

LICENSED ALCOHOL AND DRUG COUNSELOR (LADC) PRACTICE EXAM (SAMPLE) STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

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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 is the goal of a substance use assessment?

- A. To gain a comprehensive understanding of the client's substance use history and current issues
- B. To provide a quick evaluation for insurance purposes
- C. To determine the best medication for detoxification
- D. To identify family members involved in the client's substance use

2. What does the term 'intoxication' imply?

- A. Dependence on multiple substances
- B. Altered mental and physical states due to a drug
- C. Psychological cravings for substances
- D. Withdrawal symptoms experienced after abstinence

3. How are drugs absorbed in transdermal administration?

- A. By swallowing
- B. Through the skin from a patch
- C. Through nasal membranes
- D. By injection

4. What is primarily assessed to determine a drug's placement in the Controlled Substance Act schedules?

- A. The ease of use
- B. Legal restrictions on the drug
- C. The drug's effect on mental health
- D. Abuse potential and accepted medical use

5. What is the method of administering drugs by inserting them through the rectum called?

- A. Transdermal administration
- B. Buccal administration
- C. Rectal administration
- D. Inhalation

- 6. What are the stages of change in the Transtheoretical Model?**
- A. Preparation, Evaluation, Intervention, Maintenance
 - B. Precontemplation, Contemplation, Preparation, Action, Maintenance
 - C. Awareness, Action, Reflection, Maintenance
 - D. Contemplation, Exercise, Preparation, Termination
- 7. What is a potential psychological effect of ketamine?**
- A. Increased anxiety
 - B. Confidence boost
 - C. Heightened awareness
 - D. Paranoia
- 8. What does stabilization in the treatment continuum involve?**
- A. Initiating relapse prevention strategies
 - B. Reducing immediate health risks associated with substance use
 - C. Setting long-term recovery goals
 - D. Conducting assessments for therapy
- 9. What symptom is NOT associated with Wernicke-Korsakoff syndrome?**
- A. Nystagmus
 - B. High blood pressure
 - C. Memory confabulation
 - D. Tremors
- 10. What is cross-addiction?**
- A. The development of addiction to behavioral issues
 - B. The occurrence of multiple substance dependencies
 - C. The transition of addiction from one substance to another
 - D. The phenomenon where an individual prefers one substance over others

Answers

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

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Explanations

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1. What is the goal of a substance use assessment?

- A. To gain a comprehensive understanding of the client's substance use history and current issues**
- B. To provide a quick evaluation for insurance purposes
- C. To determine the best medication for detoxification
- D. To identify family members involved in the client's substance use

The goal of a substance use assessment is to gain a comprehensive understanding of the client's substance use history and current issues. This process involves collecting detailed information about the client's patterns of substance use, past treatments, physical and mental health status, social circumstances, and any co-occurring conditions. By doing this, the counselor can form a well-rounded picture that informs the development of an appropriate treatment plan tailored to the individual's unique needs. Gathering a thorough assessment is essential for identifying not just the specific substances used but also the context surrounding the use, including triggers and associated behaviors. This multi-faceted understanding is critical for effective intervention and support, ultimately guiding the counseling process toward optimal outcomes for the client.

2. What does the term 'intoxication' imply?

- A. Dependence on multiple substances
- B. Altered mental and physical states due to a drug**
- C. Psychological cravings for substances
- D. Withdrawal symptoms experienced after abstinence

The term 'intoxication' specifically refers to the altered mental and physical states that occur as a result of drug use. When a person is intoxicated, their cognitive functions, motor skills, and overall behavior can be significantly affected due to the presence of a substance in their system. This can manifest as impaired judgment, diminished coordination, and changes in perception or mood, all of which are direct outcomes of a substance interacting with the brain and body. In contrast, the other choices refer to different concepts related to substance use and addiction. Dependence on multiple substances indicates a complex issue of substance use disorder, where an individual relies on various drugs, but it does not specifically describe what happens during intoxication. Psychological cravings refer to the strong desire to consume a substance after a period of use, reflecting an aspect of addiction rather than the state of being intoxicated. Withdrawal symptoms are the physical and psychological effects experienced when someone stops using a substance they are dependent on, which is a separate process from the immediate effects of intoxication.

