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# *Counseling and Social Work*

NCAC  
*National Certified Addiction Counselor Level I and Level II*

## Questions & Answers PDF

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## Question: 1

Compared to cocaine, MAs:

- A. are metabolized at a much faster rate.
- B. are metabolized at a much slower rate.
- C. have plasma concentration levels that peak and decline more rapidly.
- D. have plasma concentration levels that remain steady.

**Answer: B**

Explanation:

Compared to cocaine, methamphetamines (MAs) are metabolized at a much slower rate. MAs have plasma concentration levels that peak rapidly but decline less rapidly than cocaine. MA has a longer half-life than cocaine, lasting 8-12 hours when smoked, compared to cocaine, which lasts 20 minutes when smoked.

## Question: 2

Samuel's symptoms of psychosis have persisted after a period of abstinence. These symptoms have the potential to last a maximum period of:

- A. days.
- B. weeks.
- C. months.
- D. years.

**Answer: D**

Explanation:

For individuals with chronic or heavy methamphetamine (MA) use, symptoms of psychosis may persist for years after discontinuing use. This is known as post-acute withdrawal syndrome, which is most common in individuals with chronic or heavy use; symptoms of this syndrome can be continuous or intermittent and can last months to years.

## Question: 3

After several days without sleep, Samuel's partner describes him as "unpredictable and explosive" and he requires more MA to attain a desired high and avoid withdrawal. This physical and physiological state commonly referred to as:

- A. delirium.
- B. tweaking.
- C. pharming.
- D. a bender.

**Answer: B**

Explanation:

Tweaking is a physical and psychological condition characterized by unpredictable and explosive behaviors when the individual requires more MA to attain the desired high and to avoid withdrawal. Delirium associated With an overall lack of awareness and confusion associated with drug withdrawal, primarily alcohol and benzodiazepines, and various mental or physical conditions. Pharming is the use of several perception drugs at once in order to achieve a high. A bender is a term used to describe a period Of heavy drug and/or alcohol use.

### Question: 4

Recreational MA use is correlated with increased rates of sexually transmitted infections (e.g., human immunodeficiency virus [HIV]):

- A. only when injected.
- B. only when smoked.
- C. only when snorted.
- D. through any route of administration.

**Answer: D**

Explanation:

Recreational methamphetamine (MA) use is associated with increased rates of sexually transmitted infections, such as HIV, through any route of administration. MA is known to heighten libido and increase risky sexual behavior, including having casual sex Without a condom. Although sharing needles is associated with an increased risk of HIV and other sexually transmitted infections, recreational use of MA, whether injected, smoked, or snorted, increases sexual libido, and it is often followed by unsafe sexual practices.

### Question: 5

Compared to females, which is true of male drinking patterns?

- A. Males are less likely to report excessive alcohol use.
- B. Males are less likely to die as a consequence of alcohol use.
- C. Males aged 12 to 17 are more likely to have alcohol use disorder.
- D. Males have lower instances of alcohol-related hospitalizations.

**Answer: C**

Explanation:

Compared to females, males aged 12 to 17 are more likely to have alcohol use disorder. Men are more likely to report excessive alcohol use, more likely to die as a consequence of alcohol use, and have higher instances of alcohol-related hospitalizations. Despite these statistics, alcohol consumption among males is declining, narrowing the gap between male and female alcohol use and alcohol use disorder. According to the National Center for Drug Abuse Statistics (2023), females aged 12-17 are 61.5% more likely to have alcohol use disorder than their same-aged male peers. This is a concurring trend because it places women at higher risk for experiencing the long-term effects of alcohol use, including breast cancer, heart disease, liver damage, brain damage and pregnancy complications,

### Question: 6

An addiction counselor with 6 months of sobriety actively attends Narcotics Anonymous (NA) meetings and is eager to share his success. During an initial intake, the counselor meets a client with SUD with the same ethnicity and gender as the counselor. The client has been hesitant to attend N

A. The counselor should:

- A. self-disclose as a way to offer hope to a culturally similar client.
- B. support the client in his own pathway of recovery.
- C. provide information on NA and allow the client to make an informed decision.
- D. self-disclose and offer to meet the client at a local NA meeting.

