

# Certified Alcohol and Drug Counselor (CADC) Practice Exam (Sample)

## Study Guide



**Everything you need from our exam experts!**

**This is a sample study guide. To access the full version with hundreds of questions,**

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# Table of Contents

<b>Copyright</b> .....	<b>1</b>
<b>Table of Contents</b> .....	<b>2</b>
<b>Introduction</b> .....	<b>3</b>
<b>How to Use This Guide</b> .....	<b>4</b>
<b>Questions</b> .....	<b>6</b>
<b>Answers</b> .....	<b>9</b>
<b>Explanations</b> .....	<b>11</b>
<b>Next Steps</b> .....	<b>17</b>

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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. Don't worry about getting everything right, 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, and take breaks to retain information better.**

## 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.**

## 7. Use Other Tools

**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!**

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## **Questions**

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- 1. Under the Code of Federal Regulations, Title 42, Part 2, when do exceptions to confidentiality exist?**
  - A. When program funding requires it**
  - B. When a police officer demands it**
  - C. When a subpoena requests it**
  - D. None of the above**
  
- 2. What was the original CIWA-Ar scale designed for?**
  - A. Evaluation of opioid withdrawal risk**
  - B. Evaluation of amphetamine withdrawal risk**
  - C. Evaluation of alcohol withdrawal risk**
  - D. Evaluation of benzodiazepine withdrawal risk**
  
- 3. What does the term "formication" refer to?**
  - A. The creation of freebase cocaine**
  - B. Sex between two unmarried individuals**
  - C. A sensation of bugs crawling under the skin**
  - D. Extrapyramidal symptoms of agitation**
  
- 4. What are the two key mental health treatment paradigms of Western medicine?**
  - A. Objectivity and the scientific method**
  - B. Theoretical and applied practice**
  - C. Pharmacological therapy and psychotherapy**
  - D. Biological and environmental perspectives**
  
- 5. Which of the following components is NOT included in a SOAP note?**
  - A. Subjective**
  - B. Objective**
  - C. Assessment**
  - D. Intervention**

**6. What role does family therapy play in treating adolescents with substance abuse issues?**

- A. It is less effective than individual therapy**
- B. It helps integrate adolescent treatment within family dynamics**
- C. It focuses solely on the adolescent's issues**
- D. It is not commonly used**

**7. Which group model views dependency as a learned behavior that can be modified?**

- A. Psychoeducational group type**
- B. Cognitive-behavioral group type**
- C. Interpersonal process group type**
- D. Support group type**

**8. What is the CAGE questionnaire designed to screen for?**

- A. Cocaine abuse**
- B. Marijuana abuse**
- C. Alcohol abuse**
- D. Heroin abuse**

**9. When is a client fully prepared to enter treatment?**

- A. Treatment is court ordered**
- B. Family pressures a client to enter treatment**
- C. Job-based drug testing creates a clear need**
- D. A client accepts the need for treatment**

**10. What is the appropriate action to take if an error is made in a client record?**

- A. Line through the error, writing error and initialing and dating the change**
- B. White-out or otherwise obscure the error to fully eliminate it from the chart**
- C. Remove the erroneous page and recopy all correct information onto a new page**
- D. Black out the error using a felt pen to ensure the error cannot be read**

## **Answers**

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

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## **Explanations**

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## 1. Under the Code of Federal Regulations, Title 42, Part 2, when do exceptions to confidentiality exist?

- A. When program funding requires it
- B. When a police officer demands it
- C. When a subpoena requests it
- D. None of the above**

In the context of the Code of Federal Regulations, Title 42, Part 2, confidentiality is a fundamental principle designed to protect the privacy of individuals receiving substance use disorder treatment. This regulation stipulates that patient information cannot be disclosed without patient consent, except in specific and narrowly defined circumstances. The correct answer signifies that none of the provided options represent valid exceptions to the confidentiality provisions under this regulation. Specifically, program funding typically does not provide a blanket exception for disclosing patient information, as confidentiality protections remain in place regardless of funding source. Furthermore, a police officer's demand does not constitute a legal basis for breaching confidentiality unless specific legal criteria are met, such as imminent danger to an individual. Similarly, a subpoena alone does not grant the authority to disclose patient information; the disclosure must comply with additional privacy requirements set forth by the regulation. These confidentiality laws prioritize the protection of sensitive patient information, fostering an environment in which individuals may seek help without the fear of their personal information being shared indiscriminately. Understanding these principles is essential for professionals working within the field of substance use disorder treatment and counseling.

