

**CERTIFIED ADDICTIONS
TREATMENT COUNSELOR
(CATC) EXAMINATION
CANDIDATE HANDBOOK**



**California Association for
Alcohol/Drug Educators**

Effective October 2008

TABLE OF CONTENTS

INTRODUCTION.....	4
CERTIFIED ADDICTIONS TREATMENT COUNSELOR PRACTICE.....	4
HOW TO USE THIS STUDY GUIDE.....	4
PURPOSE OF EXAMINATION.....	4
DEVELOPMENT OF EXAMINATION	4
EXAMINATION POLICIES AND PROCEDURES	5
EXAMINATION SECURITY	5
FEES.....	5
TARDINESS.....	5
REGISTRATION	5
NO SHOW POLICY	5
MATERIALS TO BRING	6
PROHIBITED MATERIALS.....	6
PERSONAL BELONGINGS	6
CHECK-OUT PROCEDURE.....	6
DISRUPTIVE BEHAVIOR.....	6
LEAVING THE ROOM DURING THE EXAMINATION.....	6
THE CATC EXAMINATION.....	7
FORMAT.....	7
TIME LIMITS	7
NOTIFICATION OF RESULTS.....	7
RE-EXAMINATION.....	7
PASSING SCORE	8
MEANING OF A PASSING SCORE.....	8
UNDERLYING PREMISE.....	8
CALCULATION OF PASSING SCORE.....	8
SUMMARY OF CONTENT AREAS	9
CATC TEST SPECIFICATIONS.....	10
SAMPLE QUESTIONS	17
LIST OF REFERENCES.....	21

CONTACTS

Questions about certification or the CATC Examination should be directed to:

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INTRODUCTION

Certified Addictions Treatment Counselor Practice

The Certified Addictions Treatment Counselor (CATC) is a credential identifying the academically trained specialist who is able to facilitate behavioral change for persons affected by alcohol and other drug addictions.

Counselors may be physicians, physician assistants, nurses, nurse practitioners, psychologists, social workers, psychiatric technicians, marriage and family therapists, certified counselors, or others as long as they have training or experience in treating persons with substance use disorders.

The CATC credential is accredited by the National Commission for Certifying Agencies (NCCA).

How to Use This Study Guide

This study guide will provide you with the necessary information regarding the CATC examination.

Be familiar with references listed for the examination. Recognize that laws, rules and standards are modified. It is your responsibility to keep your knowledge current during the course of your future professional practice.

Purpose of Examination

Passing the CATC examination will signify to a potential employer or colleague that the person possessing this credential has completed the academic and experiential requirements for a certificate in Alcohol and Drug Studies, in a state accredited, CAADE approved program (or equivalent).

The CATC credential will also identify a person who has practical experience in the areas of evaluation and assessment, treatment planning, pharmacology of alcohol and other drugs, cultural issues and their relevance, models of intervention, family issues, legal and ethical issues, referrals, and recordkeeping.

Development of Examination

The CATC examination is designed to measure how well a person has learned a specific body of knowledge and skills.

Comira worked closely with CAADE and a committee of subject matter experts in the addictions field to develop and select the questions for the examination.

EXAMINATION POLICIES AND PROCEDURES

Examination Security

Candidates cannot receive any unauthorized assistance during the examination, including but not limited to any of the following:

- Impersonating another person in order to take the examination on that person's behalf;
- Communicating examination content to any person (during or after the examination);
- Removing examination materials from the examination room for the purpose of selling, distributing, buying, receiving or having unauthorized possession of any portion of the examination;
- Having in one's possession books, equipment, notes, written or printed materials, data, other than the examination materials distributed;
- Reproducing examination materials or providing notes of examination content to any persons other than the examination staff; and,
- Obstructing the standardized administration of the examination.

Fees

The examination fee is \$70.00 and you must verify proof of completion from a CAADE approved college program (or equivalent).

Tardiness

On the day of the examination, the candidate must arrive at the designated site no later than the established registration time.

