

Certified Addictions Registered Nurse (CARN) Advanced Practice (AP) 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. In the Contemplation stage, individuals are:**
 - A. Unaware of any problem**
 - B. Relapsing frequently with no plan to change**
 - C. Actively planning to change in the near term**
 - D. Aware of the problem and thinking about making a change**

- 2. What is the pharmacologic action of disulfiram when alcohol is consumed?**
 - A. Inhibits acetaldehyde production completely**
 - B. Blocks dopamine receptors in the brain**
 - C. Causes a rapid rise in acetaldehyde**
 - D. Increases the metabolism of alcohol to acetate quickly**

- 3. What is the lifetime risk of alcohol dependence?**
 - A. 7%**
 - B. 25%**
 - C. 13%**
 - D. 33%**

- 4. Which medication is a partial opioid agonist used in maintenance therapy?**
 - A. Methadone**
 - B. Buprenorphine**
 - C. Naloxone**
 - D. Naltrexone**

- 5. In stimulant-induced psychosis, which class of medication is considered first-line treatment?**
 - A. Antidepressants**
 - B. Antipsychotics**
 - C. Benzodiazepines**
 - D. Mood stabilizers**

- 6. Which of the following statements is true regarding opiates and opioids?**
- A. Opiates are naturally derived; heroin is an example**
 - B. Opioids are naturally derived; fentanyl is an example**
 - C. Opiates and opioids the same**
 - D. All opiates are non-addictive**
- 7. Can patients smoke while using nicotine replacement therapy (NRT)?**
- A. No**
 - B. Sometimes**
 - C. Yes**
 - D. Only with supervision**
- 8. Which instrument is described as assessing coping skills for relapse prevention?**
- A. Coping Response Inventory**
 - B. SOCRATES**
 - C. Inventory of Drinking Situations**
 - D. Situational Confidence Questionnaire**
- 9. Which statement by Steve is the best indicator of his readiness to change?**
- A. I would stop drinking to be around my children.**
 - B. My wife would leave me if I continue drinking.**
 - C. I know that with an anti-craving medication I could cut down.**
 - D. I lost my job this past month due to intoxication.**
- 10. Which statement best captures the core spirit of Motivational Interviewing?**
- A. Direct persuasion and confrontation**
 - B. Providing information without engagement**
 - C. Structured didactic teaching**
 - D. The spirit of MI—collaboration, compassion, acceptance, and evocation**

Answers

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

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Explanations

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1. In the Contemplation stage, individuals are:

- A. Unaware of any problem
- B. Relapsing frequently with no plan to change
- C. Actively planning to change in the near term
- D. Aware of the problem and thinking about making a change**

In the stages of change model, contemplation is when a person is aware of the problem and thinking about making a change. They haven't committed to action yet and may weigh the pros and cons, feel ambivalent, and seek information. This fits the option describing someone who is aware of the problem and considering change, without having started planning or taking steps. Being unaware of the problem corresponds to not recognizing the issue, while relapsing with no plan reflects ongoing behavior without readiness to change. Actively planning to change in the near term aligns with a preparation or planning stage, not contemplation. In practice, this is the stage where motivational approaches help resolve ambivalence and encourage moving toward small, achievable steps.

2. What is the pharmacologic action of disulfiram when alcohol is consumed?

- A. Inhibits acetaldehyde production completely
- B. Blocks dopamine receptors in the brain
- C. Causes a rapid rise in acetaldehyde**
- D. Increases the metabolism of alcohol to acetate quickly

Disulfiram works by inhibiting the enzyme aldehyde dehydrogenase. When alcohol is consumed, ethanol is metabolized to acetaldehyde, which is normally converted to acetate by aldehyde dehydrogenase. Blocking that step causes acetaldehyde to accumulate rapidly, producing an unpleasant reaction (flushing, rapid heart rate, nausea, headache, sometimes faintness or vomiting). This aversive response discourages drinking. The action is not to stop acetaldehyde from forming, nor to affect dopamine receptors, nor to speed up the conversion of alcohol to acetate; it actually slows the clearance of acetaldehyde, leading to its rapid buildup after alcohol intake.

3. What is the lifetime risk of alcohol dependence?

- A. 7%
- B. 25%
- C. 13%**
- D. 33%

Lifetime risk is the probability that a person will develop alcohol dependence at some point in their life, not just currently. In the general population, studies estimate this long-term risk at about 13%, roughly 1 in 8 people. That makes the figure around 13% the best estimate among common options, since a lower figure (7%) underestimates the lifetime potential, and much higher figures (25% or 33%) exceed the overall population risk. Of course, individual risk varies with factors like genetics, family history, and environment, but the overall lifetime risk centers near 13%.

4. Which medication is a partial opioid agonist used in maintenance therapy?

- A. Methadone
- B. Buprenorphine**
- C. Naloxone
- D. Naltrexone

Buprenorphine acts as a partial agonist at mu-opioid receptors, providing enough receptor activation to relieve withdrawal and cravings while introducing a ceiling effect that limits euphoria and respiratory depression. This balance makes it safer for long-term maintenance therapy in opioid use disorder. Methadone, by contrast, is a full agonist and carries a higher overdose risk despite also being used for maintenance. Naloxone and naltrexone are opioid antagonists—they block receptors rather than activate them—so they're not used to sustain opioid effects in maintenance therapy. Often buprenorphine is given with naloxone in sublingual formulations to discourage misuse.

