

American Society of Addiction Medicine (ASAM) Assessment Practice Test (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. What action is recommended if an opioid-dependent patient shows symptoms of withdrawal while on a stable treatment regimen?**
 - A. Decrease the dosage of medication**
 - B. Increase the medication dosage**
 - C. Switch to a different form of treatment**
 - D. Change to a medication with higher addictive potential**

- 2. What is the safe medication choice for a patient with severe hepatitis C and/or liver failure?**
 - A. Oxazepam**
 - B. Temazepam**
 - C. Diazepam**
 - D. Lorazepam**

- 3. What effect do exogenously administered anabolic steroids have on natural testosterone production?**
 - A. They increase natural testosterone production**
 - B. They have no effect on testosterone levels**
 - C. They decrease the production of natural testosterone**
 - D. They stimulate testosterone receptors in the body**

- 4. Which of the following conditions is FALSE regarding adolescent substance abuse?**
 - A. Adolescent substance abuse is linked to increased risk of depression**
 - B. Advent of substance abuse leads to resilience in peer relationships**
 - C. Consumption patterns differ significantly among ethnic groups**
 - D. Anxiety disorders are commonly comorbid with substance abuse**

- 5. What was one of the effects experienced by the boy brought to the emergency service?**
 - A. Rational thought processes**
 - B. Coherent speech**
 - C. Dissociation**
 - D. Improved focus**

- 6. Which disorder is typically not categorized under Substance Use and Addictive Disorders?**
- A. Opioid use disorder**
 - B. Alcohol use disorder**
 - C. Anorexia nervosa**
 - D. Tobacco use disorder**
- 7. Which of the following is not a model of relapse prevention?**
- A. The Matrix model**
 - B. Daley's psychoeducational approach**
 - C. The cue-extinction model**
 - D. Motivational interviewing**
- 8. What is a notable complication associated with steroid use?**
- A. Increased energy levels**
 - B. Liver damage**
 - C. Improved mental health**
 - D. Enhanced cardiovascular function**
- 9. What commonly causes liver damage when consuming large quantities of Percocet?**
- A. Ibuprofen**
 - B. Acetaminophen**
 - C. Codeine**
 - D. Oxycodone**
- 10. Which condition would NOT be in the differential diagnosis for someone presenting with tension and jitteriness?**
- A. Caffeine dependence**
 - B. GAD**
 - C. Nicotine dependence**
 - D. Opioid use**

Answers

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

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Explanations

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1. What action is recommended if an opioid-dependent patient shows symptoms of withdrawal while on a stable treatment regimen?

A. Decrease the dosage of medication

B. Increase the medication dosage

C. Switch to a different form of treatment

D. Change to a medication with higher addictive potential

Increasing the medication dosage is the recommended action when an opioid-dependent patient exhibits withdrawal symptoms while on a stable treatment regimen. This recommendation is based on the understanding that withdrawal symptoms can arise due to a variety of factors, including inadequate dosing, changes in the patient's metabolism, or different environmental triggers. In the context of opioid dependence treatment, the goal is to maintain a therapeutic level of medication such that it sufficiently alleviates cravings and withdrawal symptoms. If a patient experiences withdrawal while on a stable regimen, it indicates that their current dosage may no longer be effective, and an increase can help restore balance in their treatment plan. Moreover, it is essential to monitor the patient closely following the dosage adjustment to ensure that the increased amount effectively manages symptoms without leading to adverse effects or increased risk of misuse. While other strategies might be applicable in different contexts, they are not appropriate solutions when a patient specifically displays withdrawal symptoms while on an established treatment plan.

2. What is the safe medication choice for a patient with severe hepatitis C and/or liver failure?

A. Oxazepam

B. Temazepam

C. Diazepam

D. Lorazepam

Oxazepam is the safest medication choice for a patient with severe hepatitis C and/or liver failure due to its pharmacokinetic properties. It is a benzodiazepine that is primarily metabolized through conjugation, which is a less burdensome metabolic pathway for the liver compared to other benzodiazepines. This feature makes oxazepam more suitable for individuals with compromised liver function, as it poses a lower risk of accumulation and potential toxicity. In contrast, other options like temazepam, diazepam, and lorazepam are metabolized predominantly by the liver's cytochrome P450 system, which can lead to a buildup of these drugs in patients with hepatic impairment. As liver function declines, the clearance of these medications can significantly decrease, escalating the risk of adverse effects and overdose. In summary, oxazepam is the preferred choice for managing anxiety or insomnia in patients with severe liver issues due to its minimized risk of hepatic toxicity and accumulation.