An examination will not be disrupted to accommodate late arrivals. If a candidate reports late, the candidate will not be permitted to take the examination and will need to reschedule and submit any applicable fees.

Registration

Report to the registration area at the time and date specified on the CATC Examination Admission Letter. It is recommended that you arrive thirty (30) minutes prior to the published examination start time.

Proctors will collect the Admission Letter and ask to see identification. The identification presented must include your current photograph, and full legal name as submitted during registration and signature. This information may be presented in more than one form of identification.

Acceptable forms of unexpired identification include:

- California driver license
- Government issued identification cards
- Passport
- Alien residency card
- Military identification

Candidates failing to provide appropriate identification at the time of examination will NOT be allowed to participate in the examination.

No show policy

Candidates who fail to appear for the examination must re-register for the examination and pay the prescribed fees.

Materials to Bring

Other than photographic identification, you will be provided with all material necessary to take the examination.

Prohibited Materials

Candidates cannot bring communication devices, reference materials, photographic equipment or electronic devices into the examination room. The following items are examples of prohibited materials:

- Cellular phones and pagers
- Candidate study guides, technical reference books and dictionaries
- Cameras and videographic recorders
- Radios and tape recorders
- Laptop computers
- Programmable electronic organizers, personal digital assistants (PDAs)
- Food and beverages

Personal Belongings

Candidates may keep keys, wallets and purses on the floor near their seat during the examination. Larger items (e.g., backpacks, briefcases, duffel bags, handbags, tote bags) and outerwear (e. g. coats, hats) CANNOT be brought into the examination.

Examination staff will NOT be responsible for monitoring candidates' personal items during the examination. If a candidate reports with prohibited materials or belongings, the candidate will be asked to make alternative arrangements before starting the examination.

If securing belongings results in the candidate being late for the examination, the candidate will not be permitted to take the examination and will need to reschedule and submit any applicable fees.

Check-Out Procedure

All examination materials including test booklets, answer sheets, pencils and any notes taken during the examination must be returned to the examination staff. Failure to do so will void your examination.

Disruptive Behavior

Candidates who engage in behavior that is disruptive to other candidates will be disqualified from the examination process. Examples of disruptive behavior include:

- Eating and drinking during the examination;
- Allowing the alarm features or programmable wrist watches or other timepieces to emit sound;
- Talking, whispering, or otherwise attempting to communicate with other candidates for any reason.

Leaving the Room During the Examination

Candidates will not be permitted to leave the examination room for any purpose unless accompanied by a member of the examination staff. Candidates will NOT be permitted to receive extra time to complete the examination. Failure to follow these rules will result in the candidate's examination being voided.

THE CATC EXAMINATION

Format

The examination consists of 100 multiple-choice questions from the eight major content areas of TAP 21:

- (1) Clinical Evaluation
- (2) Treatment Planning
- (3) Referral
- (4) Service Coordination
- (5) Counseling
- (6) Client, Family, and Community Education
- (7) Documentation
- (8) Professional and Ethical Responsibilities.

There is one correct answer for each question. There is no penalty for guessing; therefore, candidates should answer all of the questions.

Time Limits

Candidates are allowed a total of two (2) hours to complete the examination. Candidates may wish to complete the multiple-choice questions in any order; however, they are responsible for managing their own time.

Notification of Results

CAADE has contracted with Comira to score the examination and provide the score reports to CAADE. The turnaround from the date the examination is administered to the date CAADE mails score reports to candidates is approximately 4 to 6 weeks. Candidates will receive a letter stating whether they passed or failed the examination.

If you believe the results of your examination are incorrect, you may appeal to CAADE for rescoring. In order to request rescoring, you must submit a written request to CAADE within 30 (thirty) calendar days of the postmark on your score report. Comira will rescore your examination and mail the results to you and CAADE. A \$45.00 fee will be assessed for rescoring.

For confidentiality purposes, neither Comira nor CAADE will provide score reports over the phone or by e-mail. In addition, candidates should be aware that examination security procedures do not allow candidates to access test questions, answer keys, or other secure materials.