## 2. What was the original CIWA-Ar scale designed for?

- A. Evaluation of opioid withdrawal risk
- B. Evaluation of amphetamine withdrawal risk
- C. Evaluation of alcohol withdrawal risk**
- D. Evaluation of benzodiazepine withdrawal risk

The CIWA-Ar (Clinical Institute Withdrawal Assessment for Alcohol, Revised) scale was specifically created to assess the severity of alcohol withdrawal symptoms. This tool is widely used in clinical settings to provide a structured and systematic approach for monitoring individuals undergoing withdrawal from alcohol. The scale includes various symptoms such as agitation, tremors, sweating, and perceptual disturbances. By quantifying these symptoms, healthcare providers can evaluate a patient's condition more accurately, allowing for appropriate and timely interventions to manage withdrawal safely. In the context of substance withdrawal, it's important to have specific assessment tools tailored to the substance in question. While there are comparable scales for other substances such as opioids or benzodiazepines, the CIWA-Ar is uniquely designed to evaluate the effects of alcohol withdrawal, which necessitates specialized criteria and symptomatology distinct from those associated with other drugs. Thus, the correct identification of the CIWA-Ar scale's purpose underscores its vital role in the treatment and management of alcohol dependence.

### 3. What does the term "formication" refer to?

- A. The creation of freebase cocaine
- B. Sex between two unmarried individuals
- C. A sensation of bugs crawling under the skin**
- D. Extrapyramidal symptoms of agitation

The term "formication" specifically refers to the sensation of insects or bugs crawling on or under the skin. This phenomenon is often associated with substance use, particularly stimulants like cocaine and methamphetamine, as well as with certain medical conditions. Individuals experiencing formication may feel extreme discomfort or distress due to the belief that something is on or under their skin. Understanding this symptom is crucial for counselors working with clients who may be experiencing the effects of substance use or other related issues. The other options, while related to different topics, do not encapsulate the definition of formication. The creation of freebase cocaine pertains to drug chemistry, sexual relations among unmarried individuals relate to behavioral concerns, and extrapyramidal symptoms involve side effects from certain medications, such as antipsychotics, rather than a sensory experience. Thus, the correct answer aligns with the definition and context of formication as a sensory experience rather than a behavioral or chemical process.

### 4. What are the two key mental health treatment paradigms of Western medicine?

- A. Objectivity and the scientific method
- B. Theoretical and applied practice
- C. Pharmacological therapy and psychotherapy**
- D. Biological and environmental perspectives

Pharmacological therapy and psychotherapy represent the two primary approaches within Western medicine for the treatment of mental health disorders. Pharmacological therapy involves the use of medications to manage symptoms of mental health conditions. These medications can adjust neurochemical imbalances in the brain, effectively reducing symptoms such as anxiety, depression, or psychosis. On the other hand, psychotherapy encompasses a variety of therapeutic techniques and approaches aimed at addressing psychological issues through conversation and counseling. Methods such as cognitive-behavioral therapy, psychodynamic therapy, and dialectical behavior therapy focus on helping individuals understand and change their thoughts, behaviors, and emotions. Together, these two paradigms—medication management and therapeutic conversation—form a comprehensive treatment plan that can be tailored to the individual needs of patients, allowing for a multidimensional approach to mental health care. This integration of pharmacological and psychotherapeutic methods is fundamental to modern psychiatric practice and has been shown to be effective for a wide range of psychological disorders.

## 5. Which of the following components is NOT included in a SOAP note?

- A. Subjective**
- B. Objective**
- C. Assessment**
- D. Intervention**

A SOAP note is a structured method of documentation used in various healthcare settings, including counseling and therapy. The acronym SOAP stands for Subjective, Objective, Assessment, and Plan. Each component has a specific purpose: - The Subjective section includes the client's feelings, thoughts, and perceptions as reported in their own words. This part captures the personal experience of the client, providing insight into their emotional and mental state. - The Objective section involves measurable or observable data collected during the session, such as behavioral observations, physical symptoms, or results from assessments. This objective input adds a factual basis to the document. - The Assessment section synthesizes the information from the subjective and objective sections, offering the counselor's clinical judgment about the client's condition and progress. While the intervention is a crucial aspect of treatment planning and implementation, it is not specifically outlined as a component of the SOAP note framework. The Plan section, which is often confused with intervention, outlines the next steps in the treatment process based on the assessment, detailing what actions will be taken moving forward. Thus, the accurate understanding of the components of a SOAP note confirms that "intervention" does not fit within this specific notation structure.

## 6. What role does family therapy play in treating adolescents with substance abuse issues?

- A. It is less effective than individual therapy**
- B. It helps integrate adolescent treatment within family dynamics**
- C. It focuses solely on the adolescent's issues**
- D. It is not commonly used**

The role of family therapy in treating adolescents with substance abuse issues is crucial and multifaceted, particularly highlighted by its effectiveness in integrating adolescent treatment within the family dynamics. This approach acknowledges that the family plays a vital role in an adolescent's life, influencing their behavior and coping mechanisms. Family therapy aims to improve communication, resolve conflicts, and enhance the support system around the adolescent, which can lead to more effective treatment outcomes. Involving family members in the therapeutic process helps them understand the nature of addiction and their role in it, promoting a supportive environment conducive to recovery. This collaborative effort can provide adolescents with the necessary encouragement and accountability, making it more likely for them to engage in treatment and maintain recovery. While individual therapy has its benefits, it often does not address the relational factors that contribute to substance use. By focusing on the interplay between the adolescent and their family members, family therapy can create a holistic approach to treatment, fostering positive changes not just in the individual but within the family unit as a whole. This integration is essential for lasting recovery and helps break the cycle of substance abuse.

