

PRACTICE EXAM 8: ALCOHOL AND DRUG COUNSELOR

(150 QUESTIONS)

This full-length practice exam contains 150 multiple-choice questions. It is aligned to the IC&RC ADC content domains and is intended for study practice only. Select the single best answer for each question. Allow approximately three hours for a timed attempt; confirm your own board requirements before test day.

1. In a case-management meeting, Tolerance is best defined as
 - A. having withdrawal symptoms after stopping
 - B. using a substance despite harm
 - C. needing more of a substance to achieve a similar effect
 - D. craving a substance after treatment

2. During a counselor training exercise, Withdrawal refers to
 - A. a planned decrease in medication dose
 - B. the first phase of denial
 - C. a client refusal to attend group
 - D. symptoms that occur when regular substance use is reduced or stopped

3. When considering a client safety issue, The mesolimbic reward pathway is especially associated with
 - A. visual processing in the occipital lobe
 - B. language comprehension in the temporal lobe
 - C. reinforcement and motivation to repeat rewarding behaviors
 - D. voluntary motor control in the cerebellum

4. In a recovery-planning discussion, A substance that slows central nervous system activity is classified as a

- A. stimulant
- B. depressant
- C. hallucinogen
- D. dissociative anesthetic

5. While reviewing a clinical case, A primary clinical risk during opioid overdose is

- A. respiratory depression
- B. severe hypertension
- C. increased visual acuity
- D. excessive insulin production

6. During a quality-improvement review, A stimulant intoxication pattern is most likely to include

- A. slowed speech and pinpoint pupils
- B. marked sedation and ataxia
- C. reduced alertness and yawning
- D. increased heart rate and agitation

7. In a case-management meeting, Which presentation is most consistent with alcohol withdrawal?

- A. pinpoint pupils and slowed breathing
- B. euphoria with increased appetite
- C. tremor, anxiety, and autonomic hyperactivity
- D. flat affect after a single drink

8. During a counselor training exercise, A co-occurring disorder means

- A. two substances were used on one occasion
- B. a substance use disorder and another mental health condition occur together
- C. a client changed treatment programs twice
- D. a counselor works with two agencies

9. When considering a client safety issue, The disease model of addiction emphasizes that

- A. willpower alone always resolves substance use
- B. substance use is solely a moral failure
- C. relapse proves treatment cannot help
- D. addiction can involve chronic brain and behavioral changes

10. In a recovery-planning discussion, Craving is best described as

- A. a strong desire or urge to use a substance
- B. a measurable blood alcohol level
- C. a completed relapse-prevention plan
- D. a punishment for nonattendance

11. While reviewing a clinical case, Cross-tolerance occurs when

- A. tolerance to one substance reduces response to a related substance
- B. two counselors use the same treatment plan
- C. a client tolerates feedback in group
- D. a program accepts two insurance plans

12. During a quality-improvement review, A key feature of nicotine withdrawal is

- A. hallucinations with disorientation

- B. irritability with a strong urge to smoke or vape
- C. profound respiratory depression
- D. elevated mood without sleep

13. In a case-management meeting, The term polysubstance use means

- A. using a substance only on weekends
- B. using a prescribed medication correctly
- C. using more than one psychoactive substance
- D. using one substance in several settings

14. During a counselor training exercise, A protective factor in recovery is

- A. increasing access to substances
- B. avoiding all medical appointments
- C. keeping relapse triggers secret
- D. supportive relationships that reinforce healthy choices

15. When considering a client safety issue, The stage of change marked by no current intention to change is

- A. precontemplation
- B. preparation
- C. action
- D. maintenance

16. In a recovery-planning discussion, The stage of change marked by planning and taking small initial steps is

- A. precontemplation
- B. preparation

- C. maintenance
- D. termination

17. While reviewing a clinical case, A lapse differs from a relapse because a lapse

- A. always requires discharge from treatment
- B. means the client has no recovery strengths
- C. cannot be discussed in counseling
- D. is a brief return to use that can be addressed before a sustained pattern develops

