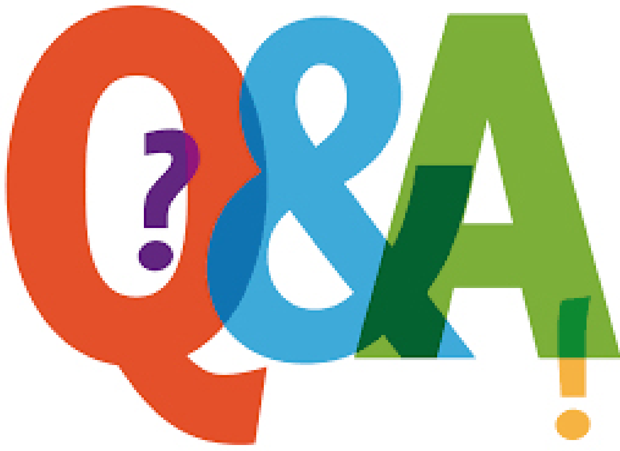

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Question: 1028

A 31-year-old client with cocaine use disorder is in orientation and asks about client responsibilities, including attendance at 12-step meetings. The counselor notes the client's UDS shows benzoylecgonine at 350 ng/mL (threshold: 150 ng/mL). The client refuses 12-step meetings due to religious beliefs. How should the counselor respond?

A. Mandate 12-step attendance due to the positive UDS result.
B. Discuss alternative support groups and respect the client's right to refuse.
C. Require a written refusal form to continue treatment.
D. Terminate treatment for non-compliance with 12-step meetings.

Answer: B

Explanation: Client rights include refusing 12-step meetings, especially due to religious beliefs. The counselor should offer alternatives (e.g., SMART Recovery) and respect the client's decision. The UDS result indicates recent use but does not justify mandating attendance, requiring a form, or terminating treatment.

KILL EXAMS KILL EXAMS

Question: 1029

A client discloses during a session that they experienced a relapse after a family conflict. The counselor, who shares a similar cultural background, feels triggered by the client's story due to personal unresolved trauma. According to NAADAC's Code of Ethics, what should the counselor do?

A. Continue the session and focus on the client's needs
B. Seek supervision to process their emotional response
C. Refer the client to another counselor immediately
D. Disclose their personal experience to build rapport

Answer: B

KILL EXAMS

Explanation: Seeking supervision to process the emotional response adheres to NAADAC's Code of Ethics, which requires counselors to manage personal biases and maintain professional competence through consultation. Continuing the session risks countertransference, disclosing personal experiences violates professional boundaries, and immediate referral may disrupt the therapeutic alliance unnecessarily.

Question: 1030

A counselor in an SUD program notices a client's liver function tests show elevated alanine aminotransferase (ALT) at 150 IU/L (normal range: 7-56 IU/L) and aspartate aminotransferase (AST) at 120 IU/L (normal range: 10-40 IU/L). The client admits to recent heavy alcohol use. What is the most appropriate next step to maintain professional boundaries while addressing this medical concern?

A. Adjust the treatment plan to include inpatient detox immediately

B. Share the results with the client's family to ensure compliance with medical follow-up
C. Discuss the lab results privately and refer to a medical provider for evaluation
D. Schedule a follow-up session to monitor the client's alcohol use

Answer: C

Explanation: Elevated liver enzymes (ALT and AST) suggest possible alcohol-induced liver damage, requiring medical evaluation. Discussing privately and referring to a medical provider respects professional boundaries and ensures appropriate care. Inpatient detox may be premature without medical assessment, sharing with family violates confidentiality without consent, and monitoring delays necessary medical intervention.

Question: 1031

A counselor is asked to provide clinical supervision to a peer with whom they have a close personal relationship. What is the most ethical action?

A. Decline the role and recommend another supervisor
B. Accept the role and maintain strict boundaries
C. Accept the role and disclose the relationship to the agency
D. Supervise only on a temporary basis

Answer: A

Explanation: Supervising someone with whom there is a close personal relationship can impair objectivity and should be avoided.

Question: 1032

A client in Motivational Interviewing is in the precontemplation stage. Which intervention is most appropriate?

A. Insist on immediate abstinence
B. Provide information about the risks of substance use and elicit the client's thoughts
C. Assign homework to attend 12-step meetings
D. Focus on developing a relapse prevention plan

Answer: B

Explanation: Providing information and eliciting the client's thoughts is appropriate for the precontemplation stage, where the goal is to raise awareness and explore ambivalence.

Question: 1033

A client in family therapy for adolescent substance use is found to have a PHQ-9 score of 18. What does this indicate?

A. Mild depression
B. Severe depression
C. Moderate depression
D. No depression

Answer: B

Explanation: A PHQ-9 score of 18 indicates severe depression, which requires further assessment and intervention.

