

Addictions Counselor Practice Exam (Sample)

Study Guide



Everything you need from our exam experts!

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Introduction

Preparing for a certification exam can feel overwhelming, but with the right tools, it becomes an opportunity to build confidence, sharpen your skills, and move one step closer to your goals. At Examzify, we believe that effective exam preparation isn't just about memorization, it's about understanding the material, identifying knowledge gaps, and building the test-taking strategies that lead to success.

This guide was designed to help you do exactly that.

Whether you're preparing for a licensing exam, professional certification, or entry-level qualification, this book offers structured practice to reinforce key concepts. You'll find a wide range of multiple-choice questions, each followed by clear explanations to help you understand not just the right answer, but why it's correct.

The content in this guide is based on real-world exam objectives and aligned with the types of questions and topics commonly found on official tests. It's ideal for learners who want to:

- Practice answering questions under realistic conditions,
- Improve accuracy and speed,
- Review explanations to strengthen weak areas, and
- Approach the exam with greater confidence.

We recommend using this book not as a stand-alone study tool, but alongside other resources like flashcards, textbooks, or hands-on training. For best results, we recommend working through each question, reflecting on the explanation provided, and revisiting the topics that challenge you most.

Remember: successful test preparation isn't about getting every question right the first time, it's about learning from your mistakes and improving over time. Stay focused, trust the process, and know that every page you turn brings you closer to success.

Let's begin.

How to Use This Guide

This guide is designed to help you study more effectively and approach your exam with confidence. Whether you're reviewing for the first time or doing a final refresh, here's how to get the most out of your Examzify study guide:

1. Start with a Diagnostic Review

Skim through the questions to get a sense of what you know and what you need to focus on. Your goal is to identify knowledge gaps early.

2. Study in Short, Focused Sessions

Break your study time into manageable blocks (e.g. 30 - 45 minutes). Review a handful of questions, reflect on the explanations.

3. Learn from the Explanations

After answering a question, always read the explanation, even if you got it right. It reinforces key points, corrects misunderstandings, and teaches subtle distinctions between similar answers.

4. Track Your Progress

Use bookmarks or notes (if reading digitally) to mark difficult questions. Revisit these regularly and track improvements over time.

5. Simulate the Real Exam

Once you're comfortable, try taking a full set of questions without pausing. Set a timer and simulate test-day conditions to build confidence and time management skills.

6. Repeat and Review

Don't just study once, repetition builds retention. Re-attempt questions after a few days and revisit explanations to reinforce learning. Pair this guide with other Examzify tools like flashcards, and digital practice tests to strengthen your preparation across formats.

There's no single right way to study, but consistent, thoughtful effort always wins. Use this guide flexibly, adapt the tips above to fit your pace and learning style. You've got this!

Questions

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- 1. Which principle states the practitioner's primary responsibility and loyalty is to the welfare of the clients?**
 - A. Principle 2 Welfare**
 - B. Principle 4 Trust**
 - C. Principle 6 Rights and Duties**
 - D. Principle 8 Preventing Harm**

- 2. Which term refers to tailoring resources and services to fit an individual client's needs?**
 - A. Case management**
 - B. Individual tailoring**
 - C. Client matching**
 - D. Universal planning**

- 3. What does the Biopsychosocial Model suggest that problems have?**
 - A. Numerous causal factors that are interconnected.**
 - B. A single cause.**
 - C. Only biological causes.**
 - D. No identifiable causes.**

- 4. There are many reasons for not involving family in treatment. Who are the family members most likely to participate in treatment?**
 - A. Adult men**
 - B. Teenagers**
 - C. Grandparents**
 - D. Adult women**

- 5. In ASAM group assignments, which pairing is the exception and may be grouped together?**
 - A. Alcohol and benzodiazepine abusers**
 - B. Opiate and amphetamine abusers**
 - C. Cocaine and cannabis abusers**
 - D. Cannabis and alcohol abusers**

- 6. Which principle requires affirming diversity among colleagues or clients regardless of gender, sexual orientation, ethnic or racial background, religious beliefs, etc?**
- A. Principle 1 Discrimination**
 - B. Principle 2 Welfare**
 - C. Principle 3 Relationship**
 - D. Principle 5 Compliance**
- 7. The euphoria experienced under the influence of cocaine is caused by which mechanism?**
- A. A Blockade of Dopamine Receptors**
 - B. A Build Up of Neurotransmitters**
 - C. Inhibition of Monoamine Release**
 - D. Desensitization of Receptors**
- 8. A BA or MA graduate awaiting Certification must**
- A. Identifying themselves as a graduate obtaining experience prior to certification before performing any client tasks**
 - B. Identify themselves as a graduate obtaining experience prior to certification before performing any task with a client**
 - C. Obtain immediate licensure**
 - D. Not work with clients until certification**
- 9. Which screening instrument is the Michigan Alcoholism Screening Test?**
- A. CAGE**
 - B. AUDIT**
 - C. SAPC**
 - D. MAST**
- 10. What is the four-question screening instrument for alcohol and drug problems commonly used?**
- A. AUDIT**
 - B. CAGE**
 - C. MAST**
 - D. SAPC**

Answers

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

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Explanations

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1. Which principle states the practitioner's primary responsibility and loyalty is to the welfare of the clients?

