Counseling and Social Work

ADC

International Examination for Alcohol and Drug Counselors

Latest Version: 6.0

Question: 1

Trauma-informed care requires a shift from a pathology-oriented perspective to a resilience-oriented perspective. This is reflected by asking the client:

A. “What is wrong with you?"
B. 'What has happened to you?"
C. "How long have you had these feelings?"
D. "How can I help you today?"

Answer: B

Explanation:
Trauma-informed care requires a shift from a pathology-oriented perspective (e.g., asking "What is wrong with you? ") To a resilience-oriented perspective (e.g., asking "What has happened to you?"). Rather than viewing the counselor as the "expert" and the client as a diagnostic label, trauma-informed counselors view the client's thoughts, feelings, and actions as adaptive responses to trauma. Using a strengths-based approach helps to provide the counselor and the client with an emotionally safe and therapeutic experience.

Question: 2

Which one of the following effects occurs when a person undergoes significant clinical and functional impairment from neuronal adaptation after repeated substance use?

A. Intoxication.
B. Withdrawal.
C. Dependence.
D. Tolerance.

Answer: C

Explanation:
Substance dependence involves repeated substance use, leading to significant clinical and functional impairment. With substance dependence, there is an uncontrollable desire to use a substance despite harmful consequences. Intoxication refers to the emotional, physical, mental, behavioral, and psychological effects of drugs and alcohol. Withdrawal refers to the psychological and physiological symptoms that occur in the absence of an addictive substance, with symptoms ranging in severity and varying based on the substance and the length of time it was used. Individuals build tolerance when higher doses of a substance are required to experience its originally encountered effects.

Question: 3

Which one of the following is an example of person-centered language?

A. The client suffers from alcoholism.
B. The client is a person who is unqualified to parent.
C. The client is a person in recovery.
D. The client is an addict who experienced trauma.

Answer: C

Explanation:
An example of person-centered language is the statement, "The client is a person in recovery." Person-centered language is strengths-based and respectful. Instead of using the words "The client suffers from alcoholism," use "The client is a person recovering from (or experiencing) alcohol use disorder." Instead of labeling someone "unqualified to parent," use "a person experiencing obstacles to effective parenting." Instead of saying "addict," say "a person with substance use disorder."

Question: 4

Which one of the following is based on the transtheoretical model of behavioral change?

A. Drug Abuse Screen Test.
B. Drug Use Decisional Balance Scale.
C. Substance Abuse Subtle Screening Inventory.
D. Adult Substance Use Survey.

Answer: B

Explanation:
The Drug Use Decisional Balance Scale is associated with motivational interviewing (MI) and the transtheoretical model of behavioral change (aka the stages of change model). This instrument guides clients from the contemplation to the preparation stage of change. The instrument uses a I to 5 Likert scale to evaluate where individuals fall in deciding on using drugs and alcohol. The Drug Use Decisional Balance Scale provides clinicians a tool to evoke change talk by building discrepancy between the client's values and substance use. The Drug Abuse Screening Test-10 is a 10-question inventory assessing consequences related to drug abuse. The Substance Abuse Subtle Screening Inventory is used to help screen individuals who may have SUD, and the Adult Substance Use Survey offers a more in-depth assessment of a person's perceived alcohol or substance use, as well as indicators for mental health functioning.

Question: 5

Which one of the following can be detected on a urine drug screen after 7 days from the last use?

A. Amphetamines.
B. Short-acting benzodiazepines.
C. Cocaine.
D. Phencyclidine.

Answer: D

Explanation:
Phencyclidine (PCP) is most likely to be detected after 7 days from the last use. Also known as angel dust and rocket fuel, PCP is a hallucinogen known for its mind-altering. dissociative, and anesthetic effects. It can be detected by a urine drug screen up to 8 days from the last use. Amphetamines can be detected for 3 days, cocaine and opioids for 3-5 days, and short-acting benzodiazepines for 2 days. Short-acting benzodiazepines are used to treat insomnia and include estazolam, flurazepam, temazepam, and triazolam. Midazolam is a short-acting benzodiazepine generally administered in surgical patients for anxiety and sedation before anesthesia is given.

Question: 6

The purposes of counselor self-disclosures include all of the following EXCEPT:

A. Mitigating a therapeutic impasse.
B. Validating the client's experience.
C. Fostering the counselor's professional confidence.
D. Conveying to clients that they are not alone.

Answer: C

Explanation:
Ethically sound counselor self-disclosures benefit the client rather than the counselor. Effective self-disclosures are brief, intentional, and appropriately timed. Self-disclosures benefit the client and their clinical needs, reflect authenticity and professionalism, and convey to clients that they are not alone. Skillful use of self-disclosures can mitigate a therapeutic impasse. Experts caution against using self-disclosure during the intake, screening, and assessment phases of treatment for SUD to avoid influencing the client's responses.

Question: 7

Which one of the following is NOT a form of counselor self-disclosure?

