

PRACTICE EXAM 9: 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. 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. Withdrawal refers to

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

3. The mesolimbic reward pathway is especially associated with

- A. reinforcement and motivation to repeat rewarding behaviors
- B. visual processing in the occipital lobe
- C. language comprehension in the temporal lobe
- D. voluntary motor control in the cerebellum

4. A substance that slows central nervous system activity is classified as a

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

5. A primary clinical risk during opioid overdose is

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

6. A stimulant intoxication pattern is most likely to include

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

7. Which presentation is most consistent with alcohol withdrawal?

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

8. A co-occurring disorder means

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

9. The disease model of addiction emphasizes that

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

10. Craving is best described as

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

11. Cross-tolerance occurs when

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

12. A key feature of nicotine withdrawal is

- A. irritability with a strong urge to smoke or vape
- B. hallucinations with disorientation
- C. profound respiratory depression

D. elevated mood without sleep

13. The term polysubstance use means

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

14. A protective factor in recovery is

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

15. The stage of change marked by no current intention to change is

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

16. The stage of change marked by planning and taking small initial steps is

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

17. 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. Harm reduction is best understood as

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

19. A trauma-informed approach begins by prioritizing

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

20. Which is a common effect of chronic alcohol use?

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

21. A client who uses despite recurrent serious consequences demonstrates

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

22. 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. Adverse childhood experiences may increase later risk primarily by

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

24. A sedative-hypnotic withdrawal can be medically serious because it may involve

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

25. Recovery capital refers to

- A. money earned while in treatment
- B. the cost of residential services
- C. a financial penalty for relapse

D. personal, social, and community resources that support recovery

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39. The primary purpose of screening is to

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

40. A biopsychosocial assessment gathers information about

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

41. When a client reports suicidal thoughts, the counselor should first

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

42. A valid assessment tool is one that

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

43. 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. The best response to inconsistent self-report is to

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

45. A culturally responsive assessment should

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

46. Informed consent for assessment includes explaining

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

47. A strength-based assessment intentionally identifies

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

48. The most useful way to assess readiness for change is to

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

49. Collateral information is most appropriate when

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

50. A mental status examination may include observations of

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

51. The purpose of a risk assessment is to

- A. predict behavior with certainty
- B. assign blame for a crisis
- C. replace referral decisions

D. identify danger and guide an immediate safety response

52. When language access is limited, best practice is to

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

53. A diagnosis should be based on

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

54. The assessment domain of housing is important because it can

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

55. A timeline follow-back style interview is useful for

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

56. A client-centered assessment stance is characterized by

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

57. A positive screening result means

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

58. The most appropriate source for current medication information is

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

59. Functional impairment in assessment refers to

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

60. When collecting trauma history, a counselor should

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

61. 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. The best documentation of an assessment finding is

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

63. 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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68. 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

69. A collaborative treatment goal should be

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

70. Motivational interviewing primarily seeks to

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

71. 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. A reflective listening response should

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

73. A treatment plan should be revised when

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

74. 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. A relapse-prevention plan is strongest when it identifies

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

76. Case management primarily involves

- A. linking clients with coordinated services and monitoring access
- B. providing psychotherapy without assessment
- C. making legal decisions for clients
- D. keeping referrals secret

77. 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. Psychoeducation is intended to

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

79. 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. 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. Change talk is language that expresses

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

82. A coping skill rehearsal is designed to

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

83. Family involvement should generally occur when

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

84. 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. Client education about overdose response should emphasize

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

86. A behavioral objective in a treatment plan describes

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

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

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

88. A recovery-oriented approach recognizes that

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

89. The purpose of a discharge plan is to

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

90. 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. Skill-building is most effective when the counselor

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

92. A client preference should influence treatment by

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

93. A continuing-care contact after discharge can help by

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

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- B. relapse permanently ends recovery
- C. only professionals can define success
- D. all clients need the same pathway

114. The ethical principle of autonomy supports

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

115. Beneficence requires a counselor to

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

116. Nonmaleficence means

- A. avoiding or minimizing harm
- B. never setting boundaries
- C. guaranteeing a cure

D. releasing all information

117. Fidelity in counseling refers to

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

118. The best recordkeeping practice is to document

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

119. 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. 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. 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. 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 a counselor suspects impairment in their own practice, the ethical response is to

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

124. 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. 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

126. When receiving a subpoena, a counselor should generally

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

127. An ethical informed-consent discussion should occur

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

128. Cultural humility involves

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

129. A counselor who receives a gift should first consider

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

D. how to keep it secret

130. Supervision is especially important when a counselor

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

131. A conflict of interest should be managed by

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

132. Professional documentation should distinguish

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

133. 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. 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. A mandated-reporting concern should be handled by

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

136. Termination is ethically appropriate when

- A. goals are met, services are no longer beneficial, or referral is needed, with continuity planning
- B. the counselor is frustrated that day
- C. the client asks a difficult question
- D. documentation is incomplete

137. 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. Professional self-care matters because it

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

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- D. work within their training, competence, and authorization

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- 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. A boundary crossing differs from a boundary violation because a crossing

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

150. 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 9: Answer Key and Explanations

1. **C** — The keyed response identifies the concept described in the stem. Apply this principle by considering the client's current presentation, safety needs, stated goals, available supports, and treatment setting. The remaining choices are not the best response because they describe a separate clinical term, overstate what the facts establish, or recommend an action inconsistent with sound addiction-counseling practice.
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