Re-Examination

The examination may be taken as many times as necessary. The examination is offered twice a year: the last Saturday in March and the last Saturday in October. Please contact CAADE to schedule your retake. You will be required to pay the examination fee of \$70 each time the test is administered.

PASSING SCORE

Meaning of a Passing Score

The passing score (“cut score”) is based upon minimum competence required to become certified. Minimum competence refers to the level of performance that would be expected by a person who has the required education and training and who is ready to practice independently. The passing score accounts for difficulty of the questions and is unaffected by the number of candidates who sit for the examination.

Underlying Premise

The underlying premise of cut score ratings is minimum competence criteria required for safe, competent practice. The criteria defines minimum competence in terms of critical, job-related work behaviors and takes into account the education and experience that candidates would bring to the examination, e.g., extent of required professional experience, coursework requirements, and experiential knowledge.

Calculation of Passing Score

CAADE contracted with Comira to calculate the passing score for the CATC examination. A score of 70 is considered passing for this examination.

The passing score is based on a criterion-based methodology. In this methodology, the passing score is based upon the judgments of a committee of subject matter experts from the addictions treatment field who evaluated the difficulty of the questions in the examination.

SUMMARY OF CONTENT AREAS

- I. **Clinical Evaluation** (11%*): The systematic approach to screening and assessment of individuals thought to have a substance use disorder; being considered for admission to addiction-related services, or presenting in a crisis situation.
- II. **Treatment Planning** (16%): A collaborative process in which professionals and the client develop a written document that identifies important treatment goals; describes measurable, time-sensitive action steps toward achieving those goals with expected outcomes; and reflects a signed agreement between a counselor and client.
- III. **Referral** (5%): The process of facilitating the client's use of available support systems and community resources to meet needs identified in clinical evaluation or treatment planning.
- IV. **Service Coordination** (5%): The administrative, clinical, and evaluative activities that bring the client, treatment services, community agencies, and other resources together to focus on issues and needs identified in the treatment plan.
- V. **Counseling** (24%): A collaborative process that facilitates the client's progress toward mutually determined treatment goals and objectives.
- VI. **Client, Family, and Community Education** (11%): The process of providing clients, families, significant others, and community groups with information on risks related to psychoactive substance use, as well as available prevention, treatment, and recovery resources.
- VII. **Documentation** (16%): The recording of the screening and intake process, assessment, treatment plan, clinical reports, clinical progress notes, discharge summaries, and other client-related data.
- VIII. **Professional and Ethical Responsibilities** (12%): The obligations of an addiction counselor to adhere to accepted ethical and behavioral standards of conduct and continuing professional development.

* Percentages indicate approximate numbers of questions on the examination per content area. For example, Area I (Clinical Evaluation, 11%) means of the 100 examination questions, an estimated 11 of them (11/100) will reference the clinical evaluation area.

CATC TEST SPECIFICATIONS

I. Clinical Evaluation (11%)

Tasks

- T1. Gather relevant screening and assessment data from client and other collateral sources by using screening/assessment instruments and other methods that are sensitive to age, developmental level, gender, culture, trauma, and disabilities.
 - T2. Gather relevant clinical history and family history to perform a comprehensive assessment.
 - T3. Assess client for symptoms of substance toxicity, intoxication, and withdrawal with standardized instruments or other clinical methods.
 - T4. Assess client's history and behavior to determine other physical and psychiatric problems.
 - T5. Assess client for behavior that may result in harm to self or others with standardized instruments or other clinical methods.
 - T6. Determine client's readiness for treatment and change as well as needs of significant others.
-

