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NCC-AP

NCAC-I

National Certified Addiction Counselor, Level I

ORDER FULL VERSION

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Question: 1342

A counselor is treating a client who is also a former romantic partner. What is the most appropriate action?

- A. Refer to another counselor
- B. Continue treatment with boundaries
- C. Treat only for minor issues
- D. Accept the dual relationship

Answer: A

Explanation: Treating former romantic partners is a conflict of interest and should be avoided to maintain professional boundaries.

Question: 1343

A 35-year-old Somali refugee with PTSD and opioid use disorder is started on methadone. He reports severe nightmares and hypervigilance. Which adjunctive therapy is most evidence-based for his PTSD symptoms?

- A. Propranolol
- B. Diazepam
- C. Prazosin
- D. Risperidone

Answer: C

Explanation: Prazosin is effective for PTSD-related nightmares and hyperarousal, especially in trauma-exposed populations.

Question: 1344

A 50-year-old male client with cocaine use disorder and schizophrenia has a C-SSRS response of "yes" to question 5 and a serum risperidone level of 10 ng/mL (therapeutic: 20–60 ng/mL). What is the immediate priority?

- A. Adjust risperidone dosage
- B. Begin contingency management for cocaine use
- C. Start psychoeducation groups
- D. Refer to emergency psychiatric services

Answer: D

Explanation: A "yes" response to question 5 on the C-SSRS indicates high suicide risk due to active suicidal ideation with a plan, necessitating immediate emergency psychiatric referral. Adjusting risperidone, contingency management, and psychoeducation are secondary to addressing the acute suicide risk.

Question: 1345

A client presents to the emergency department with pinpoint pupils, respiratory rate of 6/min, and unresponsiveness. Which laboratory test is most critical to order immediately?

- A. Serum ethanol level
- B. Blood glucose
- C. Urine drug screen for opioids
- D. Serum lithium level

Answer: C

Explanation: A urine drug screen for opioids is critical in suspected opioid overdose to confirm diagnosis and guide management.

Question: 1346

A 41-year-old female presents for intake. She reports daily alcohol use, and her labs show AST 90 U/L, ALT 80 U/L, GGT 160 U/L, and MCV 108 fL. What is the most likely cause of these findings?

- A. Chronic alcohol use
- B. Iron deficiency anemia
- C. Acute viral infection
- D. Chronic kidney disease

Answer: A

Explanation: Elevated AST, ALT, GGT, and macrocytosis are most consistent with chronic alcohol use.

Question: 1347

A 41-year-old client with AUD and type 1 diabetes has a blood glucose level of 250 mg/dL (target: 80–130 mg/dL) and reports drinking to cope with diabetes stress. The counselor uses a CBT framework. What is the most appropriate relapse prevention strategy?

- A. Teach problem-solving skills for diabetes management
- B. Increase frequency of breathalyzer tests
- C. Refer to an endocrinologist for insulin adjustment
- D. Start disulfiram to deter drinking

Answer: A

Explanation: Drinking to cope with diabetes stress indicates a need for targeted coping skills. Teaching problem-solving skills within a CBT framework helps the client manage diabetes-related stress without alcohol, reducing relapse risk. Increasing breathalyzer tests monitors but doesn't prevent relapse, an endocrinologist referral is secondary to behavioral intervention, and disulfiram is premature without assessing motivation.

Question: 1348

A client in a relapse prevention group reports increased cravings when exposed to certain triggers. Which cognitive-behavioral technique is most effective for managing these cravings?

- A. Systematic desensitization
- B. Urge surfing
- C. Thought-stopping
- D. Flooding

Answer: B

Explanation: Urge surfing teaches clients to observe and ride out cravings without acting on them, a key CBT skill for relapse prevention.

Question: 1349

A DBT client with cannabis use disorder (CUDIT score: 15) and borderline personality disorder struggles with emotional validation in group therapy (DERS score: 29). The client feels invalidated when peers offer advice. Which DBT skill should the counselor teach to improve emotional validation?

- A. Check the facts to evaluate emotional responses

- B. DEAR MAN for assertive communication
- C. Validation skills for self and others
- D. Self-soothing distress tolerance techniques

Answer: C

Explanation: Validation skills teach the client to validate their own emotions and those of others, reducing feelings of invalidation in group settings. Check the facts evaluates emotions but doesn't address validation. DEAR MAN focuses on assertiveness. Self-soothing manages distress but not validation.

Question: 1350

A 35-year-old female client with co-occurring opioid use disorder and PTSD presents for intake. Her DAST-10 score is 6 (indicating substantial risk), and she reports nightmares and hypervigilance. Her recent labs show normal liver function but a low serotonin level (80 ng/mL, normal: 100–250 ng/mL). What is the most appropriate initial intervention for her co-occurring disorders?

