

PRACTICE EXAM 11: ALCOHOL AND DRUG COUNSELOR (150 QUESTIONS)

This full-length practice exam contains 150 multiple-choice questions. It is aligned to the IC&RC ADC content domains and is intended for study practice only. Select the single best answer for each question. Allow approximately three hours for a timed attempt; confirm your own board requirements before test day.

1. At a staff-development workshop, Tolerance is best defined as
 - A. having withdrawal symptoms after stopping
 - B. needing more of a substance to achieve a similar effect
 - C. using a substance despite harm
 - D. craving a substance after treatment

2. When reviewing a recovery-support case, Withdrawal refers to
 - A. a planned decrease in medication dose
 - B. the first phase of denial
 - C. a client refusal to attend group
 - D. symptoms that occur when regular substance use is reduced or stopped

3. During an ethics and clinical-practice discussion, The mesolimbic reward pathway is especially associated with
 - A. reinforcement and motivation to repeat rewarding behaviors
 - B. visual processing in the occipital lobe
 - C. language comprehension in the temporal lobe
 - D. voluntary motor control in the cerebellum

4. In a counseling documentation review, A substance that slows central nervous system activity is classified as a

- A. stimulant
- B. hallucinogen
- C. dissociative anesthetic
- D. depressant

5. When preparing for an intake appointment, A primary clinical risk during opioid overdose is

- A. severe hypertension
- B. increased visual acuity
- C. respiratory depression
- D. excessive insulin production

6. During a treatment-planning conference, A stimulant intoxication pattern is most likely to include

- A. slowed speech and pinpoint pupils
- B. increased heart rate and agitation
- C. marked sedation and ataxia
- D. reduced alertness and yawning

7. At a staff-development workshop, Which presentation is most consistent with alcohol withdrawal?

- A. pinpoint pupils and slowed breathing
- B. euphoria with increased appetite
- C. flat affect after a single drink
- D. tremor, anxiety, and autonomic hyperactivity

8. When reviewing a recovery-support case, A co-occurring disorder means

- A. two substances were used on one occasion
- B. a substance use disorder and another mental health condition occur together
- C. a client changed treatment programs twice
- D. a counselor works with two agencies

9. During an ethics and clinical-practice discussion, The disease model of addiction emphasizes that

- A. addiction can involve chronic brain and behavioral changes
- B. willpower alone always resolves substance use
- C. substance use is solely a moral failure
- D. relapse proves treatment cannot help

10. In a counseling documentation review, Craving is best described as

- A. a measurable blood alcohol level
- B. a completed relapse-prevention plan
- C. a strong desire or urge to use a substance
- D. a punishment for nonattendance

11. When preparing for an intake appointment, Cross-tolerance occurs when

- A. tolerance to one substance reduces response to a related substance
- B. two counselors use the same treatment plan
- C. a client tolerates feedback in group
- D. a program accepts two insurance plans

12. During a treatment-planning conference, A key feature of nicotine withdrawal is

- A. hallucinations with disorientation

- B. profound respiratory depression
- C. elevated mood without sleep
- D. irritability with a strong urge to smoke or vape

13. At a staff-development workshop, The term polysubstance use means

- A. using a substance only on weekends
- B. using a prescribed medication correctly
- C. using more than one psychoactive substance
- D. using one substance in several settings

14. When reviewing a recovery-support case, A protective factor in recovery is

- A. increasing access to substances
- B. supportive relationships that reinforce healthy choices
- C. avoiding all medical appointments
- D. keeping relapse triggers secret

15. During an ethics and clinical-practice discussion, The stage of change marked by no current intention to change is

- A. preparation
- B. action
- C. precontemplation
- D. maintenance

16. In a counseling documentation review, The stage of change marked by planning and taking small initial steps is

- A. precontemplation
- B. maintenance

- C. termination
- D. preparation

17. When preparing for an intake appointment, A lapse differs from a relapse because a lapse

- A. always requires discharge from treatment
- B. is a brief return to use that can be addressed before a sustained pattern develops
- C. means the client has no recovery strengths
- D. cannot be discussed in counseling

18. During a treatment-planning conference, Harm reduction is best understood as

- A. practical strategies that reduce negative consequences of substance use
- B. a requirement that clients continue using
- C. a replacement for informed consent
- D. a punishment for relapse

19. At a staff-development workshop, A trauma-informed approach begins by prioritizing

- A. confrontation to obtain disclosure
- B. safety, choice, collaboration, and avoiding retraumatization
- C. detailed trauma processing at intake
- D. uniform rules without client input

20. When reviewing a recovery-support case, Which is a common effect of chronic alcohol use?

- A. risk of liver disease and cognitive impairment
- B. permanent improvement in reaction time
- C. increased respiratory drive during overdose
- D. complete protection from depression