Question: 1034

A client with co-occurring PTSD and alcohol use disorder reports increased drinking after trauma reminders. What is the most likely explanation?

A. Alcohol use causing PTSD symptoms
B. Self-medication to reduce PTSD symptoms
C. PTSD symptoms unrelated to alcohol use
D. Alcohol use preventing PTSD symptoms

Answer: B

Explanation: Individuals with co-occurring disorders often use substances to self-medicate distressing symptoms such as those from PTSD. This maladaptive coping can worsen both conditions over time.

Question: 1035

A 50-year-old man with chronic alcohol use presents with macrocytic anemia (MCV 110 fL), elevated GGT, and low folate. Which laboratory abnormality is most specific for chronic alcohol use?

A. Low MCV
B. Low folate
C. Macrocytosis
D. Elevated GGT

Answer: D

Explanation: Gamma-glutamyl transferase (GGT) is a sensitive and specific marker for chronic alcohol use.

Question: 1036

A 28-year-old client with cannabis use disorder is developing an individualized treatment plan. They report daily use (THC-COOH: 200 ng/mL, cutoff: 50 ng/mL) and low motivation. Using MI, which goal-setting approach best fosters engagement?

A. Assign a goal of complete abstinence within 1 month
B. Collaborate to set a goal based on the client’s values and readiness
C. Require attendance at 12-step meetings to set recovery goals
D. Use CBT to set a goal of reducing use by 50% in 2 weeks

Answer: B

Explanation: MI emphasizes collaboration and aligning goals with the client’s values and readiness, enhancing engagement. Assigning abstinence or requiring 12-step attendance disregards the client’s low motivation, potentially increasing resistance. A CBT-driven goal assumes readiness the client may not have.

Question: 1037

A client in a psychoeducational group asks about the formula for calculating the anion gap. What is the correct formula?

A. $K^+ + Na^+ - (Cl^- + HCO_3^-)$
B. $Na^+ - (Cl^- + HCO_3^-)$
C. $Na^+ + Cl^- - HCO_3^-$
D. $Na^+ - (K^+ + Cl^-)$

Answer: B

Explanation: The anion gap is calculated as sodium minus the sum of chloride and bicarbonate.

Question: 1038

A 50-year-old male with a history of alcohol use disorder presents with hand tremors, tachycardia, and hypertension 12 hours after his last drink. Which DSM-5 criterion is best demonstrated?

A. Withdrawal
B. Tolerance
C. Craving
D. Hazardous use

Answer: A

Explanation: The scenario describes alcohol withdrawal, a DSM-5 diagnostic criterion.

Question: 1039

A 42-year-old client with methamphetamine use disorder has a session documented in SOAP format. The client states, "I’m feeling good about staying clean for 90 days, but I’m worried about my heart." A recent ECG shows a heart rate of 100 bpm (normal 60-100 bpm) and mild tachycardia. What should the

Plan section include?

A. Continue current treatment; no medical referral needed
B. Refer to cardiologist for tachycardia evaluation; continue counseling
C. Increase session frequency to address heart concerns
D. Teach relaxation techniques to manage heart rate

Answer: B

Explanation: The Plan section outlines next steps based on objective findings. Mild tachycardia and the client's concern about their heart warrant a referral to a cardiologist for medical evaluation, alongside continued counseling for addiction. Continuing treatment without referral ignores the medical concern, increasing sessions doesn't address the heart issue, and relaxation techniques are insufficient without medical assessment.

Question: 1040

A client with opioid use disorder is started on buprenorphine. On day 2, he reports severe withdrawal symptoms. His last heroin use was 8 hours prior to induction. What is the most likely cause?

A. Buprenorphine overdose
B. Delayed absorption
C. Methadone toxicity
D. Precipitated withdrawal

Answer: D

Explanation: Buprenorphine can precipitate withdrawal if administered before sufficient opioid withdrawal has occurred, especially if heroin was used recently.

Question: 1041

A client's urine drug screen is positive for methadone, but the client denies being prescribed methadone. Which of the following is the most likely explanation?

A. Laboratory error in specimen handling
B. False positive due to cross-reactivity with other opioids
C. Methadone is not detectable in urine
D. The client is metabolizing codeine into methadone

Answer: B

Explanation: Some immunoassays can yield false positives for methadone due to cross-reactivity with other opioids or medications.

Question: 1042

A client with a history of methamphetamine use disorder is attending their first orientation session at an outpatient treatment center. The counselor is explaining informed consent procedures, including the use of contingency management (CM) as part of the treatment plan. The client asks about the specifics of CM, including how rewards are calculated and distributed. The counselor explains that clients earn points for negative drug tests, with a formula: Points = (Number of consecutive negative tests × 5) + 10 bonus points for each week of abstinence. If the client has 3 consecutive negative tests in week 2, how many points would they earn, and how should the counselor frame this in the context of informed consent?

