dismissive of collaboration. Appropriate documentation and timely consultation support ethical, effective, recovery-oriented decisions

120. A — Avoid personal social-media contact that compromises client boundaries or privacy. This accurately describes social media for alcohol and drug counseling practice. Counselors apply this principle in a way that considers client strengths, safety, culture, and current assessment findings. The other choices are overly rigid, punitive, or dismissive of collaboration. Appropriate documentation and timely consultation support ethical, effective, recovery-oriented decisions in

121. B — Correct errors transparently without deleting or obscuring the original record. This accurately describes record correction for alcohol and drug counseling practice. Counselors apply this principle in a way that considers client strengths, safety, culture, and current assessment findings. The other choices are overly rigid, punitive, or dismissive of collaboration. Appropriate documentation and timely consultation support ethical, effective, recovery-oriented decisions in

122. C — Use secure processes and discuss privacy limits, emergency procedures, and technology risks. This accurately describes telehealth privacy for alcohol and drug counseling practice. Counselors apply this principle in a way that considers client strengths, safety, culture, and current assessment findings.

The other choices are overly rigid, punitive, or dismissive of collaboration. Appropriate documentation and timely consultation support ethical, effective, recovery-oriented

123. D — Provide equitable services and challenge bias that interferes with client care. This accurately describes discrimination for alcohol and drug counseling practice. Counselors apply this principle in a way that considers client strengths, safety, culture, and current assessment findings. The other choices are overly rigid, punitive, or dismissive of collaboration. Appropriate documentation and timely consultation support ethical, effective, recovery-oriented decisions in

124. C — Identify facts, consult standards and supervision, consider harms, document reasoning, and act responsibly. This accurately describes ethical decision making for alcohol and drug counseling practice. Counselors apply this principle in a way that considers client strengths, safety, culture, and current assessment findings. The other choices are overly rigid, punitive, or dismissive of collaboration. Appropriate documentation and timely consultation support ethical,

125. A — Store and transmit records securely according to law, policy, and professional standards. This accurately describes client records for alcohol and drug counseling practice. Counselors apply this principle in a way that considers client strengths, safety, culture, and current assessment findings. The other choices are overly rigid, punitive, or dismissive of collaboration. Appropriate documentation and timely consultation support ethical, effective, recovery-oriented

126. B — Do not end services abruptly when foreseeable harm can be reduced through planning and referral. This accurately describes abandonment for alcohol and drug counseling practice. Counselors apply this principle in a way that considers client strengths, safety, culture, and current assessment findings. The other choices are overly rigid, punitive, or dismissive of collaboration. Appropriate documentation and timely consultation support ethical,

127. B — Represent credentials, services, and qualifications accurately without misleading claims. This accurately describes advertising for alcohol and drug counseling practice. Counselors apply this principle in a way that considers client strengths, safety, culture, and current assessment findings. The other choices are overly rigid, punitive, or dismissive of collaboration. Appropriate documentation and timely consultation support ethical, effective, recovery-oriented decisions in complex situations.

128. A — Protect voluntary consent and confidentiality when clients are invited into research. This accurately describes research participation for alcohol and drug counseling practice. Counselors apply this principle in a way that considers client strengths, safety, culture, and current assessment findings. The other choices are overly rigid, punitive, or dismissive of collaboration. Appropriate documentation and timely consultation support ethical, effective, recovery-oriented decisions

129. C — Consult supervision when a nonroutine action could benefit the client but creates boundary risk. This accurately describes boundary crossing for alcohol and drug counseling practice. Counselors apply this principle in a way that considers client strengths, safety, culture, and current assessment findings. The other choices are overly rigid, punitive, or dismissive of collaboration. Appropriate documentation and timely consultation support ethical,

130. D — Document significant consultations and the rationale for resulting decisions. This accurately describes professional consultation for alcohol and drug counseling practice. Counselors apply this principle in a way that considers client strengths, safety, culture, and current assessment findings. The other choices are overly rigid, punitive, or dismissive of collaboration. Appropriate documentation and timely consultation support ethical, effective, recovery-oriented decisions in complex

131. A — Follow applicable law and policy when responding to a client request for records. This accurately describes client access for alcohol and drug counseling practice. Counselors apply this principle in a way that considers client strengths, safety, culture, and current assessment findings. The other choices are overly rigid, punitive, or dismissive of collaboration. Appropriate documentation and timely consultation support ethical, effective,

132. B — Use respectful, person-first or client-preferred language and avoid stigmatizing labels. This accurately describes ethical language for alcohol and drug counseling practice. Counselors apply this principle in a way that considers client strengths, safety, culture, and current assessment findings. The other choices are overly rigid, punitive, or dismissive of collaboration. Appropriate documentation and timely consultation support ethical, effective, recovery-oriented decisions in

133. D — Follow the special federal confidentiality protections that may apply to substance-use treatment records. This accurately describes 42 CFR Part 2 for alcohol and drug counseling practice. Counselors apply this principle in a way that considers client strengths, safety, culture, and current assessment findings. The other choices are overly rigid, punitive, or dismissive of collaboration. Appropriate documentation and timely consultation support

134. C — Limit routine information sharing to the least information needed for the intended purpose. This accurately describes minimum necessary for alcohol and drug counseling practice. Counselors apply this principle in a way that considers client strengths, safety, culture, and current assessment findings. The other choices are overly rigid, punitive, or dismissive of collaboration. Appropriate documentation and timely consultation support ethical, effective,