21. During an ethics and clinical-practice discussion, A client who uses despite recurrent serious consequences demonstrates

- A. stable remission
- B. medication adherence
- C. informed consent
- D. continued use despite harm

22. In a counseling documentation review, An evidence-based way to discuss genetic risk is to explain that

- A. genetics make treatment unnecessary
- B. risk is identical for every person
- C. genes can influence vulnerability but do not determine destiny
- D. family history proves a diagnosis

23. When preparing for an intake appointment, Adverse childhood experiences may increase later risk primarily by

- A. guaranteeing substance use disorder
- B. eliminating the need for assessment
- C. affecting stress regulation and exposure to harmful environments
- D. making culture irrelevant

24. During a treatment-planning conference, A sedative-hypnotic withdrawal can be medically serious because it may involve

- A. improved concentration only
- B. seizures and delirium in some cases
- C. a harmless increase in appetite
- D. permanent immunity to relapse

25. At a staff-development workshop, Recovery capital refers to

- A. money earned while in treatment
- B. the cost of residential services
- C. a financial penalty for relapse
- D. personal, social, and community resources that support recovery

26. When reviewing a recovery-support case, Tolerance is best defined as

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- B. using a substance only on weekends
- C. using a prescribed medication correctly
- D. using one substance in several settings

39. During an ethics and clinical-practice discussion, The primary purpose of screening is to

- A. identify whether further assessment may be needed
- B. establish a final diagnosis immediately
- C. replace informed consent
- D. determine insurance coverage only

40. In a counseling documentation review, A biopsychosocial assessment gathers information about

- A. only current substance use
- B. only family history
- C. biological, psychological, and social factors affecting the client
- D. only legal charges

41. When preparing for an intake appointment, When a client reports suicidal thoughts, the counselor should first

- A. promise secrecy without exceptions
- B. continue routine paperwork
- C. wait until the next session
- D. assess immediate safety and follow crisis procedures

42. During a treatment-planning conference, A valid assessment tool is one that

- A. always produces the same score
- B. measures what it is intended to measure
- C. is free to administer
- D. uses only yes or no questions

43. At a staff-development workshop, Reliability refers to a tool's ability to

- A. measure the intended construct
- B. replace clinical judgment
- C. predict every outcome
- D. produce consistent results under similar conditions

44. When reviewing a recovery-support case, The best response to inconsistent self-report is to

- A. explore discrepancies respectfully and use multiple data sources when appropriate
- B. accuse the client of lying
- C. ignore all reported information
- D. diagnose without further inquiry

45. During an ethics and clinical-practice discussion, A culturally responsive assessment should

- A. apply identical assumptions to every client
- B. avoid asking about cultural identity
- C. consider language, culture, context, and the client's own meaning
- D. rely only on counselor intuition

46. In a counseling documentation review, Informed consent for assessment includes explaining

- A. that records never exist
- B. purpose, procedures, limits of confidentiality, and client choices
- C. that the counselor guarantees a specific outcome
- D. that family may always receive results

47. When preparing for an intake appointment, A strength-based assessment intentionally identifies

- A. only symptoms and deficits
- B. only prior treatment failures
- C. resources, abilities, and supports alongside problems
- D. only diagnostic labels

48. During a treatment-planning conference, The most useful way to assess readiness for change is to

- A. ask open questions about goals, concerns, and confidence
- B. assign a stage based on appearance
- C. require a promise of abstinence
- D. avoid discussing ambivalence

49. At a staff-development workshop, Collateral information is most appropriate when

- A. a family member is curious
- B. the counselor wants to save time
- C. the client has not been informed
- D. it is clinically useful and obtained with proper authorization or legal basis

50. When reviewing a recovery-support case, A mental status examination may include observations of

- A. credit history and employment benefits
- B. appearance, mood, thought process, and orientation
- C. only toxicology results

D. only attendance records

51. During an ethics and clinical-practice discussion, The purpose of a risk assessment is to

- A. predict behavior with certainty
- B. assign blame for a crisis
- C. identify danger and guide an immediate safety response
- D. replace referral decisions

52. In a counseling documentation review, When language access is limited, best practice is to

- A. ask a child to interpret sensitive details
- B. skip assessment questions
- C. assume the client understands technical terms
- D. use a qualified interpreter when available and document the approach

53. When preparing for an intake appointment, A diagnosis should be based on

- A. integrated clinical information and applicable diagnostic criteria
- B. one isolated symptom
- C. a counselor's personal values
- D. the client's insurance preference

54. During a treatment-planning conference, The assessment domain of housing is important because it can

- A. replace all clinical information
- B. affect safety, treatment access, and recovery stability
- C. prove a substance use diagnosis
- D. make confidentiality unnecessary