**Answer: B**

Explanation:

At this point in treatment, the counselor should support the client in their own pathway of recovery. According to Principle VII-i 7 of the NAADAC Code of Ethics (2021), APS must obtain supervision or consultation before disclosing personal recovery and the disclosure must benefit the client rather than the AP. If the client and counselor belong to diverse ethnic and racialized groups, self-disclosure may be beneficial later in the client's therapy. Providing information on NA is not the best response because the reasons for the client's hesitancy are unknown. Arranging to meet a new client at a local NA meeting may constitute a dual relationship and should be avoided.

### Question: 7

Individuals with opioid use disorder (OUD) wishing to attain a longer lasting heroin high engage in which one of the following methods of heroin administration?

- A. Injecting.
- B. Smoking.
- C. Snorting.
- D. Oral ingestion.

**Answer: C**

Explanation:

Heroin snorted to achieve a longer last mg high among individuals With opioid use disorder (OUD). The most common form of heroin administration is injection, which is achieved by heating heroin powder to turn it into a liquid. Injection is also the quickest route. The second most common means of ingesting heroin is by smoking/inhaling it. Snorting heroin is most commonly coupled With cocaine and is less common because the high is longer but not as intense. When taken orally,

### Question: 8

In motivational interviewing (MI), what is the role Of the counselor?

- A. An expert, providing unilateral direction and guidance
- B. A subordinate, primarily listening and reflecting
- C. A coach or consultant, asking key questions for learning
- D. An authority figure, creating a professional treatment plan

**Answer: C**

Explanation:

Motivational interviewing (MI) was developed by Miller and Rollnick It utilizes techniques derived from numerous theoretical approaches that clarify the progressive stages of recovery. MI is designed to explore and lessen the uncertainty about accepting treatment by using an empathic, client-centered, yet directive counseling approach. This frequently involves building on clients' prior successes and the problem-solving strategies and solutions that supported those achievements. To be successful, MI requires a nonjudgmental, collaborative style that reveals the often-disguised negative hazards and effects of substance abuse. Thus, the counselor serves as a coach or consultant, not as an expert or authority figure. Four basic MI principles are: (1) and respecting the client's demands yet noting the client's accountability for change; (2) discrepancy current behavior with expressed ideals and goals; (3) resistance reduction—remaining neutral to client resistance, rather than confronting or correcting, to allow resistance to recede in the face of available information; (4) supporting self-efficacy—reflecting client strengths and encouraging a conviction that change can be achieved.

### Question: 9

The counselor is looking for an assessment tool that would assess the client's drug and alcohol use in the past 30 days in the following domains: medical, employment, legal, family, and interpersonal status. Which instrument would meet these qualifications?

- A. The Prescription Opioid Misuse Index.
- B. The Opioid Risk Tool.
- C. The Addiction Severity Index.
- D. The Tobacco, Alcohol, Prescription Medication, and Other Substance Use (TAPS) tool.

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**Answer: C**

Explanation:

The Addiction Severity Index assesses drug and alcohol use in the past 30 days in the following domains: medical, employment, legal, family, and Interpersonal status. The Prescription OPI01d Misuse Index is a six-item assessment used to determine the likelihood of an opioid use disorder diagnosis. The Opioid Risk Tool is used to detect opioid misuse in patients who are prescribed opioids for chronic pain. TAPS is a four-item screening tool for tobacco, alcohol, prescription drug misuse, and substance use.

**Question: 10**

When used in isolation, a standardized risk assessment for opioid use is found to be superior to which one of the following?

- A. Collateral reports.
- B. Urine drug screen.
- C. Mental Status exam.
- D. Bio psychosocial assessment.

**Answer: A**

Explanation:

Using one instrument to assess the client's risk for opioid use is insufficient; however, when compared to subjective collateral reports, the standardized instrument is found to be superior. Best practices for assessing the risk of opioid use disorder include standardized instruments, a clinical interview/ assessment, a assessment, and a urine drug screen when indicated.



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