3. What effect do exogenously administered anabolic steroids have on natural testosterone production?

- A. They increase natural testosterone production**
- B. They have no effect on testosterone levels**
- C. They decrease the production of natural testosterone**
- D. They stimulate testosterone receptors in the body**

Exogenously administered anabolic steroids typically decrease the production of natural testosterone. This occurs due to a feedback mechanism in the body. When anabolic steroids are introduced, they can lead to an increase in circulating levels of synthetic testosterone. The body, recognizing these elevated testosterone levels, may reduce its own production of the hormone as a compensatory response. This is primarily due to the suppression of the hypothalamic-pituitary-gonadal (HPG) axis. The hypothalamus detects the high levels of testosterone and reduces the secretion of gonadotropin-releasing hormone (GnRH), which subsequently decreases the release of luteinizing hormone (LH) and follicle-stimulating hormone (FSH) from the pituitary gland. Both LH and FSH are essential for stimulating the testes to produce natural testosterone, so their decrease leads to a reduced production of testosterone within the body. The other options presented do not accurately reflect this physiological response, as they suggest outcomes that do not align with the body's regulatory mechanisms regarding hormone production.

4. Which of the following conditions is FALSE regarding adolescent substance abuse?

- A. Adolescent substance abuse is linked to increased risk of depression**
- B. Advent of substance abuse leads to resilience in peer relationships**
- C. Consumption patterns differ significantly among ethnic groups**
- D. Anxiety disorders are commonly comorbid with substance abuse**

The assertion regarding the advent of substance abuse leading to resilience in peer relationships is false. In reality, adolescent substance abuse often has a detrimental impact on peer relationships rather than fostering resilience. Substance use can lead to social isolation, conflict within friendships, and engagement in risky behaviors that may alienate peers and diminish the quality of relationships. In contrast, other statements about adolescent substance abuse accurately reflect established findings. For instance, it is well-documented that adolescent substance abuse is associated with an increased risk of developing depression, illustrating how these mental health issues can be interrelated. Also, consumption patterns of substances can indeed vary significantly among different ethnic groups, reflecting cultural, social, and economic factors that influence substance use. Lastly, anxiety disorders frequently co-occur with substance use disorders in adolescents, underscoring the complexity of mental health and addiction interrelationships during this developmental stage.

5. What was one of the effects experienced by the boy brought to the emergency service?

- A. Rational thought processes**
- B. Coherent speech**
- C. Dissociation**
- D. Improved focus**

The selection of dissociation as the effect experienced by the boy brought to the emergency service highlights a state often associated with trauma, stress, or substance use, where an individual feels disconnected from their thoughts, feelings, or sense of identity. This disconnection can manifest in various ways, such as feelings of unreality, detachment from the environment, or even an altered sense of time. In emergency scenarios, especially involving youth, trauma responses can frequently include dissociative symptoms as a psychological defense mechanism to cope with overwhelming experiences. In contrast, rational thought processes and coherent speech generally indicate a state of mental clarity and functionality, which would be unlikely in an acute crisis situation where dissociation might be more prevalent. Improved focus, similarly, suggests a heightened state of attention and engagement, which would not align with the disorienting and numbing qualities of dissociation. Thus, the experience of dissociation reflects a common response in emergencies, reinforcing the understanding of how individuals may cope differently under stress.

6. Which disorder is typically not categorized under Substance Use and Addictive Disorders?

- A. Opioid use disorder**
- B. Alcohol use disorder**
- C. Anorexia nervosa**
- D. Tobacco use disorder**

Anorexia nervosa is categorized as an eating disorder rather than a substance use or addictive disorder. Eating disorders, including anorexia, are characterized by unhealthy eating behaviors and a preoccupation with food, body weight, and body shape, which are distinct from the patterns of behavior associated with substance use and addiction. In contrast, the other options—opioid use disorder, alcohol use disorder, and tobacco use disorder—are all explicitly classified under substance use disorders. These disorders are defined by the problematic use of substances that lead to significant impairment or distress. By understanding these distinctions, it becomes clear why anorexia nervosa is the correct answer in this context, as it operates under a different set of criteria and clinical considerations that are not related to substance use or addiction.