Knowledge

- K1. Knowledge of validated screening instruments for substance use and mental status, including their purpose, application and limitations.
 - K2. Knowledge of methods to interpret results of screening data.
 - K3. Knowledge of methods to gather and use information from collateral sources.
 - K4. Knowledge of effect of age, developmental level, culture and gender with patterns and history of substance use.
 - K5. Knowledge of effect of age, developmental level, culture and gender on communication.
 - K6. Knowledge of presenting features of mental status and relationship to substance use disorders and psychiatric conditions.
 - K7. Knowledge of symptoms of intoxication, withdrawal and toxicity for addictive substances, alone and in interaction with one another.
 - K8. Knowledge of toxicology reporting language and meaning of toxicology reports.
 - K9. Knowledge of relationship between substance use and violence.
 - K10. Knowledge of diagnostic criteria for determining danger to self and danger to others.
 - K11. Knowledge of diagnostic criteria for withdrawal syndromes.
 - K12. Knowledge of diagnostic criteria for major psychiatric conditions.
 - K13. Knowledge of mental and physical conditions that mimic drug intoxication, toxicity, and withdrawal.
 - K14. Knowledge of validated instruments for assessing readiness to change.
 - K15. Knowledge of criteria for substance use disorders including the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV-R).
 - K16. Knowledge of criteria for client placement into levels of care.
 - K17. Knowledge of admission and referral protocols.
 - K18. Knowledge of comprehensive assessment process that is sensitive to age, gender, racial/ethnic culture, and disabilities, e.g., family issues, history of criminality, levels of cognitive and behavioral functioning.
 - K19. Knowledge of methods for scoring assessment instruments.
 - K20. Knowledge of biopsychosocial assessment methods.
 - K21. Knowledge of theories, concepts, and philosophies of screening and assessment tools.
 - K22. Knowledge of methods for assessing social systems that may affect the client's process in treatment.
 - K23. Knowledge of techniques to elicit background information regarding client's substance use from client, family, and/or significant others.
 - K24. Knowledge of initial and ongoing placement criteria for substance abuse treatment programs.
 - K25. Knowledge of client's and system's cultural norms, biases, and preferences.
 - K26. Knowledge of basic concepts of toxicity screening options and limitations.
 - K27. Knowledge of effects of chronic substance use or intoxication on cognitive abilities.
-

CATC TEST SPECIFICATIONS

II. Treatment Planning (16%)

Tasks

- T7. Interpret relevant screening and assessment information to formulate treatment plan.
 - T8. Prioritize client needs and services to develop a plan for intervention.
 - T9. Develop treatment goals and objectives by collaborating with client, family and significant others.
 - T10. Develop realistic short and long-term strategies to achieve treatment goals for behavioral change.
 - T11. Develop mutually agreed upon treatment options consistent with client's needs, goals, and financial resources.
 - T12. Identify collateral support systems consistent with client needs.
 - T13. Determine evaluation criteria and schedule for reassessment to monitor progress toward goals and objectives.
 - T14. Modify treatment plan as indicated by changes in client needs and expectations.
 - T15. Plan continuing care, relapse prevention, and discharge planning with client, family and significant others.
-

Knowledge

- K86. Knowledge of effects of client's biological, psychological, social, and spiritual needs and resources.
 - K87. Knowledge of accepted treatment outcome measures.
 - K88. Knowledge of treatment options for substance abuse.
 - K89. Knowledge of continuum of care and available range of treatment modalities for substance abuse.
 - K90. Knowledge of barriers to treatment of substance abuse.
 - K91. Knowledge of factors affecting client's comprehension of assessment data.
 - K92. Knowledge of treatment alternatives, including no treatment.
 - K93. Knowledge of treatment needs of diverse populations.
 - K94. Knowledge of procedures for developing specific and measureable goals and objectives of treatment.
 - K95. Knowledge of relationship between problem statements, treatment goals, objectives and intervention strategies.
 - K96. Knowledge of methods for evaluating treatment progress.
 - K97. Knowledge of factors to consider in determining when to revise treatment plan.
 - K98. Knowledge of methods for obtaining relevant screening, assessment, and treatment planning information.
 - K99. Knowledge of methods to define short- and long-term goals of treatment.
 - K100. Knowledge of treatment schedule, timeframes, admission and discharge criteria.
 - K101. Knowledge of methods for continuous assessment and modification of treatment plan.
 - K102. Knowledge of methods to assess progress toward treatment goals.
 - K103. Knowledge of discharge planning process.
 - K104. Knowledge of indicators for discharge from treatment program.
 - K105. Knowledge of strategies to support recovery.
 - K106. Knowledge of age and gender differences in substance use.
-

