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Question: 1

Genetic factors can play a significant role in an individual's susceptibility to substance abuse and addiction. It is estimated that genetic factors account for

- A. 20-40% of addiction vulnerability.
- B. 30-50% of addiction vulnerability.
- C. 40—60% of addiction vulnerability.
- D. 50—70% of addiction vulnerability.

Answer: C

Explanation:

While no single factor can account for all vulnerability, genetics appears to play a significant role. Other potential factors include gender, development stage, social environment, and culture or ethnicity. Known environmental risk factors include: unemployment or underemployment, high neighborhood crime rates, prevalence of illicit drugs (including cost and ease of procurement), poor housing (dilapidated or overcrowded), peer pressures, community attitudes, and low social achievement expectations. Known cultural or ethnic/racial risk factors include: minority status, discrimination based on race, intergenerational assimilation disparity, language and cultural barriers to social services and health care, poor educational achievement, cultural devaluation in the dominant society, and cultural alienation. Known family risk factors include: poor bonding, highly chaotic home, family conflict and violence, financial strain, home stress, parental substance abuse, parental neglect, and parental mental illness. Known emotional or behavioral risk factors include: low self-esteem, aggression, rebelliousness, high independence needs, nonconformity, shyness, delinquency, emotional problems, suicidality, relationship problems, using gateway drugs, and academic and drop-out problems.

Question: 2

Which is MOST true of individuals voluntarily entering treatment for substance use disorder?

- A. They are committed to change.
- B. They are fully ready to change.
- C. They are at varying stages of change readiness.
- D. They are primarily in need of encouragement.

Answer: C

Explanation:

Individuals present for treatment for a great variety of reasons. Among these are: (1) a need for transient relief from the effects of their substance use while still intending to return; (2) a primary desire to maintain employment, a marriage, physical health, mental health, or for other situationally driven

reasons: (3) a desire to modify their substance use but recognizing only mildly associated problems: (4) ambivalent feelings about their substance use and unsure what they really want: (5) a genuine desire to change but with a sense of fear that they will be unable to produce the commitment needed to fully realize it; (6) a genuine desire to change patterns of substance use and a desire to stay sober. Determining where client readiness for change is crucial to producing a treatment approach that can optimize his or her potential for ultimate success.

Question: 3

According to the DSM-5-TR, irritability, poor concentration, and anxiety are withdrawal symptoms for which one of the following?

- A. PCP.
- B. Inhalants.
- C. Nicotine.
- D. Hallucinogens.

Answer: C

Explanation:

Nicotine withdrawal is characterized by irritability, poor concentration, and anxiety. The DSM-5-TR does recognize withdrawal symptoms for phencyclidine (PCP), inhalants, and hallucinogens.

Question: 4

When helping families adjust to and maintain in-home sobriety, what is the therapeutic intervention that draws upon extended support linkages to produce motivation and reinforcement known as?

- A. Structural or strategic systems therapy
- B. Network therapy
- C. Cognitive-behavioral therapy
- D. Multidimensional family therapy

Answer: B

Explanation:

Network therapy builds an extended collection of involved persons (social workers, school counselors, legal representatives, therapists, etc.) to meet, motivate, and reinforce changes and progress in the family. Extensive interviews help determine family needs and appropriate referrals to resources such as support groups, counseling, and so on, to help break the cycle of addiction. Other therapeutic options include: (1) Multidimensional family therapy uses support groups, interviews, and therapeutic interactions to discover issues, map out responses, and contract with involved family members to address, curtail, or resolve key family issues. New family skills, such as better communication and conflict resolution, relapse prevention, and coping strategies for any psychiatric disorders in the family, are all needed for enhanced family functioning. (2) Cognitive-behavioral family therapy uses factual constructs, improved communication and negotiation skills, contingency contracting, and better

problem definitions to produce enhanced family functioning. (3) Structural or strategic systems therapy restructures roles, realigns subsystems and boundaries, and reestablishes more extended intergenerational boundaries to improve family function and cohesion.

Question: 5

Best practices in clinical documentation suggest that each session note must include which of the following?

- A. Treatment progress.
- B. Treatment adherence.
- C. Treatment participation.
- D. Treatment compliance.

Answer: B

Explanation:

Best practices for clinical documentation suggest that treatment progress should be documented each session. Progress notes include the client's response to the AP's intervention, which is tied to the client's treatment plan goals, objectives, and interventions. Documenting treatment progress also aids in providing sound clinical decisions, continuity of care, and justifying claims to third party payers. Treatment adherence and compliance, including no-shows and cancellations, are generally recorded in an information note. Providing information on treatment participation is limited because it does not indicate how the client responded to the intervention and whether their participation relates to their treatment progress.

Question: 6

The US Department of Health and Human Services (HHS) provides protections at covered entities for violations of all of the following EXCEPT:

- A. civil rights.
- B. equal pay.
- C. religious freedom.
- D. HIPAA privacy and security.