18. During a quality-improvement review, Harm reduction is best understood as

- A. a requirement that clients continue using
- B. a replacement for informed consent
- C. practical strategies that reduce negative consequences of substance use
- D. a punishment for relapse

19. In a case-management meeting, A trauma-informed approach begins by prioritizing

- A. confrontation to obtain disclosure
- B. detailed trauma processing at intake
- C. safety, choice, collaboration, and avoiding retraumatization
- D. uniform rules without client input

20. During a counselor training exercise, Which is a common effect of chronic alcohol use?

- A. risk of liver disease and cognitive impairment
- B. permanent improvement in reaction time
- C. increased respiratory drive during overdose
- D. complete protection from depression

21. When considering a client safety issue, A client who uses despite recurrent serious consequences demonstrates

- A. stable remission
- B. continued use despite harm
- C. medication adherence
- D. informed consent

22. In a recovery-planning discussion, An evidence-based way to discuss genetic risk is to explain that

- A. genetics make treatment unnecessary
- B. risk is identical for every person
- C. family history proves a diagnosis
- D. genes can influence vulnerability but do not determine destiny

23. While reviewing a clinical case, Adverse childhood experiences may increase later risk primarily by

- A. guaranteeing substance use disorder
- B. eliminating the need for assessment
- C. making culture irrelevant
- D. affecting stress regulation and exposure to harmful environments

24. During a quality-improvement review, A sedative-hypnotic withdrawal can be medically serious because it may involve

- A. improved concentration only
- B. a harmless increase in appetite
- C. seizures and delirium in some cases
- D. permanent immunity to relapse

25. In a case-management meeting, Recovery capital refers to

- A. personal, social, and community resources that support recovery
- B. money earned while in treatment
- C. the cost of residential services
- D. a financial penalty for relapse

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- D. using one substance in several settings

39. When considering a client safety issue, The primary purpose of screening is to

- A. establish a final diagnosis immediately
- B. replace informed consent
- C. determine insurance coverage only
- D. identify whether further assessment may be needed

40. In a recovery-planning discussion, A biopsychosocial assessment gathers information about

- A. biological, psychological, and social factors affecting the client
- B. only current substance use
- C. only family history
- D. only legal charges

41. While reviewing a clinical case, When a client reports suicidal thoughts, the counselor should first

- A. promise secrecy without exceptions
- B. assess immediate safety and follow crisis procedures
- C. continue routine paperwork
- D. wait until the next session

42. During a quality-improvement review, A valid assessment tool is one that

- A. always produces the same score
- B. is free to administer
- C. measures what it is intended to measure
- D. uses only yes or no questions

43. In a case-management meeting, Reliability refers to a tool's ability to

- A. measure the intended construct
- B. produce consistent results under similar conditions
- C. replace clinical judgment
- D. predict every outcome

44. During a counselor training exercise, The best response to inconsistent self-report is to

- A. accuse the client of lying
- B. ignore all reported information
- C. diagnose without further inquiry
- D. explore discrepancies respectfully and use multiple data sources when appropriate

45. When considering a client safety issue, A culturally responsive assessment should

- A. consider language, culture, context, and the client's own meaning
- B. apply identical assumptions to every client
- C. avoid asking about cultural identity
- D. rely only on counselor intuition

46. In a recovery-planning discussion, Informed consent for assessment includes explaining

- A. that records never exist
- B. that the counselor guarantees a specific outcome
- C. purpose, procedures, limits of confidentiality, and client choices

D. that family may always receive results

47. While reviewing a clinical case, A strength-based assessment intentionally identifies

- A. resources, abilities, and supports alongside problems
- B. only symptoms and deficits
- C. only prior treatment failures
- D. only diagnostic labels

48. During a quality-improvement review, The most useful way to assess readiness for change is to

- A. assign a stage based on appearance
- B. require a promise of abstinence
- C. ask open questions about goals, concerns, and confidence
- D. avoid discussing ambivalence

49. In a case-management meeting, Collateral information is most appropriate when

- A. a family member is curious
- B. the counselor wants to save time
- C. the client has not been informed
- D. it is clinically useful and obtained with proper authorization or legal basis