A. 30 points; tell the client that points are only earned if they attend all scheduled sessions.
B. 25 points; inform the client that CM is mandatory and points are automatically redeemed for group therapy attendance.
C. 20 points; state that CM participation requires waiving confidentiality for reward tracking.
D. 15 points; explain that CM is optional and rewards can be redeemed for incentives, with full disclosure of the program's terms.

Answer: D

Explanation: The formula yields: (3 negative tests × 5) + 10 bonus points = 15 + 10 = 25 points. However, the correct option must also align with informed consent principles. Explaining that CM is optional and providing full disclosure of terms respects the client's autonomy and right to understand the program. Mandatory participation or waiving confidentiality violates informed consent. Linking points to session attendance is not supported by the formula provided.

Question: 1043

A client's treatment plan includes: "Increase attendance at 12-step meetings from 1 to 4 per week over the next month." Which parameter is being measured?

A. Frequency
B. Intensity
C. Duration
D. Severity

Answer: A

Explanation: The parameter being measured is frequency, as the objective specifies the number of meetings attended per week.

Question: 1044

A 50-year-old man with opioid use disorder is started on methadone. His baseline ECG shows a QTc of 480 ms. What is the maximum recommended methadone dose before a repeat ECG is required?

A. 100 mg
B. 40 mg

C. 30 mg
D. 120 mg

Answer: A

Explanation: Methadone doses above 100 mg/day require repeat ECG monitoring due to increased risk of QTc prolongation.

Question: 1045

A client in a residential program develops symptoms of Wernicke's encephalopathy. Lab results show thiamine: 30 nmol/L (normal: 70–180 nmol/L). What is the most urgent intervention?

A. Begin oral thiamine supplementation
B. Increase dietary intake of thiamine
C. Refer for psychiatric evaluation
D. Start intravenous thiamine immediately

Answer: D

Explanation: Wernicke's encephalopathy is a medical emergency; IV thiamine is required to prevent irreversible neurological damage.

Question: 1046

A 47-year-old client with opioid use disorder is undergoing orientation. The counselor discusses client responsibilities, including adherence to a methadone tapering schedule: 40 mg/day for 7 days, then reduced by 5 mg/week. The client's recent labs show a serum creatinine of 1.5 mg/dL (normal: 0.6-1.2 mg/dL), indicating mild renal impairment. How should the counselor address this?

A. Adjust the methadone dose to 30 mg/day due to renal impairment without discussion.
B. Require a renal ultrasound before starting methadone to confirm safety.
C. Discontinue methadone due to elevated creatinine and suggest buprenorphine.
D. Discuss methadone's safety in renal impairment, obtain consent, and proceed with the schedule.

Answer: D

Explanation: Methadone is generally safe in mild renal impairment, but informed consent requires discussing its safety and obtaining consent. The client's creatinine level does not warrant dose adjustment, discontinuation, or additional testing without medical indication. Proceeding without discussion violates informed consent.

Question: 1047

A 45-year-old male client with a history of benzodiazepine dependence is in the preparation stage of change. He has developed a plan to taper his use but is concerned about withdrawal seizures. His current

dose is equivalent to 40 mg diazepam daily. What is the most appropriate taper schedule to minimize withdrawal risks?

A. Switch to lorazepam 1 mg TID and taper over 4 weeks
B. Decrease by 10 mg diazepam every 2 weeks over 8 weeks
C. Decrease by 5 mg diazepam weekly over 8 weeks
D. Switch to phenobarbital 60 mg daily and taper over 12 weeks

Answer: C

Explanation: For benzodiazepine dependence, a gradual taper is essential to minimize withdrawal seizures. A reduction of 5 mg diazepam weekly (12.5% of the initial dose) is a safe and effective schedule for a 40 mg daily dose, completing the taper in 8 weeks. A 10 mg reduction every 2 weeks is too rapid and increases seizure risk. Switching to lorazepam, a short-acting benzodiazepine, is not ideal for tapering due to its shorter half-life. Phenobarbital is used in severe cases but is not the first-line choice for outpatient tapering.

Question: 1048

A client in a residential program develops fever, cough, and night sweats. His PPD is 18 mm, and chest X-ray shows upper lobe infiltrates. What is the most appropriate referral?

A. Nutritionist for dietary counseling
B. Psychiatrist for medication adjustment
C. Infectious disease specialist for tuberculosis evaluation
D. Physical therapist for exercise program

Answer: C

Explanation: The findings are consistent with active tuberculosis, requiring specialist evaluation and isolation.

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