

# SA 605-COUNSELOR COMPETENCIES

Exam instructions.

**Thank you for enrolling into SA 605 - Counselor Competencies. This is your online examination.**

**Please follow these instructions:**

- Before attempting, carefully read the question text.
- Then choose the correct answer.
- Click on **"Next"** to go to the next question.
- Use the **"Next"** and **"Previous"** buttons to navigate between questions.
- Bookmark difficult questions to return to them later.
- Click the **"Submit All"** button to submit your exam for grading.
- Use the Question List in the upper left corner to view and jump to a certain question.
- Within 24-48 hours, you will receive from us via e-mail, a copy of your graded examination.

If you have any questions, please contact us at: [info@aihcp.org](mailto:info@aihcp.org)

Full Name:

---

Email:

---

AH Number:

---

**1.** Understand the variety of insurance and health maintenance options available and the importance of helping clients access those benefits is a key competency.

- A) True
- B) False

**2.** Competency 100: describe factors that increase the likelihood for an individual, community, or group to be at risk for, or resilient to, psychoactive substance use disorders.

- A) True
- B) False

**3.** Competency 1 is to: Understand a variety of models and theories of addiction and other problems related to substance use.

- A) True
- B) False

**4.** According to competency 95: If you are not doing family treatment it is unimportant to be familiar with and models of diagnosis and intervention for families, couples, and significant others, including extended, kinship, or tribal family structures.

- A) True
- B) False

**5.** Since these are medical problems it is not necessary to promote client knowledge, skills, and attitudes consistent with the maintenance of health and prevention of HIV/AIDS, tuberculosis, sexually transmitted diseases, hepatitis C, and other infectious diseases.

A) True

B) False

**6.** Conducting continuing care, relapse prevention, and discharge planning with the client and involved significant others are important skills for discharge planning.

A) True

B) False

**7.** It is not important to evaluate the outcome of a client referral.

A) True

B) False

**8.** Counselors should have many competencies so that referrals to other professionals, agencies, community programs, or appropriate resources to meet the client's needs is not needed.

A) True

B) False

**9.** The transdisciplinary Foundations of the Competencies do not include Service Coordination.

A) True

B) False

**10.** Counselors must be able to assess treatment and recovery progress, and, in consultation with the client and significant others, make appropriate changes to the treatment plan to ensure progress toward treatment goals.

A) True

B) False

**11.** Once a client is detoxed the only problem to deal with is relapse. Relapse Prevention is the most important competency.

A) True

B) False

**12.** Substance use disorders seldom affect families and concerned others.

A) True

B) False

**13.** Due to HIPPA regulations client never have access to their clinical records.

- A) True
- B) False

**14.** The knowledge, skills and attitudes used in documenting treatment outcome, specifies accepted methods and instruments is an important competency (114)

- A) True
- B) False

**15.** Counselors should conduct self-evaluations of professional performance applying ethical, legal, and professional standards to enhance self-awareness and performance.

- A) True
- B) False

**16.** Providing treatment services appropriate to the personal and cultural identity and language of the client does not include an understanding of

- A) Various cultural norms, values, beliefs, and behaviors.
- B) Cultural differences in verbal and nonverbal communication.
- C) History of client's country of origin.
- D) Resources to develop individualized treatment plans.

**17.** Competency 107 Teach life skills, includes all but:

- A) Stress management,
- B) Relaxation,
- C) Controlled drinking
- D) Assertiveness, and refusal skills.

**18.** Competency 117: Interpret and apply information from current counseling and psychoactive substance use research literature to improve client care and enhance professional growth. Requires counselors

- A) To engage in CEUs or be in school.
- B) Be current with SA literature.
- C) Be an officer in a professional organization.

**19.** Competency 108: Is to demonstrate knowledge of accepted principles of client record management, including:

- A) Composing timely, clear, complete, and concise records that comply with regulations.
- B) Documenting information in an objective manner.
- C) Writing legibly.