3. How are drugs absorbed in transdermal administration?

- A. By swallowing
- B. Through the skin from a patch**
- C. Through nasal membranes
- D. By injection

Transdermal administration involves the absorption of drugs through the skin, typically using a patch that is applied directly to the skin's surface. This method allows for controlled release of medication into the bloodstream over a prolonged period. The skin acts as a barrier, but it is permeable to certain drugs, enabling them to pass through the epidermis and dermis layers, eventually reaching the systemic circulation. This mode of delivery is preferred for certain medications because it can provide a steady release of drug into the body, reducing the need for frequent dosing and minimizing fluctuations in drug levels. In contrast, other methods mentioned, such as swallowing, involve the gastrointestinal tract; nasal membranes pertain to drug delivery through the nasal passages, and injections bypass the skin entirely by delivering drugs directly into the bloodstream or muscle tissue. Therefore, transdermal administration stands out for its unique pathway of absorption through the skin, making it a targeted and effective delivery system for certain therapeutic agents.

4. What is primarily assessed to determine a drug's placement in the Controlled Substance Act schedules?

- A. The ease of use
- B. Legal restrictions on the drug
- C. The drug's effect on mental health
- D. Abuse potential and accepted medical use**

The assessment that primarily determines a drug's placement in the Controlled Substance Act schedules focuses on abuse potential and accepted medical use. This classification is crucial because it helps regulate the use of substances based on their potential for dependency and their legitimate medical applications. Drugs that exhibit high potential for abuse and have little to no accepted medical use are categorized as Schedule I substances, while those deemed to have accepted medical uses but still demonstrate potential for abuse are placed in lower schedules. This careful categorization aims to balance the need for access to essential medications against the risk of misuse and addiction. In contrast, evaluating the ease of use, legal restrictions, or the drug's effects on mental health is not the primary factor for placement in the schedules. While these aspects may influence public perception and additional policies surrounding the drug, they do not directly affect its classification under the Controlled Substance Act. The core assessment thus remains the drug's potential for abuse and its accepted therapeutic applications.

5. What is the method of administering drugs by inserting them through the rectum called?

- A. Transdermal administration
- B. Buccal administration
- C. Rectal administration**
- D. Inhalation

The method of administering drugs by inserting them through the rectum is known as rectal administration. This route allows for the absorption of medications directly into the bloodstream through the rectal mucosa. Rectal administration can be particularly useful in certain circumstances, such as when a patient is vomiting, unconscious, or unable to take medications orally. It can also provide a rapid onset of action for certain medications. In contrast, transdermal administration involves the use of patches that deliver medication through the skin into the bloodstream. Buccal administration refers to placing medication between the gums and cheek for absorption, bypassing the digestive system. Inhalation involves the delivery of substances directly into the respiratory system, typically through the lungs. Each of these methods has specific applications, but rectal administration distinctly involves the rectal route, making it the correct answer in this context.

6. What are the stages of change in the Transtheoretical Model?

- A. Preparation, Evaluation, Intervention, Maintenance
- B. Precontemplation, Contemplation, Preparation, Action, Maintenance**
- C. Awareness, Action, Reflection, Maintenance
- D. Contemplation, Exercise, Preparation, Termination

The Transtheoretical Model, also known as the Stages of Change model, outlines a process through which individuals progress when changing behavior, particularly in the context of addiction and recovery. The model includes five key stages: Precontemplation, Contemplation, Preparation, Action, and Maintenance. - In the Precontemplation stage, individuals may not recognize that they have a problem, or they might not be considering change at all. This stage is characterized by a lack of awareness about the need for change or denial of the problem. - During the Contemplation stage, individuals start to acknowledge the existence of a problem and consider the pros and cons of changing, but they haven't yet committed to taking action. - The Preparation stage involves the individual planning for change and taking steps toward behavioral interventions. They are ready to take action soon and may make small behavioral adjustments. - The Action stage is where individuals actively modify their behavior and implement their plans. This is often where significant changes take root. - Finally, the Maintenance stage focuses on sustaining the changes made and preventing relapse, emphasizing the importance of ongoing support and self-monitoring. This model is widely used in counseling, particularly when working with individuals with substance use issues, as it provides a

7. What is a potential psychological effect of ketamine?

- A. Increased anxiety
- B. Confidence boost
- C. Heightened awareness
- D. Paranoia**