50. During a counselor training exercise, A mental status examination may include observations of

- A. credit history and employment benefits
- B. appearance, mood, thought process, and orientation
- C. only toxicology results
- D. only attendance records

51. When considering a client safety issue, The purpose of a risk assessment is to

- A. predict behavior with certainty
- B. identify danger and guide an immediate safety response
- C. assign blame for a crisis
- D. replace referral decisions

52. In a recovery-planning discussion, When language access is limited, best practice is to

- A. ask a child to interpret sensitive details
- B. skip assessment questions
- C. assume the client understands technical terms
- D. use a qualified interpreter when available and document the approach

53. While reviewing a clinical case, A diagnosis should be based on

- A. one isolated symptom
- B. a counselor's personal values
- C. integrated clinical information and applicable diagnostic criteria
- D. the client's insurance preference

54. During a quality-improvement review, The assessment domain of housing is important because it can

- A. affect safety, treatment access, and recovery stability
- B. replace all clinical information
- C. prove a substance use diagnosis
- D. make confidentiality unnecessary

55. In a case-management meeting, A timeline follow-back style interview is useful for

- A. measuring blood concentration directly
- B. determining a legal sentence
- C. replacing toxicology testing
- D. clarifying patterns of substance use over time

56. During a counselor training exercise, A client-centered assessment stance is characterized by

- A. pressure, assumptions, and confrontation
- B. collaboration, respect, and curiosity
- C. withholding the assessment purpose
- D. ignoring the client's priorities

57. When considering a client safety issue, A positive screening result means

- A. the client automatically meets every diagnostic criterion
- B. treatment must be identical for all clients
- C. additional assessment is indicated, not that a diagnosis is confirmed
- D. consent is no longer needed

58. In a recovery-planning discussion, The most appropriate source for current medication information is

- A. the client and verified medical records when authorized
- B. a neighbor's opinion
- C. an outdated intake form alone
- D. the counselor's guess

59. While reviewing a clinical case, Functional impairment in assessment refers to

- A. the number of missed questions on a test
- B. a client's personality type
- C. how symptoms affect work, relationships, health, or daily living
- D. the counselor's workload

60. During a quality-improvement review, When collecting trauma history, a counselor should

- A. require complete disclosure at intake
- B. ask permission, pace the discussion, and monitor safety
- C. challenge the client to prove events
- D. avoid explaining why questions are asked

61. In a case-management meeting, A level-of-care decision should be guided by

- A. the counselor's preferred program
- B. the client's age alone
- C. a single screening score only
- D. current needs, risks, strengths, and available supports

62. During a counselor training exercise, The best documentation of an assessment finding is

- A. objective, specific, relevant, and clearly attributed
- B. vague labels without examples
- C. speculation presented as fact
- D. personal criticism of the client

63. When considering a client safety issue, When a client appears intoxicated at assessment, the counselor should

- A. complete a lengthy life history first
- B. confront the client in a group

- C. prioritize immediate safety and determine whether urgent medical evaluation is needed
- D. ignore observable impairment

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- D. predict every outcome

69. When considering a client safety issue, A collaborative treatment goal should be

- A. written only by the counselor
- B. unrelated to assessment findings
- C. identical for every client
- D. specific, meaningful to the client, and realistically measurable

70. In a recovery-planning discussion, Motivational interviewing primarily seeks to

- A. argue the client into agreement
- B. directly confront resistance
- C. evoke the client's own reasons and confidence for change
- D. give advice without permission

71. While reviewing a clinical case, In motivational interviewing, an open question is useful because it

- A. requires only yes or no answers
- B. ends discussion quickly
- C. invites the client to explore experience in their own words
- D. tests the client's memory

72. During a quality-improvement review, A reflective listening response should

- A. immediately correct the client
- B. shift attention to the counselor
- C. repeat a question word for word
- D. communicate understanding of the client's meaning or feeling

73. In a case-management meeting, A treatment plan should be revised when

- A. new assessment information or changing needs warrant adjustment
- B. the counselor becomes bored
- C. a client follows the plan exactly
- D. the calendar month changes

