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AODA

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Question: 1

In certain circumstances, APs may engage in the ethical practice of conscientious refusal. This is best exemplified by an employer's directive to:

- A. treat an openly racist client
- B. treat an LGBT client.
- C. deny youth gender-affirming client care.
- D. diversify the client caseload.

Explanation:

The best example of conscientious refusal is an AP who refuses to follow an employer's directive to deny gender-affirming client care for youth. Conscientious refusal occurs when counselors refuse to carry out illegal or unethical requests. The NAADAC Code of Ethics [2021] indicates that withholding gender-affirming care is harmful to youth. Gender-affirming care encompasses various interventions that support an individual's gender identity. Examples include using pronouns to match an individual's gender identity, offering referrals to appropriate mental health services, providing developmentally appropriate psychoeducation, and enlisting family support. Refusing to work with any client based on deeply held convictions, regardless of whether one has deeply held convictions for or against an individual who is racist or homophobic, is unethical (see Principle IV-4 of the NAADAC Code of Ethics [2021]). The request to "increase and diversify" client caseload is therefore not the best answer.

Question: 2

The DSM-5-TR outlines 11 criteria for substance use disorder (SUD) that are grouped in all of the following categories:

- A. risky use.
- B. legal problems.
- C. social problems.
- D. impaired control.

Explanation:

There are four primary categories used to group the 11 criteria for SUD: impaired control, social impairment, risky use, and pharmacologic symptoms. Legal issues were included in the DSM-IV criterion for SUD but not in the DSM-5-TR. Examples of impaired control include the persistent desire to regulate substance use, cravings, and using substances despite negative consequences. Social impairment refers to functional impairments at work, school, or home, including impaired interpersonal relationships and participation in pleasurable activities (e.g., hobbies), and continued use despite social consequences. Risky use involves continued substance use in unsafe environments, despite knowledge of the potential for adverse physical and psychological consequences. Last, pharmacologic symptoms of tolerance and withdrawal.

Question: 3

Motivating an addict to enter treatment is often difficult. Which treatment entry method uses the intervention of the motivational process?

- A. The Johnson Method
- B. Community reinforcement training (CRT) Visit us at <https://www.naadac.org/>
- C. The ARISE Method
- D. The community reinforcement approach (CRA)

- C.The skill to set clear boundaries
- D.The capacity to firmly confront

Explanation:

The ability to work with genuine compassion for clients is the first essential feature of successful counseling, provided appropriate boundaries are also maintained. Skills, knowledge, and information specific to the are essential but are substantially ineffective if not managed with compassion and care. The renowned psychologist every individual has a positive, trustworthy center if this psychological core can be accessed. Connecting with this core resourcefulness and capability for self-understanding and positive self-direction. To this end, he promoted three (genuineness); (2) unconditional positive regard (caring concern and compassion); and (3) accurate, empathetic understanding (meaningfully assume the clients subjective perspective). Using these tools, clients can be reached and motivated toward

Question: 5

What is the main purpose of Title 42 of the Code of Federal Regulations (CFR) Part 2?

- A.To allow clients with OUD to receive medication-assisted treatment without employment penalties.
- B.To protect clients in treatment for substance use against adverse consequences in domestic or criminal proceedings.
- C.To permit disclosures of protected health information with written consent for continuity of care purposes.
- D.To provide privacy and confidentiality protection for a client's educational records.

Explanation:

The main purpose of Title 42 of the Code of Federal Regulations (CFR) Part 2 is to protect clients in treatment for substance use against adverse consequences in domestic or criminal proceedings. CFR Part 2 also protects treatment information for clients with SUD in federally funded programs.

Although CFR Part 2 protects treatment records for individuals receiving medication-assisted treatment for OUD, its privacy protection for all individuals with SUD to prevent ramifications such as loss of employment, criminal charges, child custody. The Health Insurance Portability and Accountability Act of 1986 protects personal health information. to substance use information for students in educational settings, the Family Educational Rights and Privacy Act protects

Question: 6

If a person is dependent on amphetamines, there is an increased likelihood of cross-tolerance with which one of the following?

- A.MDMA.
- B.Opioids.
- C.Sedative-hypnotic drugs.
- D.Peyote (mescaline).

Explanation:

Amphetamine cross-tolerance is likely to occur with MDMA. Cross-tolerance happens when tolerance to one substance pharmacologically similar substance. MDMA acts as both a stimulant and a hallucinogen, making cross-tolerance possible with CNS stimulants (i.e., amphetamines) because they share similar chemical structures. Cross-tolerance also occurs with medications (e.g., antidepressants) and illicit drugs and is common with amphetamines, hallucinogens, and opioids.

Question: 7

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A client states, "I'm really hurting today. It's hard to face everything I destroyed when I was using." Which counseling approach is most appropriate?

- B.Hair test
- C.Saliva test.
- D.Blood test.

Explanation:

Saliva tests are limited because they can only detect recent drug use (i.e., within a few minutes or up to 48 hours). In general, the detection windows for each type of drug test vary based on factors including the substance used, and how long it was used. An individual's characteristics can also affect detection, including but not limited to body fat, and metabolic rate. Urine tests detect the presence of a drug's metabolites and are the most common method for checks and random drug screens. A hair test can detect the presence of drugs in hair follicles months after use, giving a long window, with repeat drug use detected for up to 90 days. Hair tests can detect opioids, marijuana, cocaine, PCP, and alcohol. Blood tests are the most effective for detecting alcohol concentration levels, showing levels of intoxication 24 hours after use.

Question: 9

Drugs controlled by the federal government are placed into five distinct schedules or classifications, taking into account several factors EXCEPT:

- A.the substance's potential for abuse.
- B.the substance's potential for dependency.
- C.whether the FDA regulates the substance.
- D.whether the substance has acceptable medical uses.

Explanation:

The drug enforcement administration (DEA) rather than the Food and Drug Administration. (FDA) uses schedules to classify substances based on their potential for abuse, potential for psychological or physical dependence, and acceptable medical use. The Controlled Substances Act enables the DEA to categorize and oversee drug classifications.

Question: 10

Dronabinol contains which one of the following?

- A.Opioids.
- B.Stimulants.
- C.Cannabinoids.
- D.Antiviral agents.

Explanation:

Dronabinol, an FDA-approved Schedule II medication for HIV-related weight loss, contains cannabinoids. Individuals taking dronabinol would have a positive urine drug screen suggesting the presence of cannabinoids. The FDA has not allowed other cannabis, cannabis-derived, or cannabidiol products to be made available.

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