55. At a staff-development workshop, A timeline follow-back style interview is useful for

- A. measuring blood concentration directly
- B. determining a legal sentence
- C. replacing toxicology testing
- D. clarifying patterns of substance use over time

56. When reviewing a recovery-support case, A client-centered assessment stance is characterized by

- A. pressure, assumptions, and confrontation
- B. withholding the assessment purpose
- C. collaboration, respect, and curiosity
- D. ignoring the client's priorities

57. During an ethics and clinical-practice discussion, A positive screening result means

- A. the client automatically meets every diagnostic criterion
- B. additional assessment is indicated, not that a diagnosis is confirmed
- C. treatment must be identical for all clients
- D. consent is no longer needed

58. In a counseling documentation review, The most appropriate source for current medication information is

- A. the client and verified medical records when authorized
- B. a neighbor's opinion
- C. an outdated intake form alone
- D. the counselor's guess

59. When preparing for an intake appointment, Functional impairment in assessment refers to

- A. the number of missed questions on a test
- B. how symptoms affect work, relationships, health, or daily living
- C. a client's personality type
- D. the counselor's workload

60. During a treatment-planning conference, When collecting trauma history, a counselor should

- A. require complete disclosure at intake
- B. challenge the client to prove events
- C. ask permission, pace the discussion, and monitor safety
- D. avoid explaining why questions are asked

61. At a staff-development workshop, A level-of-care decision should be guided by

- A. the counselor's preferred program
- B. the client's age alone
- C. a single screening score only
- D. current needs, risks, strengths, and available supports

62. When reviewing a recovery-support case, The best documentation of an assessment finding is

- A. objective, specific, relevant, and clearly attributed
- B. vague labels without examples
- C. speculation presented as fact
- D. personal criticism of the client

63. During an ethics and clinical-practice discussion, When a client appears intoxicated at assessment, the counselor should

- A. complete a lengthy life history first
- B. prioritize immediate safety and determine whether urgent medical evaluation is needed
- C. confront the client in a group
- D. ignore observable impairment

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- A. establish a final diagnosis immediately
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- A. measure the intended construct
- B. produce consistent results under similar conditions
- C. replace clinical judgment
- D. predict every outcome

69. During an ethics and clinical-practice discussion, A collaborative treatment goal should be

- A. written only by the counselor
- B. unrelated to assessment findings
- C. identical for every client
- D. specific, meaningful to the client, and realistically measurable

70. In a counseling documentation review, Motivational interviewing primarily seeks to

- A. evoke the client's own reasons and confidence for change
- B. argue the client into agreement
- C. directly confront resistance
- D. give advice without permission

71. When preparing for an intake appointment, In motivational interviewing, an open question is useful because it

- A. invites the client to explore experience in their own words
- B. requires only yes or no answers
- C. ends discussion quickly
- D. tests the client's memory

72. During a treatment-planning conference, A reflective listening response should

- A. immediately correct the client
- B. shift attention to the counselor
- C. repeat a question word for word
- D. communicate understanding of the client's meaning or feeling

73. At a staff-development workshop, A treatment plan should be revised when

- A. the counselor becomes bored
- B. new assessment information or changing needs warrant adjustment
- C. a client follows the plan exactly
- D. the calendar month changes

74. When reviewing a recovery-support case, The first priority in a crisis intervention is

- A. exploring childhood history
- B. completing a discharge summary
- C. immediate safety and stabilization
- D. setting a long-term vocational goal

75. During an ethics and clinical-practice discussion, A relapse-prevention plan is strongest when it identifies

- A. only the client's past failures
- B. a promise never to feel cravings
- C. triggers, warning signs, coping responses, and supports
- D. punishments for future use

76. In a counseling documentation review, Case management primarily involves

- A. providing psychotherapy without assessment
- B. making legal decisions for clients
- C. keeping referrals secret
- D. linking clients with coordinated services and monitoring access

77. When preparing for an intake appointment, A referral is most appropriate when

- A. the client needs services outside the counselor's competence or program capacity
- B. the counselor wants to avoid documentation
- C. a client misses one appointment
- D. the program has an empty group

78. During a treatment-planning conference, Psychoeducation is intended to

- A. persuade clients through shame
- B. give clients understandable information that supports informed choices
- C. replace counseling relationships
- D. provide legal representation

79. At a staff-development workshop, An effective group norm includes

- A. pressure to disclose every detail
- B. members giving medical advice
- C. respectful participation and protection of member confidentiality
- D. public discussion of absent clients

80. When reviewing a recovery-support case, When a client expresses ambivalence, the counselor should

- A. label the client resistant
- B. explore both sides without judgment and elicit change talk
- C. demand an immediate decision
- D. argue for abstinence

81. During an ethics and clinical-practice discussion, Change talk is language that expresses

- A. desire, ability, reasons, need, or commitment to change
- B. a legal obligation to disclose records
- C. the counselor's treatment preference
- D. a diagnosis of withdrawal