D) All of the above

**20.** Being familiar with and appropriately using models of diagnosis and intervention for families, couples, and significant others, including extended, kinship, or tribal family structures Includes:

- A) Intervention strategies are needed for families at varying stages of problem development.
- B) Intervention strategies are not necessary
- C) Intervention strategies are needed for violence against persons.
- D) a. and b.

**21.** Competency 91 indicates that to facilitate group growth the counselor must:

- A) establish ground rules
- B) Understand methods appropriate for each group type and therapeutic setting.
- C) Eliminate all types and uses of power and authority in the therapeutic group process.
- D) Understand the stages of group development and counseling methods appropriate to each.

**22.** Group leadership does not include:

- A) Facilitating entry of new members.
- B) Facilitating exit of current members.
- C) Maintaining confidentiality
- D) Forbidding relations outside of group.

**23.** Skills needed to Describe and summarize the client's behavior within the group to document the client's progress include:

- A) Documenting the client's group behavior that has implications for treatment planning.
- B) Recognizing the similarities and differences between individual needs and group processes.
- C) Redesigning individual treatment plans based on the observation of group behaviors
- D) All of the above.

**24.** Factors that increase the likelihood for an individual, community, or group to be at risk for, or resilient to, psychoactive substance use disorders show attitudes that are:

- A) Confrontational and scolding.
- B) Sensitive to the interaction of risk and protection in the development of substance use disorders.
- C) Mostly socioeconomic

**25.** The four transdisciplinary foundations are all except for:

- A) Understanding Addiction
- B) Treatment Laws and Regulations
- C) Application to Practice

D) Professional Readiness

**26.** Crisis mediation includes:

- A) Crisis prevention,
- B) Crisis intervention,
- C) Physical restraint
- D) Other kinds of therapeutic intervention

**27.** Facilitating group growth within the established ground rules and movement toward group and individual goals by using methods consistent with group type requires the following attitudes except for

- A) Appreciation for the role and power of the group facilitator.
- B) Appreciation for the role and power of various group members in the group process.
- C) Appreciation for the role and power of the client.
- D) Recognition of the value of the use of different group counseling methods and leadership or facilitation styles.

**28.** Competency 4 recognizes the potential for substance use disorders

- A) To mimic a variety of medical conditions
- B) to mimic mental health conditions a
- C) The potential for medical coexist with addiction and substance abuse.
- D) All of the above

**29.** Competency 85: Make constructive therapeutic responses when the client's behavior is inconsistent with stated recovery goals. Mention all to the client except that:

- A) Client behaviors that tend to be inconsistent with recovery.
- B) The client's social and life circumstances are the cause.
- C) Relapse prevention strategies are needed
- D) Use Therapeutic interventions such as Motivational Enhancement

**30.** Working with the client to establish realistic, achievable goals consistent with achieving and maintaining recovery requires the following attitudes:

- A) Appreciation for the client's resources and preferences.
- B) Appreciation for individual limitations of client's ability to choose goals.
- C) Appreciation for individual differences in the treatment and recovery process
- D) a. and c.

**31.** Competency 55: Skills for evaluating the outcome of the referral include:

- A) Observing clients subsequent behavior.
- B) Using appropriate measurement processes and instruments.

- C) Judging clients opinion.
- D) Peers acceptance of referral as a good source.

**32. Counselors should**

- A) Differentiate between situations in which it is most appropriate for the client to self-refer to a resource and situations requiring counselor referral.
- B) Require all referrals to be made by counselor
- C) Ignore all self-referrals form client.

**33. Working appropriately with the client to recognize and discourage all behaviors inconsistent with progress toward treatment goals include the following skills:**

- A) Monitoring the client's behavior for consistency with established treatment outcomes.
- B) Presenting inconsistencies between the client's behaviors and goals.
- C) Reframing and redirecting negative behaviors.
- D) All of the above.

**34. Developing an acceptable treatment plan:**

- A) Has no need for monitoring
- B) Does not evaluate progress.
- C) Must be mutually agreed upon be client and counselor.
- D) Can be general, not specific to client.