CATC TEST SPECIFICATIONS

III. Referral (5%)

Tasks

- T16. Make referrals to and placements with other professionals, agencies, community programs, or other resources to meet client's needs.
 - T17. Explain necessity for and process of referral to client to increase likelihood of client understanding and follow through.
 - T18. Evaluate outcomes of services received from referrals to determine need for change of referral services.
-

Knowledge

- K68. Knowledge of intervention strategies, onsite services, and outside referral options.
 - K69. Knowledge of factors to consider when determining the appropriate time to engage client in the referral process.
 - K70. Knowledge of resources for assistance with drug reactions, withdrawal and violent behavior.
 - K71. Knowledge of treatment interventions, client placement criteria and outside referral options.
 - K72. Knowledge of levels of care and existing placement criteria.
 - K73. Knowledge of importance of age, developmental and educational level, gender, and racial/ethnic culture on coordination of resources.
 - K74. Knowledge of resources for legal consultation for clients.
 - K75. Knowledge of community resources for children and other household members affected by substance abuse.
 - K76. Knowledge of methods to access information on referral criteria and accreditation status of community service providers.
 - K77. Knowledge of referral protocols of selected service providers.
 - K78. Knowledge of terminology and structure used in referral settings.
 - K79. Knowledge of methods to access and transmit information necessary for referral.
 - K80. Knowledge of eligibility criteria for referral to community service providers.
 - K81. Knowledge of culture, gender, age-appropriate prevention, treatment and recovery resources.
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IV. Service Coordination (5%)

Tasks

- T19. Perform required administrative procedures to admit client to treatment, e.g., confirm eligibility criteria.
 - T20. Coordinate treatment activities with referral service providers consistent with the client's diagnosis and existing placement criteria.
 - T21. Establish mutually agreed upon expectations for treatment and recovery.
-

Knowledge

- K82. Knowledge of relationship among client needs, available treatment options, and other community resources.
 - K83. Knowledge of treatment sequencing and the continuum of care.
 - K84. Knowledge of techniques to access community agencies and service providers.
 - K85. Knowledge of methods to access information regarding the function, mission, and resources of community service providers.
-

CATC TEST SPECIFICATIONS

V. Counseling (24%)

Tasks

- T22. Facilitate client recognition of behaviors which are consistent with health practices that manage and prevent infectious diseases.
 - T23. Explain assessment findings to client, family and significant others in nontechnical terms.
 - T24. Assist client in recognizing the effect of substance abuse on current life problems and effects of continued use.
 - T25. Engage the client in the treatment plan by using the strategies of motivational interviewing.
 - T26. Facilitate client's motivation to engage in the treatment and recovery process.
 - T27. Facilitate development of basic life skills associated with client's recovery, e.g., stress management, relaxation, communication, assertiveness, refusal skills.
 - T28. Reinforce actions which assist client in progressing toward treatment goals.
 - T29. Facilitate client recognition of behaviors that are consistent vs. inconsistent with progress toward treatment goals to maintain treatment progress and prevent relapse.
 - T30. Manage crisis situations in individuals, families and groups that may arise during the course of treatment with crisis prevention and management skills.
 - T31. Facilitate participation of family and significant others in client's intervention, treatment and recovery process.
 - T32. Facilitate families, couples, and significant others in understanding the interaction between the family system and substance use behaviors.
 - T33. Facilitate families, couples, and significant others in adopting strategies and behaviors that sustain recovery toward developing healthy relationships.
 - T34. Assess treatment and recovery progress based on improvement in client status to ensure progress toward treatment goals.
 - T35. Facilitate continuing care, relapse prevention, and discharge planning with client, family and significant others.
-

