

# *Counseling and Social Work*

*Alcohol-and-Drug-Counselor  
International Examination for Alcohol and Drug Counselors Exam*

**Questions And Answers PDF Format:**

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*Version = Product*



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# Latest Version: 6.0

## Question: 1

It is generally most appropriate to schedule formal assessments of a new client:

- A. Before you have had any sessions.
- B. After you have had many sessions.
- C. After you have at least one session.
- D. On an individual case-by-case basis.

**Answer: C**

Explanation:

By having at least one session (sometimes a few may be indicated), you can ascertain how ready the client is to make changes and his/her potential for responding to individualized feedback. establish a foundation for treatment. exclaim to the chent what kinds cf assessments Will be pven and what they will indicate, and give the client estimates of test durations and any needed instructions. Thus, it is not as useful to schedule formal evaluations before any sessions (A). Aher many sessions (B) iS also inappropriate as you Will need assessment results to inform treatment, It iS not generally (in the question's wording) appropriate to schedule tests by individual case (D).

## Question: 2

Of the following symptoms, which is most typical of intoxication with alcohol, tranquilizers, and/or opioids, but not with amphetamines?

- A. low blood pressure
- B. ataxia
- C. disinhibit ion
- D. nystagmus

**Answer: A**

Explanation:

Intoxication With alcohol, tranquilizers (like Valium), and opioids (like heroin) all include the symptom of 10%' blood pressure. Atana (B), i.e. difficult or "drunk"-appearing gait, and disinhibition (C) are more symptomatic of intoxication alcohol and tranquilizers than with opioids. Nystagmus (D), i.e. unusual eye movements, is a frequent symptom of intoxication from tranquilizers rather than alcohol or opioids. None of these symptoms is associated with amphetamine intoxication.

### Question: 3

Which of the following statements is most accurate regarding coexisting substance abuse and other psychological disorders?

- A. Substance intoxication or withdrawal symptoms can mask but not mimic symptoms of psychological disorders.
- B. Substance intoxication or withdrawal symptoms can mimic but not mask symptoms of psychological disorders.
- C. If a client has abstained from using substances for a long enough time, it will invalidate psychological testing.
- D. Counselors/programs not trained to assess clients for coexisting psychological disorders should refer clients.

**Answer: D**

Explanation:

If the counselor and/or other staff employed in his/her program are not qualified or trained to assess for the presence of coexisting psychological disorders in a client with substance abuse, the counselor or program should refer the client to qualified mental health clinicians or programs for the psychological portion of the assessment. Symptoms of intoxication or withdrawal from various substances can either mimic OR mask (B)) the symptoms of various psychological disorders. Because of this potential for confusing the sources of the symptoms, psychological testing should only be done with a client who has abstained from substance use for long enough, rather than vice versa (C).

### Question: 4

When preparing a summary assessment of a client for a court judge, which of the following should come last?

- A. the reason for the assessment and who ordered it
- B. tests given and how their results were interpreted
- C. straightforward presentation of the data collected
- D. assessor clinical impression and recommendations

**Answer: D**

Explanation:

All summary assessments, even condensed reports prepared for judges, should include at least three clearly divided parts: (1) an introduction that explains why the assessment was made and who requested or ordered it (2) a methodology section that states how data was gathered, which test instruments were administered, and how their results were interpreted and (3) a section clearly presenting the data collected for all assessment areas without additional interpretation (C). followed by the assessor's clinical impression and recommendations. The latter

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should include, as needed, recommendations for additional assessment and/or referrals. This third/last section constitutes a strategic plan for management and treatment.

### Question: 5

When giving a new client feedback about assessment results, which of these should you do first?

- A. Ask the client whether s/he had any problems with testing.
- B. Encourage the client to ask any questions s/he may have.
- C. Express your appreciation for client effort responding.
- D. Ask the client how testing affected his/her perceptions.

**Answer: C**

Explanation:

The first thing you, the counselor, should do after a new client's initial assessments is to acknowledge the client's efforts in responding to the tests and provide positive reinforcement by stating your appreciation. This aids rapport and facilitates the client's ensuing positive responses. After this, you should ask if the client experienced any difficulties with testing. Once the client has responded and you have listened to, reflected, and addressed as needed any client descriptions of assessment problems, a good next step in the sequence is to see whether the testing process has affected the client's perceptions about substance use in his/her life (D), which often occurs. Following the client's response(s) to this, you should indicate clearly that your correct

### Question: 6

In planning a client's treatment based on assessment results, the client's problems, immediate and longer-term goals, measurable objectives, and treatment methods should be:

- A. decided by the therapist with the client's agreement.
- B. decided through a mutual client-therapist agreement.
- C. decided by the client with the therapist's agreement.
- D. decided for client and therapist by clinician's agreement.

**Answer: B**

Explanation:

The client and therapist should reach mutual agreements as to which problems exist (or that the client is initially willing to acknowledge), mediate and longer term therapy goals for the client, measurable objectives for therapy, and therapeutic methods to be used. These should not be decided unilaterally by the therapist with only passive agreement from the client (A). Neither should they be chosen by the client with the only agreeing to the choices. Nor should both client and therapist be told by the therapist's curac (D) what they will be doing together in therapy. While many clinicians adhere to specific treatment philosophies and methods, still the therapist and client should collaborate in mutually agreeable ways within those parameters.

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### Question: 7

Assessment Of a substance abuse client should best be:

- A. initial and ongoing,
- B. done only initially.
- C. initially and finally,
- D. only as indicated.

**Answer: A**

Explanation:

You should not only conduct an initial assessment (B) of a new client after having one or a few sessions, and not only initially and for discharge (C); assessment should also be ongoing. to review, evaluate, and adjust your treatment plan to meet the chefs needs better and/or to reflect changng chent needs as treatment progresses. Assessment Of new clients must always be done, neveronly as indicated" (D).

### Question: 8

A psychiatric social worker who is a LCSW (licensed clinical social worker) and practicing psychotherapist has an initial interview with a new client. The therapist observes affective symptoms suggesting the client may be suicidal. She does not feel qualified to address this. What is her appropriate response to this client?

- A. Schedule therapy to prevent suicide.
- B. Refer the client tc a psychiatrist.
- C. Inform the client of a suicide hotline.
- D. Refer the client to a support group.

**Answer: B**

Explanation:

The most appropriate action with a potentially suicidal client when the social worker is not qualified is to refer the client to a more qualified psychiatrist. Simply planning therapy to prevent suicide (A) is not advisable if the counselor is not best equipped to do so, While hotlines (C) can avert tragic consequences in emergency situations, this referral is not sufficient for a client whose symptoms are profound enough tc suggest suicidal ideations and/or actions. Also, the client did not overtly state suicidal intentions; the clinician observed affective symptoms suggesting these. So the client may not respond to a hotline referral. Since he/she made an appointment vth a therapist instead, he/she is likely more amenable tc an appointment with ancth er therapist. The situation is serious enough that a support group (D) is inappropriate to address the clients mental state. The referring therapist should also follow up tc determine whether the client has contacted the

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