135. C — Follow the law and agency policy when facts create a reportable concern, documenting actions taken. This accurately describes mandated reporting for alcohol and drug counseling practice. Counselors apply this principle in a way that considers client strengths, safety, culture, and current assessment findings. The other choices are overly rigid, punitive, or dismissive of collaboration. Appropriate documentation and timely consultation support

136. B — Refer or consult when client needs exceed the counselor's training, authority, or competence. This accurately describes scope of practice for alcohol and drug counseling practice. Counselors apply this principle in a way that considers client strengths, safety, culture, and current assessment findings. The other choices are overly rigid, punitive, or dismissive of collaboration. Appropriate documentation and timely consultation support ethical,

137. D — Avoid relationships that could impair professional judgment or exploit the client. This accurately describes dual relationships for alcohol and drug counseling practice. Counselors apply this principle in a way that considers client strengths, safety, culture, and current assessment findings. The

other choices are overly rigid, punitive, or dismissive of collaboration. Appropriate documentation and timely consultation support ethical, effective, recovery-oriented decisions

138. A — Evaluate gifts using policy, culture, value, power dynamics, and supervision rather than accepting automatically. This accurately describes gifts for alcohol and drug counseling practice. Counselors apply this principle in a way that considers client strengths, safety, culture, and current assessment findings. The other choices are overly rigid, punitive, or dismissive of collaboration. Appropriate documentation and timely consultation support ethical, effective,

139. D — Create timely, factual, objective records that support continuity of care and accountability. This accurately describes documentation for alcohol and drug counseling practice. Counselors apply this principle in a way that considers client strengths, safety, culture, and current assessment findings. The other choices are overly rigid, punitive, or dismissive of collaboration. Appropriate documentation and timely consultation support ethical, effective, recovery-oriented decisions

140. B — Revisit consent when services, risks, technology, or relevant circumstances change. This accurately describes informed consent renewal for alcohol and drug counseling practice. Counselors apply this principle in a way that considers client strengths, safety, culture, and current assessment findings. The other choices are overly rigid, punitive, or dismissive of collaboration. Appropriate documentation and timely consultation support ethical, effective, recovery-oriented decisions

141. A — Recognize limits in one's knowledge and seek consultation rather than making assumptions. This accurately describes cultural competence for alcohol and drug counseling practice. Counselors apply this principle in a way that considers client strengths, safety, culture, and current assessment findings. The other choices are overly rigid, punitive, or dismissive of collaboration. Appropriate documentation and timely consultation support ethical, effective, recovery-oriented

142. C — Address personal impairment that could affect client care through supervision and appropriate support. This accurately describes professional impairment for alcohol and drug counseling practice. Counselors apply this principle in a way that considers client strengths, safety, culture, and current assessment findings. The other choices are overly rigid, punitive, or dismissive of collaboration. Appropriate documentation and timely consultation support ethical, effective,

143. C — Share only information needed for consultation and protect identity when possible. This accurately describes consultation for alcohol and drug counseling practice. Counselors apply this principle in a way that considers client strengths, safety, culture, and current assessment findings. The other choices are overly rigid, punitive, or dismissive of collaboration. Appropriate documentation and timely consultation support ethical, effective, recovery-oriented decisions in

144. A — Plan and document termination responsibly, including referrals or continuing-care options when indicated. This accurately describes termination for alcohol and drug counseling practice. Counselors apply this principle in a way that considers client strengths, safety, culture, and current assessment findings. The other choices are overly rigid, punitive, or dismissive of collaboration. Appropriate documentation and timely consultation support ethical, effective, recovery-oriented decisions

145. B — Explain fees, billing practices, cancellation policies, and financial limits before services begin. This accurately describes fee transparency for alcohol and drug counseling practice. Counselors apply this principle in a way that considers client strengths, safety, culture, and current assessment findings. The other choices are overly rigid, punitive, or dismissive of collaboration. Appropriate documentation and timely consultation support ethical, effective, recovery-oriented

146. D — Use only credentials that are current and legitimately earned. This accurately describes credential use for alcohol and drug counseling practice. Counselors apply this principle in a way that considers client strengths, safety, culture, and current assessment findings. The other choices are overly rigid, punitive, or dismissive of collaboration. Appropriate documentation and timely consultation support ethical, effective, recovery-oriented decisions in complex

147. D — Inform clients of available complaint procedures and respond without retaliation. This accurately describes client grievance for alcohol and drug counseling practice. Counselors apply this principle in a way that considers client strengths, safety, culture, and current assessment findings. The other choices are overly rigid, punitive, or dismissive of collaboration. Appropriate documentation and timely consultation support ethical, effective, recovery-oriented decisions in

148. B — Disclose and manage interests that could compromise objective service to the client. This accurately describes conflict of interest for alcohol and drug counseling practice. Counselors apply this principle in a way that considers client strengths, safety, culture, and current assessment findings. The other choices are overly rigid, punitive, or dismissive of collaboration. Appropriate documentation and timely consultation support ethical, effective,

149. A — Disclose only what is necessary to address an immediate, serious safety emergency when permitted. This accurately describes emergency disclosure for alcohol and drug counseling practice. Counselors apply this principle in a way that considers client strengths, safety, culture, and current assessment findings. The other choices are overly rigid, punitive, or dismissive of collaboration. Appropriate documentation and timely consultation support ethical,

150. C — Maintain competence through ongoing learning relevant to the populations and services provided. This accurately describes continuing education for alcohol and drug counseling practice. Counselors apply this principle in a way that considers client strengths, safety, culture, and current assessment findings. The other choices are overly rigid, punitive, or dismissive of collaboration. Appropriate documentation and timely consultation support ethical, effective, recovery-oriented