- A. Refer to a trauma-focused therapist
- B. Initiate an SSRI for PTSD symptoms
- C. Begin buprenorphine for opioid use disorder
- D. Schedule a sleep study for nightmares

Answer: A

Explanation: The client's PTSD symptoms (nightmares, hypervigilance) and low serotonin levels suggest a need for targeted mental health intervention. Referring to a trauma-focused therapist is the most appropriate initial step to address PTSD, which may exacerbate her opioid use. Buprenorphine may be considered later for opioid use disorder, but addressing PTSD is critical to prevent relapse. An SSRI may be prescribed by a psychiatrist after further evaluation, and a sleep study is not the priority.

Question: 1351

A 34-year-old woman with alcohol use disorder and generalized anxiety disorder presents with a GGT of 120 U/L and MCV of 105 fL. She denies current drinking. What do these lab findings suggest?

- A. Iron deficiency anemia
- B. Recent heavy alcohol use
- C. Chronic liver failure
- D. Acute hepatitis

Answer: B

Explanation: Elevated GGT and macrocytosis (high MCV) are markers of recent heavy alcohol use.

Question: 1352

A client's treatment plan includes the use of the Relapse Prevention Inventory Diagnostic (RAPID). Which parameter is directly measured by this tool?

- A. Liver enzyme levels
- B. Blood pressure
- C. Serum creatinine
- D. Frequency of recovery group attendance

Answer: D

Explanation: The RAPID measures behavioral parameters such as recovery group attendance, not lab values.

Question: 1353

During initial case management, a counselor coordinates services for a 31-year-old client with opioid use disorder. The client's recent urine drug screen is positive for heroin (6-MAM: 15 ng/mL, cutoff: 10 ng/mL), and their respiratory rate is 10 breaths/min (normal: 12-20 breaths/min). The client is motivated but worried about job retention during treatment. What is the most appropriate next step?

- A. Provide a list of job resources without further coordination
- B. Enroll the client in group therapy and focus on the drug screen results
- C. Require abstinence before addressing employment concerns
- D. Discuss workplace accommodations and refer to a social worker for employment support

Answer: D

Explanation: Discussing workplace accommodations addresses the client's job retention concerns, fostering engagement by removing barriers to treatment. Referring to a social worker for employment support ensures comprehensive case management. The positive heroin screen (6-MAM: 15 ng/mL) and low respiratory rate (10 breaths/min) indicate active use and potential respiratory depression, but addressing employment concerns takes precedence for engagement, with medical coordination assumed as part of standard care. Enrolling in group therapy or requiring abstinence risks disengagement, and providing a resource list without coordination is insufficient.

Question: 1354

A client in crisis is experiencing auditory hallucinations and paranoia. Which de-escalation technique is most appropriate?

- A. Use simple, clear language and maintain a calm demeanor
- B. Challenge the hallucinations directly
- C. Ignore the client's statements
- D. Increase environmental stimulation

Answer: A

Explanation: Using simple, clear language and a calm demeanor helps de-escalate clients experiencing psychosis.

Question: 1355

A 37-year-old woman with opioid use disorder and major depressive disorder is started on buprenorphine. She develops pinpoint pupils, respiratory rate 8/min, and O₂ saturation 88%. What is the most likely cause?

- A. Buprenorphine overdose
- B. Serotonin syndrome
- C. Alcohol withdrawal
- D. Panic attack

Answer: A

Explanation: Pinpoint pupils and respiratory depression indicate opioid toxicity, likely from buprenorphine overdose.

Question: 1356

A counselor is offered a part-time job by a client's family member to provide consulting services at their addiction treatment facility. The counselor discusses this in supervision to evaluate potential dual relationship risks. What is the best course of action?

- A. Accept the job but disclose it to the client to maintain transparency
- B. Decline the job to avoid any appearance of a conflict of interest
- C. Take the job and refer the client to another counselor
- D. Work part-time but limit interactions with the client's family member

Answer: B

Explanation: NAADAC's Code of Ethics prohibits counselors from engaging in relationships that could impair objectivity or create conflicts of interest. Accepting a job from a client's family member risks a dual relationship, potentially compromising the counselor's impartiality. Declining the job is the most ethical choice to maintain professional boundaries. Accepting with disclosure or limited interactions still risks bias, and referral is unnecessary unless objectivity is already compromised.

Question: 1357

A client in CBT for alcohol use disorder (AUDIT score: 21) reports relapsing after a social event (Social Phobia Inventory: 40). The counselor identifies the thought "I'm not fun without alcohol." Which CBT technique should the counselor use to address this thought?