**35. Making effective therapeutic responses when the client's behavior is inconsistent with stated recovery goals requires the following skills:**

- A) Using various methods to present inconsistencies between the client's behaviors and treatment goals.
- B) Pointing out clients' failure.
- C) Reframing and redirecting negative behaviors.
- D) Using appropriate communication and intervention strategies

**36. Treatment goals must:**

- A) Only focus on the immediate future.
- B) Formulate mutually agreed-on goals.
- C) Need not be measurable treatment goals
- D) Do not need objectives.

**37. Competency 67: Maintain ongoing contact with the client and involved significant others to ensure adherence to the treatment plan does not include the following skills:**

- A) Observing clients behavior outside of treatment venue.

- B) Documenting the client's adherence to the treatment plan.
- C) Recognizing and addressing ambivalence and resistance.
- D) None of the above

**38.** Competency 8: Understanding the value of an interdisciplinary approach to addiction treatment does not believe:

- A) Contributions of multiple disciplines to treatment efficacy is important
- B) Terms and concepts are necessary to communicate effectively across disciplines.
- C) SA counselors should concentrate on SA Treatment and not get involved in other disciplines.
- D) It is important to have communication with other disciplines.

**39.** Applying confidentiality rules and regulations appropriately includes all but:

- A) Ethical standards.
- B) Clients' rights and responsibilities.
- C) Treatment planning.
- D) How to apply confidentiality rules and regulations in emergency situations.

**40.** A counselor skills with family treatment and interaction are:

- A) Unnecessary because SA is an individual problem
- B) Avoidable because families cause addiction problems
- C) A necessary competency.
- D) Not needed.

**41.** Completing necessary administrative procedures for admission to treatment does not include

- A) Negotiating with diverse treatment systems.
- B) Advocating for services for the client.
- C) Relieving the client of autonomy.
- D) Appreciation of strengths-based principles that emphasize client autonomy and skills development.

**42.** Competency 23: Understand and apply setting-specific policies and procedures for handling crisis or dangerous situations and safety measures for clients and staff does not include

- A) Understanding what constitutes a crisis or danger to the client and/or others.
- B) Some form of self-defense training.
- C) Legal implications of crisis response.
- D) Exceptions to confidentiality rules in crisis or dangerous situations.

- 43.** Attitudes that contribute to participation to a multidisciplinary treatment team do not include.
- A) Expecting that the SA counselor leads the team.
  - B) Interest in cooperation and collaboration with diverse service providers.
  - C) Respect and appreciation for other team members and their professional disciplines.
  - D) Recognition of the need to consult with professionals in other disciplines and specialties
- 44.** Generally accepted treatment models include all but the following:
- A) Pharmacotherapy
  - B) Mutual help and self-help
  - C) Confrontation
  - D) Relapse prevention.
- 45.** Competency 25: Gather data systematically from the client and other available collateral sources, using screening instruments and other methods that are sensitive to age, developmental level, culture, and gender. At a minimum, data should include all but:
- A) Current and historic substance use
  - B) Physical health and, mental health,
  - C) Substance-related treatment histories.
  - D) All of the above
- 46.** According to Competency 26 counselors do not need to screen for:
- A) Withdrawal symptoms;
  - B) Religious Mania;
  - C) Aggression or danger to others;
  - D) Potential for self-inflicted harm or suicide.
- 47.** Record treatment and continuing care plans
- A) Should come from standardized books.
  - B) Must be consistent with agency standards and comply with applicable administrative rules.
  - C) Are your own style and can be taken from agency to agency with you.
- 48.** Understanding the obligation of the addiction professional to participate in prevention and treatment activities is intended to;
- A) Establish an appreciation of the inherent value of prevention.
  - B) Lend an aura of confidence to the counselor.
  - C) Openness to research-based prevention strategies.
  - D) a. and c.



**49.** The three characteristics of competency do not include:

- A) Knowledge.
- B) Skills.
- C) Familiarity
- D) Attitudes.

**50.** Accurate and concise discharge summaries skills include.

- A) Preparing concise discharge summaries.
- B) Completing records in a timely manner.
- C) Reporting measurable results.
- D) All of the above.