**7. Which group model views dependency as a learned behavior that can be modified?**

- A. Psychoeducational group type**
- B. Cognitive-behavioral group type**
- C. Interpersonal process group type**
- D. Support group type**

The cognitive-behavioral group type is recognized for its emphasis on the idea that dependencies, such as substance use disorders, are learned behaviors. This model suggests that individuals develop certain patterns of thinking and behavior based on their experiences, and these can be modified through therapeutic interventions. In cognitive-behavioral therapy (CBT), the focus is on identifying and changing negative thought patterns and beliefs that contribute to maladaptive behaviors, including addiction. Through techniques such as cognitive restructuring, individuals learn to challenge their dysfunctional thoughts and replace them with more constructive ones. Skills training, problem-solving, and coping strategies are also integral parts of this approach, providing participants with tools to manage their behaviors and reactions in different situations. The psychoeducational group type, while informative, primarily focuses on providing education about substance use and recovery processes rather than modifying behavior directly. Interpersonal process groups tend to focus on the dynamics of relationships and how they affect the individual, without a primary emphasis on behavior modification. Support groups offer a space for sharing experiences and encouragement, but do not typically involve structured techniques aimed at changing learned behaviors. Thus, the cognitive-behavioral group model stands out as the approach that specifically addresses dependency as a learned behavior that can be effectively modified through

**8. What is the CAGE questionnaire designed to screen for?**

- A. Cocaine abuse**
- B. Marijuana abuse**
- C. Alcohol abuse**
- D. Heroin abuse**

The CAGE questionnaire is specifically designed to screen for alcohol abuse. It consists of four questions that help identify potential problems related to alcohol use by assessing the behavior and experiences of individuals with alcohol. The acronym "CAGE" stands for Cutting down, Annoyance by criticism, Guilty feeling, and Eye-openers, which represent the key components targeted by the questionnaire. The effectiveness of the CAGE questionnaire lies in its simplicity and the ability to quickly gauge the likelihood of alcohol-related issues without the need for extensive testing or interviews. It is widely used among healthcare professionals as a screening tool in various settings due to its straightforward nature and strong correlation with alcohol misuse. This specificity to alcohol distinguishes the CAGE questionnaire from other screening tools that may address different substances.

## 9. When is a client fully prepared to enter treatment?

- A. Treatment is court ordered**
- B. Family pressures a client to enter treatment**
- C. Job-based drug testing creates a clear need**
- D. A client accepts the need for treatment**

A client is considered fully prepared to enter treatment when they accept the need for it. This acceptance indicates that the client recognizes their situation and the challenges they face, which is a crucial step in the treatment process. By acknowledging the need for help, the client is more likely to engage actively in their recovery, participate in therapies, and implement changes in their life that support sobriety. When the motivation comes from a personal realization rather than external pressures such as court orders, family demands, or job-related consequences, the client has a stronger foundation for lasting change. This intrinsic motivation is essential for effective engagement in treatment, as clients who are internally motivated often demonstrate a better commitment to and outcomes from their treatment plans. In contrast, motivations that stem from external factors—like legal requirements or peer pressure—might lead to compliance without genuine interest in recovery. Such scenarios can lead to incomplete participation or relapse after the initial consequences are resolved, as these clients may not have developed the necessary coping skills or mindset needed for long-term sobriety. Thus, personal acceptance of the need for treatment is key to a successful recovery journey.

## 10. What is the appropriate action to take if an error is made in a client record?

- A. Line through the error, writing error and initialing and dating the change**
- B. White-out or otherwise obscure the error to fully eliminate it from the chart**
- C. Remove the erroneous page and recopy all correct information onto a new page**
- D. Black out the error using a felt pen to ensure the error cannot be read**

When a mistake occurs in a client record, the correct procedure is to line through the error while clearly indicating that it was an error, and then initial and date the change. This method maintains the integrity and accuracy of the record, allowing for a clear audit trail. This approach shows that the error was acknowledged and corrected without attempting to hide or obscure any information. Maintaining transparency in client records is crucial in the field of counseling and healthcare, as it helps uphold ethical standards and promotes trust in the therapeutic relationship. By documenting the error in this manner, practitioners demonstrate accountability, while still allowing anyone reviewing the record to see what was changed and why. The other options often compromise the integrity of the documentation process. They involve obscuring or entirely eliminating the error, which can lead to confusion or misinterpretation in the future, and it may hinder the continuity of care. Transparency in corrections is essential for legal and ethical reasons, as well as for maintaining accurate client history.

# 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](mailto:hello@examzify.com).**

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

**<https://certalcoholanddrugcounselor.examzify.com>**

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

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