Knowledge

- K28. Knowledge of progression and characteristics of substance use disorders.
 - K29. Knowledge of denial and other defense mechanisms in client resistance.
 - K30. Knowledge of stages of readiness to change addictive behavior.
 - K31. Knowledge of stages of change models for addictive behavior.
 - K32. Knowledge of role of family and significant others in supporting or hindering change.
 - K33. Knowledge of techniques to empower clients to overcome addiction.
 - K34. Knowledge of crisis prevention and intervention methods.
 - K35. Knowledge of client defenses, abilities, personal preferences, cultural influences, presentation, and appearance and their effect on referral and follow through.
 - K36. Knowledge of signs and symptoms of relapse.
 - K37. Knowledge of relapse prevention strategies.
 - K38. Knowledge of counseling methods that support positive client behaviors consistent with recovery.
 - K39. Knowledge of basic and life skills associated with recovery.
 - K40. Knowledge of addiction counseling strategies.
 - K41. Knowledge of client behavior consistent with recovery.
 - K42. Knowledge of dynamics associated with substance use, abuse, dependence, and recovery in families, couples, and significant others.
 - K43. Knowledge of cultural factors related to the effect of substance use disorders on families, couples and significant others.
 - K44. Knowledge of healthy behavioral patterns for families, couples and significant others.
 - K45. Knowledge of stages of recovery for families, couples, and significant others.
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CATC TEST SPECIFICATIONS

VI. Client, Family, and Community Education (11%)

Tasks

- T36. Provide education to clients, community or groups regarding risk factors for substance use disorders.
 - T37. Provide education to clients, community or groups regarding substance abuse prevention, intervention, treatment, and recovery.
 - T38. Provide education to clients, community or groups regarding warning signs, symptoms, and course of substance use disorders.
 - T39. Provide education to clients, community or groups which describe how substance use disorders affect families and society.
 - T40. Provide education to clients, community or groups regarding continuum of care and available resources for substance use disorders.
 - T41. Provide education to clients, community or groups which describes health and behavior problems related to substance use; e.g. domestic violence.
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Knowledge

- K52. Knowledge of impact of client and family systems on treatment decisions and outcomes.
 - K53. Knowledge of relationship among substance abuse lifestyles, risky sexual behaviors and transmission of infectious diseases.
 - K54. Knowledge of methods for health enhancement.
 - K55. Knowledge of client's family and social systems and relationships between each.
 - K56. Knowledge of effects of substance use behaviors on interaction patterns.
 - K57. Knowledge of effect of substance use by one family member on other family members or significant others.
 - K58. Knowledge of family's potential positive or negative influence on development and continuation of a substance use disorder.
 - K59. Knowledge of role of families, couples or significant others in treatment and recovery.
 - K60. Knowledge of continuum of use and abuse, including warning signs and symptoms of developing substance use disorder.
-

CATC TEST SPECIFICATIONS

VII. Documentation (16%)

Tasks

- T42. Document screening, intake, and assessment reports consistent with accepted standards and administrative rules.
- T43. Document assessment findings and treatment recommendations consistent with accepted standards and administrative rules.
- T44. Document treatment and continuing care plan according to criteria for placement, continued stay, and discharge consistent with accepted standards and administrative rules.
- T45. Document treatment outcomes using accepted methods and instruments consistent with accepted standards and administrative rules.
- T46. Document client progress in relation to treatment goals and objectives using accepted standards and administrative rules, e.g., identify needs and issues that may require modification in treatment plan.
- T47. Document treatment and recovery expectations to client, family and significant others including nature of services, program goals, program procedures, rules regarding client conduct, schedule of treatment activities, and client rights and responsibilities.
- T48. Document service coordination activities throughout the continuum of care using accepted standards and administrative rules.
- T49. Document discharge summaries using accepted standards and administrative rules.
- T50. Document treatment goals and objectives in progress notes.