5. In stimulant-induced psychosis, which class of medication is considered first-line treatment?

- A. Antidepressants
- B. Antipsychotics
- C. Benzodiazepines**
- D. Mood stabilizers

Stimulant-induced psychosis is driven by excess dopamine activity in the brain, leading to delusions and hallucinations. The first-line approach is to rapidly reduce these psychotic symptoms by blocking dopamine receptors, which is what antipsychotic medications do. They directly address the neurochemical mechanism behind the psychosis in this context, making them the most effective initial treatment. Benzodiazepines can help with agitation or severe anxiety, but they don't treat the psychosis itself and aren't considered first-line for the psychotic symptoms. Antidepressants and mood stabilizers don't counter the dopaminergic excess caused by stimulants and aren't used as first-line therapy in this scenario.

6. Which of the following statements is true regarding opiates and opioids?

- A. Opiates are naturally derived; heroin is an example**
- B. Opioids are naturally derived; fentanyl is an example
- C. Opiates and opioids the same
- D. All opiates are non-addictive

Opiates are natural alkaloids derived from the opium poppy, while opioids is a broader term that includes natural opiates plus semi-synthetic and synthetic drugs that act on opioid receptors. Heroin is produced from morphine by chemical modification, so it is not a naturally occurring opiate, but it is typically discussed as part of the opioid class. The statement aligns with common teaching that opiates come from natural sources and provides heroin as a familiar example, which is why it's chosen as the best answer in many curricula. Fentanyl, for instance, is a fully synthetic opioid, not a natural derivative. Opiates and opioids are not the same, and not all opiates are non-addictive.

7. Can patients smoke while using nicotine replacement therapy (NRT)?

- A. No**
- B. Sometimes**
- C. Yes**
- D. Only with supervision**

Nicotine replacement therapy provides nicotine to ease withdrawal and cravings in a safer form than smoking. You don't have to be smoke-free before starting NRT; many patients continue to smoke while using it as they work toward quitting. Using NRT alongside ongoing smoking is permissible and can help reduce craving intensity and withdrawal symptoms, and may even lower overall cigarette consumption as you move toward complete cessation. The main idea is to use NRT to support quitting, not to require avoiding cigarettes first. If someone notices signs of nicotine overload—like nausea, dizziness, or flushing—they should adjust use with a clinician's guidance.

8. Which instrument is described as assessing coping skills for relapse prevention?

- A. Coping Response Inventory**
- B. SOCRATES**
- C. Inventory of Drinking Situations**
- D. Situational Confidence Questionnaire**

Focusing on how people cope with stress and cravings to stay abstinent is the key idea here. The Coping Response Inventory is designed to measure a person's repertoire of coping strategies across different domains—cognitive, behavioral, and social—when faced with stress or relapse triggers. By evaluating which coping skills are used and how effectively they're applied, this instrument helps clinicians identify strengths to build on and gaps to target with relapse-prevention interventions, such as enhancing problem-solving, improving emotion regulation, and increasing adaptive social support. The other tools serve related but distinct purposes. SOCRATES gauges readiness to change, not coping skills. The Inventory of Drinking Situations focuses on high-risk drinking situations and how a person responds to them, which relates to relapse risk but isn't a broad coping-skills inventory. The Situational Confidence Questionnaire measures confidence to abstain in various situations (self-efficacy), which is important for relapse prevention but doesn't comprehensively assess coping strategies themselves.

9. Which statement by Steve is the best indicator of his readiness to change?
- A. I would stop drinking to be around my children.
 - B. My wife would leave me if I continue drinking.
 - C. I know that with an anti-craving medication I could cut down.**
 - D. I lost my job this past month due to intoxication.

The main idea is readiness to change, which shows belief that change is possible and a plan or tool to support it. The statement about knowing that an anti-craving medication could help her/him cut down demonstrates this most clearly. It shows not only recognition that change can happen, but also a concrete plan to facilitate it with an available treatment. This reflects self-efficacy and proactive preparation, which are strong indicators of moving from contemplation toward action. The other statements reveal motivation or concern triggered by consequences, but they don't show a clear belief in the possibility of change or a plan to achieve it. Wanting to stop to be around children expresses values but lacks a concrete strategy. Fear of a partner leaving is about external pressure rather than personal commitment or readiness. Losing a job shows a consequence of drinking, which can motivate change, but it doesn't demonstrate confidence in changing or using a tool to support change.

10. Which statement best captures the core spirit of Motivational Interviewing?

- A. Direct persuasion and confrontation
- B. Providing information without engagement
- C. Structured didactic teaching
- D. The spirit of MI—collaboration, compassion, acceptance, and evocation**

Motivational Interviewing is a client-centered approach that emphasizes partnering with the client in a compassionate, accepting way and drawing out their own reasons for change. This spirit—collaboration, compassion, acceptance, and evocation—drives the practitioner to work with the client rather than against them, using empathy and neutrality to reduce resistance and support autonomous motivation. In practice, this means asking open-ended questions, listening reflectively, affirming strengths, and guiding the client to articulate change talk, rather than Persuading, lecturing, or simply dumping information. That collaborative, evocation-focused stance best captures how MI works to help clients explore ambivalence and move toward change.

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://carnap.examzify.com>

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

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