7. Which of the following is not a model of relapse prevention?

- A. The Matrix model**
- B. Daley's psychoeducational approach**
- C. The cue-extinction model**
- D. Motivational interviewing**

The correct answer is that motivational interviewing is not a model of relapse prevention. Motivational interviewing is a counseling approach designed to enhance an individual's motivation to change by exploring and resolving ambivalence. It focuses on helping individuals identify their goals, concerns, and reasons for change, rather than directly addressing specific techniques for preventing relapse. In contrast, the other options mentioned—such as the Matrix model, Daley's psychoeducational approach, and the cue-extinction model—are specifically geared toward preventing relapse. The Matrix model emphasizes a structured treatment approach that includes relapse prevention as a central component; Daley's psychoeducational approach provides education about addiction and relapse triggers to help individuals manage their recovery; and the cue-extinction model works by addressing conditioned responses to cues that can lead to relapse, teaching clients to recognize and respond differently to those cues. By understanding the distinct focus of motivational interviewing compared to the targeted strategies of the other models, it becomes clear why it does not fit within the category of relapse prevention models.

8. What is a notable complication associated with steroid use?

- A. Increased energy levels**
- B. Liver damage**
- C. Improved mental health**
- D. Enhanced cardiovascular function**

Liver damage is indeed a notable complication associated with steroid use, especially when considering anabolic steroids or corticosteroids taken inappropriately. These substances can lead to various forms of liver injury, including fatty liver disease, hepatic necrosis, and cholestatic jaundice. With anabolic steroids, which are often misused for bodybuilding or performance enhancement, there is a high potential for hepatotoxicity. The liver is responsible for metabolizing steroids, and excessive or long-term use can overwhelm its capacity, leading to serious damage. The other options reflect outcomes that are not typically associated with steroid use. Increased energy levels may occur temporarily or be perceived as enhanced stamina but are not an established medical benefit of steroids. Improved mental health is not a primary effect; in some cases, steroids can lead to mood swings, aggression, or other psychological effects. Enhanced cardiovascular function is misleading, as steroid use is more commonly linked to increased risks of hypertension, heart disease, and other cardiovascular complications rather than improvements in heart health.

9. What commonly causes liver damage when consuming large quantities of Percocet?

- A. Ibuprofen
- B. Acetaminophen**
- C. Codeine
- D. Oxycodone

The correct response is based on the fact that Percocet is a combination medication that contains acetaminophen and oxycodone. While both substances can affect the liver, acetaminophen is particularly known for its potential to cause liver damage, especially when taken in large quantities. Acetaminophen is metabolized by the liver, and excessive intake can lead to the formation of toxic metabolites that overwhelm the liver's ability to process them safely. This can result in liver necrosis and failure, making it crucial for patients to adhere to recommended dosages to avoid serious health complications. In the context of Percocet, while oxycodone can lead to other forms of toxicity and dependence issues, it is actually the acetaminophen component that poses the greatest risk for liver damage when large quantities are consumed. Therefore, recognizing the role of acetaminophen in causing hepatotoxicity is essential for understanding the risks associated with misuse of this medication.

10. Which condition would NOT be in the differential diagnosis for someone presenting with tension and jitteriness?

- A. Caffeine dependence
- B. GAD
- C. Nicotine dependence
- D. Opioid use**

The condition that would not be in the differential diagnosis for someone presenting with tension and jitteriness is opioid use. In the context of substance use and dependency, opioids typically have a sedating effect and are associated with symptoms such as drowsiness, relaxation, or even respiratory depression due to their action on the central nervous system. In contrast, caffeine dependence, generalized anxiety disorder (GAD), and nicotine dependence can all present with symptoms of tension and jitteriness. Individuals with caffeine dependence may experience heightened anxiety, restlessness, and increased heart rate due to the stimulant effects of caffeine. GAD is characterized by excessive worry leading to bodily symptoms including tension and physical restlessness. Nicotine dependence, while it can initially provide calming effects, often leads to withdrawal symptoms when nicotine levels drop, manifesting as anxiety, jitteriness, and tension. Therefore, while caffeine, anxiety disorders, and nicotine withdrawal share common symptoms like tension and jitteriness, opioid use would more likely present with opposite effects, making it the clear choice for a condition not associated with those symptoms.

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://asamassmt.examzify.com>

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

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