- A. Cognitive restructuring to reframe the thought
- B. Behavioral experiments to test the thought
- C. Exposure therapy to social situations
- D. Psychoeducation on social anxiety

Answer: A

Explanation: Cognitive restructuring reframes the irrational thought "I'm not fun without alcohol" by challenging it with evidence, reducing relapse risk. Behavioral experiments test beliefs but are less direct. Exposure therapy addresses anxiety but not the specific thought. Psychoeducation is less targeted for thought modification.

Question: 1358

A 27-year-old man with a history of heroin use and HIV presents with fever, new murmur, and positive blood cultures for *Staphylococcus aureus*. What is the most likely diagnosis?

- A. Hepatic abscess
- B. Pulmonary embolism
- C. Infective endocarditis
- D. Tuberculosis

Answer: C

Explanation: IV drug use and new murmur with bacteremia strongly suggest infective endocarditis.

Question: 1359

A client's treatment plan includes the goal: "Achieve abstinence from opioids as measured by negative urine drug screens for 12 consecutive weeks." After 10 weeks, the client tests positive. What is the best documentation?

- A. Only document if the client admits use
- B. Ignore the result and continue as planned
- C. Document the positive result and revise the treatment plan
- D. Discharge the client immediately

Answer: C

Explanation: The positive result must be documented, and the treatment plan should be revised to address relapse.

Question: 1360

A client with opioid use disorder is on methadone 120 mg daily. He reports sedation and his serum methadone level is 1,200 ng/mL (therapeutic range: 400-1,000 ng/mL). What is the best adjustment?

- A. Decrease methadone dose
- B. Increase methadone dose
- C. Switch to buprenorphine
- D. Add naltrexone

Answer: A

Explanation: Methadone levels above the therapeutic range with sedation require dose reduction to prevent toxicity.

Question: 1361

A 30-year-old client with opioid use disorder on naltrexone (50 mg/day) has a lab result showing a negative opioid screen but elevated bilirubin (2.5 mg/dL, normal 0.1-1.2 mg/dL). In an individual session, the client reports social isolation. Using interpersonal therapy (IPT), which focus area should the counselor prioritize?

- A. Grief to address losses from addiction

- B. Interpersonal deficits to improve social skills
- C. Role disputes to resolve conflicts with others
- D. Role transitions to adapt to sobriety

Answer: B

Explanation: IPT targets interpersonal deficits to improve social skills and reduce isolation, directly addressing the client's concern. Grief and role disputes are less relevant without specific losses or conflicts mentioned. Role transitions apply to life changes, not isolation. Elevated bilirubin (2.5 mg/dL) suggests possible naltrexone-related hepatotoxicity, but IPT focuses on interpersonal issues, not medical management.

Question: 1362

A counselor receives an email from a client's spouse requesting information about the client's progress. The client's signed release of information is limited to the client's primary care physician. What is the most appropriate action?

- A. Email the spouse a summary of progress
- B. Call the client to request a new release
- C. Decline to provide information and document the request
- D. Forward the email to the clinical supervisor

Answer: C

Explanation: Without a signed release for the spouse, the counselor must decline to provide information and document the request to maintain confidentiality and comply with HIPAA regulations.

Question: 1363

A client's intake reveals a positive urine screen for methadone and a negative prescription monitoring program (PMP) report. What is the most appropriate next step?

- A. Confront client about diversion
- B. Discharge from program
- C. Refer for further assessment
- D. Start group therapy

Answer: C

Explanation: Discrepancy between urine screen and PMP report requires further assessment to clarify the source and address safety.

Question: 1364

A 33-year-old client with opioid use disorder on methadone (80 mg daily) reports a lapse with heroin use after a family argument. The counselor uses the Five Rules of Recovery (Melemis, 2015). Which rule is most applicable to prevent further relapse?

- A. Practice self-care
- B. Build a structured daily routine
- C. Develop a support network
- D. Avoid high-risk situations

Answer: D

Explanation: The Five Rules of Recovery emphasize avoiding high-risk situations, building structure, developing support, practicing self-care, and changing negative thinking. The client's lapse after a family argument indicates a high-risk situation (emotional trigger). Teaching strategies to avoid or manage such situations (e.g., conflict resolution, leaving triggering environments) is most applicable to prevent further relapse. Other rules are relevant but less immediate for addressing the specific trigger.

Question: 1365

A counselor calculates reinforcement for a client with opioid use disorder in CM. The client earns \$15 per negative urine screen, with a \$30 bonus after 5 negatives. After 6 negative screens, what is the total earned?

- A. \$90
- B. \$105
- C. \$135
- D. \$120

Answer: D

Explanation: The client earns \$15 per negative screen ($6 \times \$15 = \90) plus a \$30 bonus for 5 negatives, totaling \$120.

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