- A. Principle 2 Welfare**
- B. Principle 4 Trust**
- C. Principle 6 Rights and Duties**
- D. Principle 8 Preventing Harm**

This question hinges on the principle that the practitioner's foremost obligation is to the client's well-being. The welfare principle centers on acting in the client's best interests, aiming to promote safety, growth, and recovery, and guiding decisions, actions, and boundaries to support the client's overall welfare. Trust and confidentiality are essential supports for a strong therapeutic relationship, but they describe how the relationship is built rather than the primary duty itself. Rights and duties outline what each party is entitled to and obligated to do, not the core aim of the practitioner's work. Preventing harm is a crucial aspect of practice, yet it's a specific obligation within the broader goal of promoting welfare rather than the sole defining duty. So the principle that states the practitioner's primary responsibility and loyalty is to the client's welfare is the welfare principle.

2. Which term refers to tailoring resources and services to fit an individual client's needs?

- A. Case management**
- B. Individual tailoring**
- C. Client matching**
- D. Universal planning**

Matching resources to a client's specific characteristics is what client matching describes. In addition counseling, this approach uses assessment information—such as the severity of use, co-occurring mental health issues, motivation, social supports, and practical barriers—to pair the client with the most appropriate level of care, treatment modality, and supports. This tailored fit tends to improve engagement and outcomes because interventions are selected to align with the person's unique needs rather than applying a one-size-fits-all plan. Case management, by contrast, focuses on coordinating and accessing services for the client rather than the act of choosing which resources fit best. Universal planning applies broad, non-tailored strategies intended for all clients, not adjustments based on individual differences. Individual tailoring is descriptive but not the established term used in practice for this concept.

3. What does the Biopsychosocial Model suggest that problems have?

- A. Numerous causal factors that are interconnected.**
- B. A single cause.**
- C. Only biological causes.**
- D. No identifiable causes.**

The Biopsychosocial Model teaches that problems arise from many factors across biological, psychological, and social domains, and these factors influence one another in a dynamic way. In practice, this means there isn't a single root cause for a condition like addiction. Genetic or neurochemical factors (biological) can interact with coping skills, beliefs, and mental health (psychological), as well as with family dynamics, cultural norms, and support systems (social). Stress, trauma, and environment can modify biology, while biological vulnerabilities can shape psychological responses and social experiences, creating an interconnected web of influences. Because of this interconnection, problems are best understood as stemming from numerous causal factors that are linked and mutually reinforcing. The other options don't fit: claiming a single cause overlooks the multiple interacting factors; focusing only on biological causes ignores psychological and social influences; saying there are no identifiable causes contradicts the model's emphasis on how factors combine and interact.

4. There are many reasons for not involving family in treatment. Who are the family members most likely to participate in treatment?

- A. Adult men**
- B. Teenagers**
- C. Grandparents**
- D. Adult women**

When family involvement in treatment is considered, who participates tends to reflect who is most likely to seek and engage in therapy with the person in treatment. Adult women—often spouses or mothers—are the group most likely to participate. They sit at the center of caregiving networks and are generally more proactive about seeking support and attending joint sessions to address family dynamics, safety, or children's well-being. This pattern aligns with common practice in family-based treatment, where female family members are more often invited and encouraged to participate to help address relational issues that can influence recovery. Adult men may participate less frequently due to factors like stigma, norms around masculine help-seeking, or time pressures. Teenagers aren't typically the adults involved in family treatment sessions, and they're often the clients themselves or part of adolescent-focused services. Grandparents participate mainly when they are primary caregivers or have a direct caregiving role in the family system. So, the most likely family member to be involved is an adult woman.

5. In ASAM group assignments, which pairing is the exception and may be grouped together?

- A. Alcohol and benzodiazepine abusers**
- B. Opiate and amphetamine abusers**
- C. Cocaine and cannabis abusers**
- D. Cannabis and alcohol abusers**

In ASAM group assignments, groups are usually formed around the primary substances people are using, so the content and focus of the group fit the common treatment needs and safety considerations. The one exception where two different substances can be placed in the same group is when opiate abusers and amphetamine abusers share group space. Their treatment needs often center on engaging in treatment, building motivation, developing coping and relapse-prevention skills, and benefiting from shared psychosocial interventions, rather than managing a highly similar medical detox pathway. The other pairings involve substances with more distinct withdrawal risks, cross-dependence concerns, or pharmacotherapy considerations that make a mixed group less appropriate or safe, so they're not the exception.