Knowledge

- K46. Knowledge of protocols and procedures for documenting findings and treatment recommendations.
 - K47. Knowledge of terminology and abbreviations used in documentation of substance abuse.
 - K48. Knowledge of protocols required by managed care organizations.
 - K49. Knowledge of requirements for documentation of drug treatment.
 - K50. Knowledge of documentation requirements for addiction counseling, funding sources, and service providers.
 - K51. Knowledge of essential components of client records including release forms, assessments, treatment plans, progress notes, discharge summaries and plans.
-

CATC TEST SPECIFICATIONS

VIII. Professional and Ethical Responsibilities (12%)

Tasks

- T51. Maintain confidentiality of client information in written and oral communications in accordance with code of conduct and government statutes, e.g., communication of information with third parties.
- T52. Comply with professional code of conduct in accordance with code of conduct and government statutes.
- T53. Recognize situations outside the competencies of an AOD counselor.
- T54. Comply with the CAADE scope of practice.
- T55. Comply with government requirements of federal and state laws relevant to treatment of substance use disorders.

Knowledge

- K61. Knowledge of laws pertaining to mandated reporting of abuse and neglect.
 - K62. Knowledge of regulations pertaining to client records.
 - K63. Knowledge of standards of practice pertaining to confidentiality of client information.
 - K64. Knowledge of rules and regulations pertaining to confidentiality of client records.
 - K65. Knowledge of rules and regulations pertaining to client rights and responsibilities.
 - K66. Knowledge of rules and regulations pertaining to client consent procedures.
 - K67. Knowledge of ethical standards related to confidentiality and professional conduct.
-

SAMPLE QUESTIONS

These specific questions will not be on the examination but are representative of the types and format of the questions on the examination.

1. A heavy sedative user realizes that it takes a lot of alcohol to get a "buzz". What pharmacological process does this illustrate?
 - A. Potentiation
 - B. Increased tolerance
 - C. Substitution
 - D. Paradoxical effect
2. A patient gets drunk with friends once a month. He was arrested twice for DUI. As a result, he missed several days of work due to court appearances and hangovers. Based on this situation, what assessment should be made about this client?
 - A. The client is an alcoholic.
 - B. The client is an alcohol abuser.
 - C. The client is a social drinker.
 - D. The client is alcohol dependent.
3. A client with three weeks of abstinence continues to experience extreme hopelessness and despair. Based on this situation, what action must be taken by the counselor?
 - A. Tell the psychiatrist to prescribe an anti-depressant
 - B. Put the client on suicide watch
 - C. Refer the client for a psychiatric assessment
 - D. Do nothing since the client may be faking
4. A client speaks rapidly, provides answers that are irrelevant to the questions and experiences depressive episodes. Based on this situation, what action must be taken by the counselor?
 - A. Refer client for mental health assessment
 - B. Suggest client calls sponsor
 - C. Counsel client about "dry drunk" syndrome
 - D. Refer client for medical assessment
5. How do methadone maintenance programs contribute to addiction treatment?
 - A. By eliminating daily drug use requirements for addicts
 - B. By substituting a non-addictive drug for an addictive drug
 - C. By curing addicts of their need for heroin
 - D. By permitting addicts to abandon criminal lifestyles
6. Which of the following activities enhances service coordination by counselors?
 - A. Visit facilities to which referrals are frequently made
 - B. Limit outside referrals because clients need to be self-motivated
 - C. Take client to outside referral in all cases
 - D. Make an outside referral only if there is a crisis