Answer: B

Explanation:

The US Department of Health and Human Services (HHS) provides protections at covered entities for violations of civil rights, religious freedom, and HIPAA privacy and security. The Equal Employment Opportunity Commission (EEOC) provides protections for job discrimination. Examples of EEOC covered protections include the Equal Pay Act of 1963 (EPA), the Americans with Disabilities Act (Title I and Title 10, and the Civil Rights Act of 1964 (Title VII). HHS protects individuals from discriminatory practices for covered health and social service entities (including institutions and personnel), some of which may include hospitals, family health centers, Medicaid and Medicare providers, foster care agencies and

homes, and homeless shelters. Civil rights laws protect individuals from discrimination due to race, age, sex, nationality, color, or disability. The Federal Conscience and Religious Freedom Laws help to protect individuals from "coercion, discrimination on the basis of conscience or religion, and burdens on the free exercise of religion." Lastly, HHS protects patient health information under the HIPAA Privacy Rule and the HIPAA Security Rule.

Question: 7

The capacity to be empathetic is important in counseling. What must a counselor do when relating to clients over issues of their past?

- A. Avoid any kind of emotional connection that compromises objectivity.
- B. Avoid becoming overly drawn into the client's history and issues.
- C. Ensure total immersion in the client's issues to properly relate and understand.
- D. Ensure every detail of past pain and trauma is relieved and released.

Answer: B

Explanation:

While empathy is important, it is necessary to find balance in working with clients who have suffered considerable past trauma and abuse. Becoming overly drawn in can cause the counselor to lose objectivity, become inappropriately emotional (angry, vengeful, etc.), and miss the opportunities to help the client move through and past his or her painful history. This can be particularly problematic if the counselor shares a similar past, which may easily lend to over- involvement in the presenting issues. In like manner, it also important that the counselor not be too dispassionate and detached, failing to allow the client to emotionally vent and unburden him- or herself. Typically, however, it is not necessary for a client to be prodded into revealing his or her past in minute detail. Rather, proper disclosure to the level needed for understanding is all that is necessary. It is important for counselors not to assume abuse from every symptom. As abuse is common in substance abusers, it is easy to infer abuse where it did not exist—especially with clients who are overly eager to please their counselor.

Question: 8

What is the purpose of screening?

- A. To prepare the client for program admission
- B. To determine client readiness for change
- C. To establish client diagnoses and treatment needs
- D. To determine the need for placement or referral

Answer: D

Explanation:

Screening aims to methodically review a client's presenting circumstances to determine the appropriateness (or lack thereon for placement or further assessment and evaluation referral. Screening tools are also used to identify the presence or absence of mental disorders and/or a co- occurring

substance use disorder. Screening tools do not attempt to diagnose a presenting co- occurring disorder but establish the likelihood of one being present. For clients who meet the criteria for further treatment, a referral is made to the program or individual who best matches the client's current needs. Once a complete evaluation is performed, a case conceptualization is formulated, which addresses the client's diagnosis, readiness for change, and treatment needs.

Question: 9

The Controlled Substances Act—Title II of the Comprehensive Drug Abuse Prevention and Control Act of 1970—provides classifications for all of the following substances EXCEPT:

- A. alcohol.
- B. marijuana.
- C. anabolic steroids.
- D. lysergic acid diethylamide (LSD).

Answer: A

Explanation:

The Controlled Substances Act—Title II of the Comprehensive Drug Abuse Prevention and Control Act of 1970—does not classify or regulate alcohol. Title II created a scheduling system to classify substances according to their medical use, safety, and potential for abuse. Although marijuana is legal in some states, it is a schedule I substance due to the high potential for abuse and no currently accepted federal use. Anabolic steroids do not have psychoactive properties; however, they are a schedule III substance with medical use for breast cancer, hormone treatment, and low red blood cell count. Lysergic acid diethylamide (LSD) is a schedule I substance with no medical use and a high potential for abuse.

Question: 10

Circumstances, Motivation, Readiness, and Suitability (CMRS) Scales are used for what purpose?

- A. Assessing client readiness for treatment
- B. Assessing various financial and family support domains
- C. Assessing client suitability for research participation
- D. Assessing clients for treatment level of care

Answer: A

Explanation:

CMRS scales, by G. De Leon, were developed to aid in determining client readiness for substance abuse treatment. The scales measure client perceptions in four interrelated domains: circumstances (the external pressures influencing substance abuse change), motivation (internal pressures driving change), readiness (perception and acceptance of the need for treatment), and suitability (the client's perception of the appropriateness of the treatment modality or setting) for community or residential treatment. CMRS scales consist of eighteen Likert-type (five-point, strongly disagree to strongly agree) response

items. The scores are summed to derive a total score. Research on validity and reliability has offered strong support for the CMRS scales.



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