

# Addiction Social Work Practice Exam (Sample)

## Study Guide



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## **Questions**

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- 1. What is addiction as defined by the World Health Organization?**
  - A. A complex condition, a brain disorder manifested by compulsive substance use despite harmful consequences**
  - B. A mild preference for a substance over non-use**
  - C. A lack of willpower in avoiding certain behaviors**
  - D. A choice made under social pressure**
- 2. What does the DSM-5 criteria for substance use disorder include?**
  - A. Only physical dependence symptoms**
  - B. A set of behavioral, cognitive, and physiological symptoms**
  - C. Only psychological symptoms**
  - D. Withdrawal management strategies**
- 3. What does cognitive-behavioral therapy (CBT) aim to change in addiction treatment?**
  - A. Physical health symptoms**
  - B. Routine social habits**
  - C. Negative thought patterns and behaviors**
  - D. Family dynamics**
- 4. What is the primary requirement for joining Gamblers Anonymous?**
  - A. A desire to stop gambling**
  - B. A background in counseling**
  - C. A willingness to participate in therapy**
  - D. An invitation from a current member**
- 5. Define "cravings" in the context of addiction.**
  - A. Momentary thoughts about using a substance**
  - B. Intense desires or urges to use a substance**
  - C. A short period of desire that quickly passes**
  - D. Adventurous thoughts about drugs**

- 6. What recent trend has been observed regarding emergency room admissions?**
- A. Increases in alcohol-related incidences**
  - B. Overdoses related to prescription drug use**
  - C. Higher statistics for non-prescription drug use**
  - D. A decline in drug-related admissions**
- 7. What aspect did Erikson's conceptualization for young life reportedly lack, according to Carol Gilligan?**
- A. A focus on male developmental issues**
  - B. A concern for female developmental issues**
  - C. Input from developmental psychologists**
  - D. An emphasis on cognitive development**
- 8. What is the role of peer support in addiction recovery?**
- A. It provides financial assistance.**
  - B. It creates competition among individuals.**
  - C. It aids recovery through encouragement and community.**
  - D. It focuses solely on mental health issues.**
- 9. In addiction recovery, what does sobriety mean?**
- A. Complete withdrawal from social relationships**
  - B. Using medications to manage cravings**
  - C. Being free from the influence of substances**
  - D. Engaging in ongoing therapy**
- 10. During which stages do most clients typically enter treatment?**
- A. Preparation and action stages**
  - B. Precontemplation and contemplation stages**
  - C. Maintenance and relapse stages**
  - D. Contemplation and maintenance stages**

## **Answers**

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- 1. A**
- 2. B**
- 3. C**
- 4. A**
- 5. B**
- 6. B**
- 7. B**
- 8. C**
- 9. C**
- 10. B**

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## **Explanations**

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**1. What is addiction as defined by the World Health Organization?**

- A. A complex condition, a brain disorder manifested by compulsive substance use despite harmful consequences**
- B. A mild preference for a substance over non-use**
- C. A lack of willpower in avoiding certain behaviors**
- D. A choice made under social pressure**

Addiction, as defined by the World Health Organization, emphasizes its nature as a complex condition and a brain disorder. This definition highlights that addiction involves compulsive substance use, meaning that individuals continue to engage in substance use behaviors even when they face detrimental outcomes to their health, relationships, or overall life circumstances. The emphasis on "compulsive" behavior illustrates that addiction often overcomes an individual's ability to control their use, which is fundamentally different from simple preferences or choices. Individuals struggling with addiction may understand the risks yet find themselves unable to stop, indicating that the addiction has become a chronic issue that requires extensive intervention. This definition encompasses various factors, including biological, psychological, and environmental influences, thus recognizing addiction as more than just a personal choice or a lack of willpower. It views addiction as a serious health condition that often necessitates professional treatment and support, distinguishing it from behaviors that can be resolved through sheer willpower or societal pressure.