7. What pattern of personality change includes apathy, lack of concern for the future and loss of ambition that occurs in some marijuana users?
- A. Acute brain syndrome
 - B. Dysphoric reaction
 - C. Amotivational syndrome
 - D. Immunosuppressant effect
8. What motivation explains the actions of enablers?
- A. They want the chemical-dependent to be irresponsible.
 - B. They are protecting their own security.
 - C. They want to get the person more involved in drugs.
 - D. They are instrumental in getting the drug dependent person into treatment.
9. Which of the following explanations characterizes a client who has been abstinent from mood altering substances, regularly attends 12-step meetings, but continues to feel irritable and anxious?
- A. The client's spouse is an untreated codependent.
 - B. The client has adjusted to life in recovery.
 - C. The client is experiencing post acute abstinence syndrome.
 - D. The client is angry because of giving up using.
10. A client informs the counselor of frequent thoughts of suicide and has a plan. The client informed the counselor that the plan will be carried out if the counselor tells anyone. Based on this situation, which of the following actions should be made by the counselor?
- A. Contact the client's family to conduct an intervention
 - B. Ask client to sign a release of information so Psychiatric Evaluation Team can be contacted.
 - C. Contact a psychiatric evaluation team for evaluation
 - D. Convince the client that the plan is irrational
11. How can a counselor assist an outpatient client who discloses urges to drink?
- A. By scheduling increased A.A. attendance and having the client bring in signed attendance slips
 - B. By discussing and validating drinking urges with client and encouraging continued relapse prevention efforts
 - C. By challenging the client about behaviors that prompted the urges and giving client educational information
 - D. By suggesting that the client may require referral to an inpatient program for a short-term stay

12. During an intake interview, discrepancies in statements by the client indicate denial. Which of the following statements would enable the counselor to expose the client's denial using motivational interviewing?
- A. "I am not sure I understand, can you tell me again why this is not a problem?"
 - B. "Your addiction is causing you to be in denial of the problem."
 - C. "I know you are lying."
 - D. "First you tell me one thing and then another. Which is really the truth?"
13. Which of the following statements would be appropriate to use in determining whether or not an individual is in a crisis?
- A. "Describe your present mood."
 - B. "Describe your eating and sleeping habits."
 - C. "Have you thought of harming yourself?"
 - D. "Tell me about any changes in your lifestyle."
14. What is the rationale for Harm Reduction regarding "responsible drug use"?
- A. Substitutions of various activities for using drugs
 - B. Early intervention to prevent drug dependency
 - C. Less negative consequences due to using drugs
 - D. Abstention from drug use in all circumstances
15. A client has been hospitalized on a 72-hour hold after threatening to commit suicide. What should be included in the client's file regarding the incident?
- A. The counselor's personal opinions and feelings about the reason for the client's suicidality
 - B. A special form for 5150's which should be completed and filed with the treatment plan
 - C. The specifics of the incident, including what the client said and did and what the counselor did
 - D. Because of confidentiality regarding suicide, only code words should be used to record the event
16. A counselor, in reviewing a client file, discovers a mistake in a section of the case notes. What action should be taken by the counselor?
- A. Leave the mistake unaltered and write a correction later on in the file
 - B. Use "white-out" to cover the original and write the corrected notes over the "white-out"
 - C. Make a line through the mistake, date and initial it and date the correction
 - D. Erase the mistake, write the correct details and date and initial the changes
17. If a client is experiencing difficulties conforming to the rules and expectations of the program, what action should be taken by the counselor?
- A. Cancel the client's next individual and group counseling sessions
 - B. Notify the client's family of the misbehavior
 - C. Refer the client to the agency psychiatrist or medical director
 - D. Consult with supervisor or other members of the treatment team

18. A 15-year-old girl appears emaciated, her mood fluctuates and she admits that she has been using drugs. Based on this situation, what action should be taken by the counselor?
- A. Assess for substance abuse
 - B. Report the situation to Child Protective Services
 - C. Refer her to a shelter
 - D. Call the police
19. How should alcohol and drug counselors maintain ethical standards in professional conduct?
- A. By seeking ongoing substance abuse education
 - B. By obtaining national certification
 - C. By supporting peer assistance programs
 - D. By receiving personal therapy
20. When may information about a client be shared among staff within a program?
- A. Only if the staff are providing consultation services
 - B. Only during the course of stay in the program
 - C. Only during clinical team meeting and supervision
 - D. Only with a signed release of information

ANSWERS: (1) B, (2) B, (3) C, (4) A, (5) D, (6) A, (7) C, (8) B, (9) C, (10) C, (11) B, (12) A, (13) C, (14) C, (15) C, (16) C, (17) D, (18) B, (19) A, (20) C

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