74. During a counselor training exercise, The first priority in a crisis intervention is

- A. exploring childhood history
- B. immediate safety and stabilization
- C. completing a discharge summary
- D. setting a long-term vocational goal

75. When considering a client safety issue, A relapse-prevention plan is strongest when it identifies

- A. triggers, warning signs, coping responses, and supports
- B. only the client's past failures
- C. a promise never to feel cravings
- D. punishments for future use

76. In a recovery-planning discussion, Case management primarily involves

- A. providing psychotherapy without assessment

- B. making legal decisions for clients
- C. keeping referrals secret
- D. linking clients with coordinated services and monitoring access

77. While reviewing a clinical case, A referral is most appropriate when

- A. the counselor wants to avoid documentation
- B. the client needs services outside the counselor's competence or program capacity
- C. a client misses one appointment
- D. the program has an empty group

78. During a quality-improvement review, Psychoeducation is intended to

- A. persuade clients through shame
- B. replace counseling relationships
- C. give clients understandable information that supports informed choices
- D. provide legal representation

79. In a case-management meeting, An effective group norm includes

- A. pressure to disclose every detail
- B. respectful participation and protection of member confidentiality
- C. members giving medical advice
- D. public discussion of absent clients

80. During a counselor training exercise, When a client expresses ambivalence, the counselor should

- A. label the client resistant
- B. demand an immediate decision
- C. argue for abstinence
- D. explore both sides without judgment and elicit change talk

81. When considering a client safety issue, Change talk is language that expresses

- A. a legal obligation to disclose records
- B. the counselor's treatment preference
- C. desire, ability, reasons, need, or commitment to change
- D. a diagnosis of withdrawal

82. In a recovery-planning discussion, A coping skill rehearsal is designed to

- A. practice a response before a high-risk situation occurs
- B. test whether a client remembers rules
- C. replace all social support
- D. avoid discussing triggers

83. While reviewing a clinical case, Family involvement should generally occur when

- A. the client agrees and involvement supports treatment goals and safety
- B. a relative requests all records
- C. the counselor wants more information
- D. the family insists despite client refusal

84. During a quality-improvement review, A warm handoff in referral means

- A. ending treatment without notice
- B. transferring records without authorization
- C. asking the client to call someday
- D. actively connecting the client to the next service rather than merely giving a number

85. In a case-management meeting, Client education about overdose response should emphasize

- A. handling every overdose alone
- B. calling emergency services and using available emergency supports
- C. waiting for symptoms to pass
- D. giving the person more substances

86. During a counselor training exercise, A behavioral objective in a treatment plan describes

- A. the counselor's personal theory
- B. a permanent personality trait
- C. an observable action or outcome tied to a goal
- D. a vague hope without a target

87. When considering a client safety issue, When a client misses appointments, a helpful initial response is to

- A. assume the client does not care
- B. discharge the client immediately
- C. share the absence with unrelated people
- D. reach out according to policy with concern and problem-solving

88. In a recovery-planning discussion, A recovery-oriented approach recognizes that

- A. relapse permanently ends recovery
- B. clients can build meaningful lives with supports, choice, and hope
- C. only professionals can define success
- D. all clients need the same pathway

89. While reviewing a clinical case, The purpose of a discharge plan is to

- A. document blame for ending treatment
- B. replace the treatment plan from intake
- C. support continuity of care, safety, and next-step resources
- D. guarantee no future challenges

90. During a quality-improvement review, A counselor who notices escalating anger in group should

- A. address safety, set respectful limits, and de-escalate the interaction
- B. invite members to take sides
- C. ignore threats to avoid conflict
- D. discuss a different member's record

91. In a case-management meeting, Skill-building is most effective when the counselor

- A. only lectures about the skill
- B. assumes insight produces behavior change
- C. avoids feedback
- D. demonstrates, practices, and reviews use in real situations

92. During a counselor training exercise, A client preference should influence treatment by

- A. being ignored whenever it differs from staff habits
- B. being incorporated when clinically appropriate and safe
- C. replacing all clinical assessment
- D. being shared without consent