6. Which principle requires affirming diversity among colleagues or clients regardless of gender, sexual orientation, ethnic or racial background, religious beliefs, etc?

- A. Principle 1 Discrimination**
- B. Principle 2 Welfare**
- C. Principle 3 Relationship**
- D. Principle 5 Compliance**

Affirming diversity and preventing bias comes from a stance of nondiscrimination and inclusion—that is, treating everyone with equal respect and valuing their different backgrounds. The principle labeled discrimination in this context embodies the obligation to reject biased treatment and to actively ensure that colleagues and clients are valued and supported regardless of gender, sexual orientation, ethnicity, religion, or other characteristics. It sets the standard that diversity should be recognized and upheld in every interaction. The other principles point to different aims: welfare focuses on the well-being and outcomes for clients, relationship centers on building trust and rapport, and compliance concerns following rules and policies. None of these directly capture the universal commitment to affirming diversity in the way this principle does.

7. The euphoria experienced under the influence of cocaine is caused by which mechanism?

- A. A Blockade of Dopamine Receptors**
- B. A Build Up of Neurotransmitters**
- C. Inhibition of Monoamine Release**
- D. Desensitization of Receptors**

Cocaine's euphoria comes from increased dopamine signaling in reward pathways, caused by blocking the reuptake of monoamines. When cocaine inhibits the dopamine transporter, dopamine (and other monoamines) can't be cleared from the synaptic cleft, so they accumulate and keep activating postsynaptic receptors. This sudden buildup heightens neural signaling in the mesolimbic pathway, especially in areas like the nucleus accumbens, producing the intense pleasurable feelings. This explains why the option describing a buildup of neurotransmitters is correct: the core effect isn't blocking receptors, inhibiting release, or desensitizing receptors, but rather keeping more transmitter available in the synapse so the signal is amplified.

8. A BA or MA graduate awaiting Certification must

- A. Identifying themselves as a graduate obtaining experience prior to certification before performing any client tasks**
- B. Identify themselves as a graduate obtaining experience prior to certification before performing any task with a client**
- C. Obtain immediate licensure**
- D. Not work with clients until certification**

The key idea here is transparency about trainee status and the need for supervised experience before working with clients. A BA or MA graduate who has not yet obtained certification is not licensed to practice independently, so ethical guidelines require that they clearly identify themselves as a graduate obtaining experience prior to certification and that this disclosure happens before they engage with any client. This protects clients by making sure they know the clinician is in training and that all work with clients is under supervision and within the scope allowed for a trainee. This is why identifying themselves before any interaction with a client is the best choice: it ensures clients are aware of the trainee status and the supervisory context from the start. The other options either imply licensure is already obtained, or unnecessarily restrict practice, or omit the essential pre-contact disclosure that safeguards client understanding and consent.

9. Which screening instrument is the Michigan Alcoholism Screening Test?

- A. CAGE
- B. AUDIT
- C. SAPC
- D. MAST**

Screening tools for alcohol problems vary in length and focus, and this item hinges on knowing which one carries the Michigan name. The Michigan Alcoholism Screening Test is the MAST. It was developed to screen for alcoholism and uses a series of questions about drinking history, social and legal consequences, and dependence-related symptoms, with a scoring system that suggests the likelihood of an alcohol use disorder. Other common screens, like CAGE and AUDIT, are not tied to Michigan and serve different purposes or have different lengths.

10. What is the four-question screening instrument for alcohol and drug problems commonly used?

- A. AUDIT
- B. CAGE**
- C. MAST
- D. SAPC

The main idea being tested is using a very quick screening tool to flag potential alcohol problems in a patient. The four-question screen called CAGE asks about cutting down, others' annoyance with drinking, guilt about drinking, and a morning "eye-opener." It's designed to be fast, easy to administer, and to point you toward a more thorough assessment when there are two or more affirmative answers. Because it focuses on potential dependence and problematic drinking rather than just how often someone drinks, it's widely used in busy clinical settings. Two things to know about its usefulness: it's excellent for a rapid check-in and often leads to further evaluation, but it isn't perfect for every situation. Some people with hazardous or binge drinking may not endorse multiple items, and it's not diagnostic on its own. For a broader screen of drinking behavior, clinicians might use the longer AUDIT; for a longer, more detailed look at problems or consequences, tools like MAST are used. SAPC is less commonly seen in modern practice. In this question, the four-question instrument commonly used is CAGE.

Next Steps

Congratulations on reaching the final section of this guide. You've taken a meaningful step toward passing your certification exam and advancing your career.

As you continue preparing, remember that consistent practice, review, and self-reflection are key to success. Make time to revisit difficult topics, simulate exam conditions, and track your progress along the way.

If you need help, have suggestions, or want to share feedback, we'd love to hear from you. Reach out to our team at hello@examzify.com.

Or visit your dedicated course page for more study tools and resources:

<https://addictionscounselor.examzify.com>

We wish you the very best on your exam journey. You've got this!

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