Ketamine has a range of psychological effects, one of which can include paranoia. This experience may arise due to the drug's dissociative properties, causing alterations in perception and a disconnection from reality that can sometimes lead individuals to feel suspicious or fearful. While some users may describe feeling euphoric or a sense of confidence, it is essential to recognize that these positive sensations are often accompanied by negative psychological experiences, especially in higher doses or in susceptible individuals. In contrast, while increased anxiety, a confidence boost, and heightened awareness can occur with substance use, they are typically not the primary psychological effects associated with ketamine. The nature of ketamine's action on glutamate neurotransmission in the brain can lead to complex emotional and psychological states, frequently contributing more toward feelings of paranoia in certain contexts. Understanding this potential effect can be crucial for clinicians in monitoring clients' responses to ketamine, especially in therapeutic settings.

8. What does stabilization in the treatment continuum involve?

- A. Initiating relapse prevention strategies
- B. Reducing immediate health risks associated with substance use**
- C. Setting long-term recovery goals
- D. Conducting assessments for therapy

Stabilization in the treatment continuum primarily involves reducing immediate health risks associated with substance use. This phase is crucial for clients as it often represents the first steps in addressing addiction. During stabilization, the focus is on ensuring that the individual is safe and that any acute medical, psychological, or behavioral issues related to substance use are addressed. This may involve detoxification, managing withdrawal symptoms, and providing immediate medical care if necessary. This aspect of treatment is essential because it lays the groundwork for a client's recovery journey. By alleviating the immediate dangers of substance use, clients can begin to engage more fully in the therapeutic process that follows stabilization. The other options, while also important aspects of treatment, occur at different stages in the continuum. Initiating relapse prevention strategies occurs after stabilization, as individuals start developing skills to maintain their recovery. Setting long-term recovery goals is a part of the planning and goal-setting that takes place after stabilization has been achieved. Conducting assessments for therapy typically occurs before or during early phases of treatment but is not synonymous with the stabilization process itself, which is more focused on immediate health and safety concerns.

9. What symptom is NOT associated with Wernicke-Korsakoff syndrome?

- A. Nystagmus
- B. High blood pressure**
- C. Memory confabulation
- D. Tremors

Wernicke-Korsakoff syndrome is primarily associated with chronic alcohol misuse and is a result of thiamine (vitamin B1) deficiency. The symptoms of this syndrome are categorized into two distinct parts: Wernicke's encephalopathy, which presents with confusion, ataxia, and ophthalmoplegia, and Korsakoff's psychosis, characterized by anterograde and retrograde amnesia and memory confabulation. Nystagmus, tremors, and memory confabulation are all symptoms typically associated with Wernicke-Korsakoff syndrome. Nystagmus refers to involuntary eye movement, which can occur due to cerebellar or vestibular dysfunction commonly seen in Wernicke's encephalopathy. Tremors may appear due to neurological impairment related to alcohol use. Memory confabulation, where a person creates false memories without the intention to deceive, is a significant indicator of cognitive issues resulting from the syndrome. In contrast, high blood pressure is not a symptom directly associated with Wernicke-Korsakoff syndrome. While individuals with alcohol use disorders can present with various medical issues, high blood pressure is more commonly related to lifestyle factors associated with alcohol consumption rather than being a defining symptom of

10. What is cross-addiction?

- A. The development of addiction to behavioral issues
- B. The occurrence of multiple substance dependencies
- C. The transition of addiction from one substance to another**
- D. The phenomenon where an individual prefers one substance over others

Cross-addiction refers to the transition of addiction from one substance to another. This phenomenon occurs when an individual who has developed an addiction to one substance begins to use a different substance as a way to cope with or substitute for their original addiction. For example, a person who has struggled with alcohol dependency may turn to narcotics or vice versa. Understanding cross-addiction is crucial for counselors because it highlights the need for comprehensive treatment approaches that address not just the current addiction but also any underlying issues that could lead to a shift in substance use. The other options reflect different concepts related to addiction, such as behavioral addictions or multiple dependencies, but they do not specifically capture the essence of cross-addiction, which is centered on the transition from one substance use to another.

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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://licensedalcoholanddrugcounselor.examzify.com>

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

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