93. When considering a client safety issue, A continuing-care contact after discharge can help by

- A. identifying barriers early and reinforcing recovery supports
- B. eliminating the need for client choice
- C. reopening confidential records to anyone

D. proving treatment has failed

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114. During a quality-improvement review, The ethical principle of autonomy supports

- A. a client's right to make informed choices
- B. the counselor making all decisions
- C. sharing records without permission
- D. using coercion to obtain agreement

115. In a case-management meeting, Beneficence requires a counselor to

- A. avoid all referrals
- B. act to promote the client's welfare
- C. prioritize personal convenience
- D. ignore foreseeable harm

116. During a counselor training exercise, Nonmaleficence means

- A. never setting boundaries
- B. guaranteeing a cure
- C. releasing all information
- D. avoiding or minimizing harm

117. When considering a client safety issue, Fidelity in counseling refers to

- A. keeping commitments and maintaining trust
- B. agreeing with every client statement
- C. reporting every session publicly
- D. avoiding documentation

118. In a recovery-planning discussion, The best recordkeeping practice is to document

- A. unverified rumors about the client
- B. personal opinions unrelated to care
- C. timely, objective, clinically relevant information
- D. details about other clients

119. While reviewing a clinical case, A dual relationship is concerning when it

- A. occurs only outside office hours

- B. is never discussed in supervision
- C. always improves treatment
- D. risks exploitation, impaired judgment, or harm to the client

120. During a quality-improvement review, Before releasing client information, a counselor should

- A. assume a caller is a family member
- B. verify a valid authorization or other lawful basis
- C. release the entire record automatically
- D. ask a coworker to decide

121. In a case-management meeting, Consultation is ethically useful when a counselor

- A. faces a complex issue and seeks qualified guidance while protecting privacy
- B. wants to avoid responsibility
- C. shares identifying details casually
- D. uses it to punish a client

122. During a counselor training exercise, Scope of practice requires counselors to

- A. provide every service a client requests
- B. diagnose medical conditions without qualification
- C. work within their training, competence, and authorization
- D. ignore supervision requirements

123. When considering a client safety issue, When a counselor suspects impairment in their own practice, the ethical response is to

- A. hide the concern from everyone
- B. increase the caseload
- C. seek supervision or assistance and protect clients from risk

D. continue without reflection

124. In a recovery-planning discussion, A boundary crossing differs from a boundary violation because a crossing

- A. may be clinically appropriate when carefully considered and nonexploitative
- B. is always sexual misconduct
- C. never needs consultation
- D. automatically ends treatment

125. While reviewing a clinical case, Client records should be stored in a way that

- A. allows anyone in the office to browse them
- B. protects confidentiality and permits appropriate access
- C. uses personal devices without safeguards
- D. avoids all retention policies

126. During a quality-improvement review, When receiving a subpoena, a counselor should generally

- A. destroy records immediately
- B. ignore the document
- C. release every record without review
- D. follow agency policy and seek appropriate legal or supervisory guidance

127. In a case-management meeting, An ethical informed-consent discussion should occur

- A. early and whenever services or risks materially change
- B. only after discharge
- C. only if a client asks
- D. never in writing

128. During a counselor training exercise, Cultural humility involves

- A. claiming expertise in every culture
- B. ongoing self-reflection, respect, and willingness to learn from clients
- C. avoiding discussion of identity
- D. treating culture as irrelevant

129. When considering a client safety issue, A counselor who receives a gift should first consider

- A. the gift's resale value
- B. whether coworkers will be impressed
- C. how to keep it secret
- D. agency policy, cultural meaning, client vulnerability, and possible impact

130. In a recovery-planning discussion, Supervision is especially important when a counselor

- A. has completed routine paperwork
- B. agrees with a client
- C. encounters a situation beyond current competence
- D. wants to avoid learning

131. While reviewing a clinical case, A conflict of interest should be managed by

- A. concealing it from the client and supervisor
- B. identifying it, consulting as needed, and protecting the client's interests
- C. allowing it to guide treatment
- D. accepting benefits without disclosure