A. A counselor's social media postings.
B. A counselor's framed diploma.
C. A counselor's tattoos.
D. A counselor's wedding ring.

Answer: B

Explanation:
A framed diploma is not a form of counselor self-disclosure. Self-disclosure is defined as a counselor revealing personal information to clients inside or outside of a professional setting. A counselor's framed diploma qualifies as professional rather than personal information. Self-disclosure would include a counselor's social media postings, tattoos, and wedding rings. Not all self-disclosures are verbal or avoidable. Effective self-disclosures focus on strengthening the therapeutic alliance, establishing trust, creating a collaborative dynamic, and normalizing client challenges. Infective self-disclosures compromise the client-counselor relationship and can lead to blurred boundaries, boundary crossings, or boundary violations.

Question: 8

According to the NAADAC Code of Ethics (2021), APs have an ethical responsibility to address societal prejudice, stereotypes, misconceptions, and stigma toward individuals with substance use disorder through which of the following?

A. providing research and evidence-based practices
B. Engaging in self-care and cultural humility.
C. legislative and educational advocacy
D. active collaboration with other healthcare professionals

Answer: C

Explanation:
Section 111-29 and 111-30 of the NAADAC Code of Ethics (2021) address the APs ethical obligation to address societal prejudice, stereotypes, misconceptions, and stigma by willful engagement in the "legislative process, educational institutions, and public forums" to educate the public and "advocate for opportunities and choices for clients." Further, APs must actively participate in advocacy efforts with civic and community organizations to inform others of the impact of substance use disorders (SLID). Advocacy efforts are designed to help individuals with equal access to treatment opportunities, resources, and services. APs are ethically responsible for providing research-based practices, engaging in self-care and cultural humility and collaborating with other healthcare professionals; however, advocacy is most closely tied to addressing societal stigma and prejudice towards individuals with SLID.

Refer to the following for questions 9-12:
Kennedy and Sara recently took a 7 -day cruise to Greece and Italy to celebrate their 10th wedding anniversary. They have been together for 14 years and were married 10 years ago, after same-sex marriage became legal. The couple shares custody of their son from Sara's previous marriage. They requested to be seen for couples counseling after Kennedy, who had been sober for 12 years, relapsed on their vacation. Kennedy admits to a "slip" and states that she called her sponsor the next day and has not had a drink since. Sara is concerned that Kennedy is minimizing her relapse and has become increasingly upset after discovering that Kennedy had also been gambling on their trip.

Kennedy denies having a problem with gambling. She states that before the cruise, she had gone to horse races and casinos, where she placed $2 bets or casually played the slot machines. Kennedy relays that she decided to play roulette on the cruise. After the ball landed on black 10 consecutive times, she placed all of her money on red. When the next roll came up black, she lost a substantial amount of money. Kennedy is frustrated with Sara for "making a big deal out of nothing. " believing that Sara is "just looking for a reason to be upset."
During their first session, the counselor determines that Kennedy is being treated for bipolar I disorder and is working with a psychiatrist to regulate her medication. Kennedy has a history of AUD and is also a smoker. Sara has been diagnosed with depression but states that it is well managed with medication. She drinks sporadically and does not use other substances. Both are committed to their relationship; however, Sara is adamant about "not dragging my son through this again" because her ex-husband has been in and out of rehab for SUD. The counselor works to engage the couple, notably Kennedy, to further explore relevant issues.

Question: 9

The percentage of individuals diagnosed with gambling disorder who also have a mental disorder is nearly:

A. 25%.
B. 50%.
C. 75%.
D. 100%.

Answer: D

Explanation:
The percentage of individuals diagnosed with gambling disorder that also have a mental disorder is estimated at 98%. This underscores the importance of universal screening for co-occurring disorders when individuals are treated for gambling disorder.

Question: 10

Kennedy would NOT be assigned the diagnosis of gambling disorder if her gambling behavior is found to be:

A. Influenced by her alcohol use.
B. Better explained by the symptoms of her mental disorder.
C. Financed only through legal versus illegal activities (e.g., theft, embezzlement).
D. Mentally distressing anytime within the past 12 months.

Answer: B

Explanation:
The DSM-5-TR provides diagnostic criteria for gambling disorder, which includes Criterion B: "the gambling behavior is not better explained by a manic episode." Kennedy's mental disorder is

bipolar I, which includes manic episodes and is not currently managed with medication. Alcohol use may exacerbate gambling: however, that is not required for a formal diagnosis. The DSM-IV included the criterion of illegal acts used to finance gambling, but this criterion was eliminated in the DSM-5. The gambling behavior must have occurred at any time within the last 12 months.

Thank You for Trying Our Product

For More Information – Visit link below:

https://www.examsboost.com/

15 USD Discount Coupon Code:

G74JA8UF

FEATURES

- ✓ 90 Days Free Updates
- ✓ Money Back Pass Guarantee
- ✓ Instant Download or Email Attachment
- ✓ 24/7 Live Chat Support
- ✓ PDF file could be used at any Platform
- ✓ 50,000 Happy Customer