**2. What does the DSM-5 criteria for substance use disorder include?**

- A. Only physical dependence symptoms**
- B. A set of behavioral, cognitive, and physiological symptoms**
- C. Only psychological symptoms**
- D. Withdrawal management strategies**

The DSM-5 criteria for substance use disorder encompass a comprehensive set of behavioral, cognitive, and physiological symptoms that reflect an individual's interactions with substances. This classification recognizes that substance use disorders are multifaceted and can manifest through a range of symptoms including cravings, loss of control over substance use, continued use despite negative consequences, and tolerance. Focusing solely on behavioral aspects, cognitive impacts, or physiological symptoms would provide an incomplete understanding of substance use disorder. For instance, physical dependence alone does not capture the complexity of addiction, which involves psychological processes, such as craving and cognitive distortions regarding substance use. Similarly, withdrawal management strategies may be relevant for treatment but do not directly address the diagnostic criteria outlined in the DSM-5. Thus, understanding the full spectrum of symptoms described in the DSM-5 is essential for accurate diagnosis and effective intervention in substance use disorders.

**3. What does cognitive-behavioral therapy (CBT) aim to change in addiction treatment?**

- A. Physical health symptoms**
- B. Routine social habits**
- C. Negative thought patterns and behaviors**
- D. Family dynamics**

Cognitive-behavioral therapy (CBT) is primarily focused on identifying and changing negative thought patterns and behaviors that contribute to addiction. This therapeutic approach operates on the premise that our thoughts influence our feelings and behaviors; therefore, by altering dysfunctional thinking, individuals can change their emotional responses and behavioral patterns regarding substance use. In the context of addiction treatment, CBT helps clients recognize cognitive distortions—such as all-or-nothing thinking, overgeneralization, and catastrophizing—that may perpetuate their substance use. By teaching clients to challenge and reframe these negative thought patterns, CBT empowers them to develop healthier coping strategies and more adaptive behaviors, which can significantly reduce the likelihood of relapse. While physical health symptoms, routine social habits, and family dynamics may influence or be impacted by addiction, CBT does not primarily target these areas. Instead, its core focus is on the interplay between cognition and behavior, making it an effective tool in addressing the psychological aspects of addiction.

**4. What is the primary requirement for joining Gamblers Anonymous?**

- A. A desire to stop gambling**
- B. A background in counseling**
- C. A willingness to participate in therapy**
- D. An invitation from a current member**

The primary requirement for joining Gamblers Anonymous is a desire to stop gambling. This reflects the organization's foundational belief that the motivation to change one's behavior is crucial for recovery. Gamblers Anonymous is specifically designed for individuals who acknowledge their issues with gambling and have a genuine intention to cease harmful gambling practices. This requirement emphasizes personal accountability and the recognition of the need for change, which are critical elements in the recovery process from addiction. While having a background in counseling, a willingness to participate in therapy, or an invitation from a current member may be beneficial to an individual's recovery journey, they are not prerequisites for membership in Gamblers Anonymous. The organization is open to anyone who has a desire to stop gambling, making it accessible to all individuals seeking help regardless of their professional background or prior experiences.

**5. Define "cravings" in the context of addiction.**

- A. Momentary thoughts about using a substance**
- B. Intense desires or urges to use a substance**
- C. A short period of desire that quickly passes**
- D. Adventurous thoughts about drugs**

In the context of addiction, cravings are defined as intense desires or urges to use a substance. These cravings can be prompted by various stimuli, including environmental cues, emotional states, or even physical sensations. The intensity of these urges can often be overwhelming, leading individuals to seek out the substance despite potential negative consequences. Understanding cravings is crucial for addiction treatment, as they are a significant barrier to recovery. They can lead to relapse if not effectively managed. Addressing cravings often involves incorporating coping strategies and skills that help individuals navigate these powerful urges, making option B the most accurate and relevant definition within the scope of addiction.

**6. What recent trend has been observed regarding emergency room admissions?**

- A. Increases in alcohol-related incidences**
- B. Overdoses related to prescription drug use**
- C. Higher statistics for non-prescription drug use**
- D. A decline in drug-related admissions**

Recent trends in emergency room admissions indicate a significant rise in overdoses associated with prescription drug use. This surge can be attributed to various factors, including the proliferation of opioid prescriptions and the subsequent increase in addiction and misuse patterns. As healthcare providers have become more aware of the risks of addiction linked to these medications, the consequences have manifested in higher rates of emergency room visits due to overdose situations. Prescription opioids, in particular, have been a focal point during this trend, as they are often involved in overdose cases. The opioid epidemic has highlighted the urgent need for better prescription practices and heightened awareness about the dangers of opioid misuse. As a result, emergency rooms have seen a marked increase in patients requiring immediate medical attention due to these overdoses. In contrast to this, other trends may not reflect the same degree of urgency or severity, such as increases in alcohol-related incidences or non-prescription drug use, which, while important, do not illustrate the same acute crisis reflected in the rise of prescription drug overdoses. Furthermore, a decline in drug-related admissions would contradict the data reported by emergency health services, which points toward a growing public health concern regarding prescription drugs.