132. During a quality-improvement review, Professional documentation should distinguish

- A. observed facts, client statements, and clinical impressions
- B. the counselor's guesses and confirmed facts
- C. private opinions and public records
- D. billing concerns and client safety

133. In a case-management meeting, The purpose of an ethics code is to

- A. replace all clinical judgment
- B. guarantee that no dilemma occurs
- C. guide professional conduct and protect clients and the public
- D. serve only as a marketing tool

134. During a counselor training exercise, When using electronic communication with clients, a counselor should

- A. text sensitive information from any device
- B. assume all apps are confidential
- C. avoid documenting communication
- D. use approved secure methods and explain relevant limits

135. When considering a client safety issue, A mandated-reporting concern should be handled by

- A. promising absolute secrecy
- B. waiting until a quarterly review
- C. following applicable law, policy, and consultation procedures promptly
- D. asking unrelated clients for advice

136. In a recovery-planning discussion, Termination is ethically appropriate when

- A. the counselor is frustrated that day
- B. goals are met, services are no longer beneficial, or referral is needed, with continuity planning

- C. the client asks a difficult question
- D. documentation is incomplete

137. While reviewing a clinical case, A counselor should address a confidentiality question by

- A. claiming confidentiality has no exceptions
- B. refusing to discuss privacy
- C. using only legal jargon
- D. explaining the applicable limits in clear, understandable language

138. During a quality-improvement review, Professional self-care matters because it

- A. helps sustain competent, ethical service and reduces impairment risk
- B. eliminates the need for supervision
- C. proves a counselor never makes mistakes
- D. replaces client-centered care

139. In a case-management meeting, The ethical principle of autonomy supports

- A. the counselor making all decisions
- B. sharing records without permission
- C. using coercion to obtain agreement
- D. a client's right to make informed choices

140. During a counselor training exercise, Beneficence requires a counselor to

- A. act to promote the client's welfare
- B. avoid all referrals
- C. prioritize personal convenience
- D. ignore foreseeable harm

141. When considering a client safety issue, Nonmaleficence means

- A. never setting boundaries
- B. avoiding or minimizing harm
- C. guaranteeing a cure
- D. releasing all information

142. In a recovery-planning discussion, Fidelity in counseling refers to

- A. agreeing with every client statement
- B. reporting every session publicly
- C. keeping commitments and maintaining trust
- D. avoiding documentation

143. While reviewing a clinical case, The best recordkeeping practice is to document

- A. unverified rumors about the client
- B. timely, objective, clinically relevant information
- C. personal opinions unrelated to care
- D. details about other clients

144. During a quality-improvement review, A dual relationship is concerning when it

- A. occurs only outside office hours
- B. is never discussed in supervision
- C. risks exploitation, impaired judgment, or harm to the client
- D. always improves treatment

145. In a case-management meeting, Before releasing client information, a counselor should

- A. assume a caller is a family member
- B. release the entire record automatically
- C. ask a coworker to decide
- D. verify a valid authorization or other lawful basis

146. During a counselor training exercise, Consultation is ethically useful when a counselor

- A. faces a complex issue and seeks qualified guidance while protecting privacy
- B. wants to avoid responsibility
- C. shares identifying details casually
- D. uses it to punish a client

147. When considering a client safety issue, Scope of practice requires counselors to

- A. provide every service a client requests
- B. work within their training, competence, and authorization
- C. diagnose medical conditions without qualification
- D. ignore supervision requirements

148. In a recovery-planning discussion, When a counselor suspects impairment in their own practice, the ethical response is to

- A. seek supervision or assistance and protect clients from risk
- B. hide the concern from everyone
- C. increase the caseload
- D. continue without reflection

149. While reviewing a clinical case, A boundary crossing differs from a boundary violation because a crossing

- A. is always sexual misconduct

- B. never needs consultation
- C. automatically ends treatment
- D. may be clinically appropriate when carefully considered and nonexploitative

150. During a quality-improvement review, Client records should be stored in a way that

- A. allows anyone in the office to browse them
- B. uses personal devices without safeguards
- C. protects confidentiality and permits appropriate access
- D. avoids all retention policies

Practice Exam 8: Answer Key and Explanations

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