**7. What aspect did Erikson's conceptualization for young life reportedly lack, according to Carol Gilligan?**

- A. A focus on male developmental issues**
- B. A concern for female developmental issues**
- C. Input from developmental psychologists**
- D. An emphasis on cognitive development**

Carol Gilligan's critique of Erikson's framework primarily revolves around its insufficient attention to female developmental issues. In her influential work, Gilligan highlighted that many psychological theories, including Erikson's stages of development, were largely based on male experiences and perspectives. She argued that these theories often neglected the unique aspects and challenges of female development, which include relational and social contexts that are particularly relevant for women. Gilligan emphasized the importance of understanding how socialization, relationships, and empathy shape women's identities and experiences, contrasting with Erikson's more individualistic and sequential approach to development. By asserting that Erikson's model often overlooks the complexities and nuances of female life experiences, Gilligan advocates for a more inclusive perspective that properly represents both male and female developmental paths. This shift not only contributes to a more equitable understanding of human development but also encourages the incorporation of diverse experiences into theoretical frameworks.

**8. What is the role of peer support in addiction recovery?**

- A. It provides financial assistance.**
- B. It creates competition among individuals.**
- C. It aids recovery through encouragement and community.**
- D. It focuses solely on mental health issues.**

Peer support plays a significant role in addiction recovery by fostering a sense of community and providing encouragement among individuals facing similar challenges. This support system is rooted in shared experiences, where individuals who have lived through addiction can offer insights, empathy, and understanding that professionals might not be able to provide to the same extent. The interpersonal connections within peer support can help reduce feelings of isolation and stigma, which are prevalent in the recovery process. Through mutual sharing of experiences, individuals can learn from one another's coping strategies, celebrate milestones, and provide accountability, all of which can actively contribute to a more sustainable recovery journey. In contrast to other options, peer support is not about providing financial assistance, creating competition, or focusing solely on mental health issues. Instead, it emphasizes the importance of relatable experiences and community connection, making it a vital component in building resilience and long-term recovery for those affected by addiction.

**9. In addiction recovery, what does sobriety mean?**

- A. Complete withdrawal from social relationships**
- B. Using medications to manage cravings**
- C. Being free from the influence of substances**
- D. Engaging in ongoing therapy**

Sobriety in addiction recovery is defined as being free from the influence of substances. This encompasses not only abstaining from alcohol and drugs but also signifies a state where an individual is no longer under the effects of those substances, allowing them to regain control over their life and decisions. Attaining sobriety is often seen as a foundational step in the recovery process, enabling individuals to heal and rebuild their lives. While other options may relate to elements of treatment and recovery—like ongoing therapy to maintain mental health or the use of medications for cravings—they do not define sobriety itself. Engaging in ongoing therapy is part of a comprehensive recovery plan, and while medications may assist in craving management, they are not synonymous with sobriety. Moreover, complete withdrawal from social relationships is contrary to the social support that is crucial for effective recovery, as isolating can often exacerbate feelings of loneliness and depression. Hence, the essence of sobriety lies in the absence of substance influence, allowing a person the clarity and stability to pursue further recovery goals.

**10. During which stages do most clients typically enter treatment?**

- A. Preparation and action stages**
- B. Precontemplation and contemplation stages**
- C. Maintenance and relapse stages**
- D. Contemplation and maintenance stages**

Clients typically enter treatment during the precontemplation and contemplation stages. During the precontemplation stage, individuals may not recognize that they have a problem or may be resistant to acknowledging the need for change. In this stage, social workers often focus on raising awareness about the potential consequences of addiction and motivating the client to consider treatment. In the contemplation stage, clients are more aware of their issues and may be considering the possibility of change but have not yet committed to taking action. This is a crucial phase for social workers, as it provides an opportunity to explore ambivalence and reinforce the benefits of entering treatment. The combination of these stages reflects a readiness to engage in the treatment process, making them critical points where intervention and support can facilitate movement toward action and ultimately recovery.