82. In a counseling documentation review, A coping skill rehearsal is designed to

- A. test whether a client remembers rules
- B. replace all social support
- C. avoid discussing triggers
- D. practice a response before a high-risk situation occurs

83. When preparing for an intake appointment, Family involvement should generally occur when

- A. a relative requests all records
- B. the client agrees and involvement supports treatment goals and safety
- C. the counselor wants more information
- D. the family insists despite client refusal

84. During a treatment-planning conference, A warm handoff in referral means

- A. ending treatment without notice

- B. transferring records without authorization
- C. asking the client to call someday
- D. actively connecting the client to the next service rather than merely giving a number

85. At a staff-development workshop, Client education about overdose response should emphasize

- A. handling every overdose alone
- B. waiting for symptoms to pass
- C. calling emergency services and using available emergency supports
- D. giving the person more substances

86. When reviewing a recovery-support case, A behavioral objective in a treatment plan describes

- A. an observable action or outcome tied to a goal
- B. the counselor's personal theory
- C. a permanent personality trait
- D. a vague hope without a target

87. During an ethics and clinical-practice discussion, When a client misses appointments, a helpful initial response is to

- A. assume the client does not care
- B. reach out according to policy with concern and problem-solving
- C. discharge the client immediately
- D. share the absence with unrelated people

88. In a counseling documentation review, A recovery-oriented approach recognizes that

- A. relapse permanently ends recovery
- B. only professionals can define success
- C. clients can build meaningful lives with supports, choice, and hope

D. all clients need the same pathway

89. When preparing for an intake appointment, The purpose of a discharge plan is to

- A. document blame for ending treatment
- B. replace the treatment plan from intake
- C. guarantee no future challenges
- D. support continuity of care, safety, and next-step resources

90. During a treatment-planning conference, A counselor who notices escalating anger in group should

- A. address safety, set respectful limits, and de-escalate the interaction
- B. invite members to take sides
- C. ignore threats to avoid conflict
- D. discuss a different member's record

91. At a staff-development workshop, Skill-building is most effective when the counselor

- A. only lectures about the skill
- B. demonstrates, practices, and reviews use in real situations
- C. assumes insight produces behavior change
- D. avoids feedback

92. When reviewing a recovery-support case, A client preference should influence treatment by

- A. being ignored whenever it differs from staff habits
- B. replacing all clinical assessment
- C. being shared without consent
- D. being incorporated when clinically appropriate and safe

93. During an ethics and clinical-practice discussion, A continuing-care contact after discharge can help by

- A. eliminating the need for client choice
- B. reopening confidential records to anyone
- C. identifying barriers early and reinforcing recovery supports
- D. proving treatment has failed

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114. During a treatment-planning conference, The ethical principle of autonomy supports

- A. the counselor making all decisions
- B. a client's right to make informed choices
- C. sharing records without permission
- D. using coercion to obtain agreement

115. At a staff-development workshop, Beneficence requires a counselor to

- A. avoid all referrals
- B. act to promote the client's welfare
- C. prioritize personal convenience
- D. ignore foreseeable harm

116. When reviewing a recovery-support case, Nonmaleficence means

- A. never setting boundaries
- B. guaranteeing a cure
- C. releasing all information
- D. avoiding or minimizing harm

117. During an ethics and clinical-practice discussion, Fidelity in counseling refers to

- A. agreeing with every client statement
- B. reporting every session publicly
- C. keeping commitments and maintaining trust
- D. avoiding documentation

118. In a counseling documentation review, The best recordkeeping practice is to document

- A. timely, objective, clinically relevant information
- B. unverified rumors about the client
- C. personal opinions unrelated to care
- D. details about other clients

119. When preparing for an intake appointment, A dual relationship is concerning when it

- A. occurs only outside office hours
- B. is never discussed in supervision
- C. risks exploitation, impaired judgment, or harm to the client
- D. always improves treatment

120. During a treatment-planning conference, Before releasing client information, a counselor should

- A. verify a valid authorization or other lawful basis
- B. assume a caller is a family member
- C. release the entire record automatically
- D. ask a coworker to decide

121. At a staff-development workshop, Consultation is ethically useful when a counselor

- A. wants to avoid responsibility
- B. shares identifying details casually
- C. uses it to punish a client
- D. faces a complex issue and seeks qualified guidance while protecting privacy

122. When reviewing a recovery-support case, Scope of practice requires counselors to

- A. provide every service a client requests
- B. work within their training, competence, and authorization
- C. diagnose medical conditions without qualification

D. ignore supervision requirements

123. During an ethics and clinical-practice discussion, When a counselor suspects impairment in their own practice, the ethical response is to

- A. seek supervision or assistance and protect clients from risk
- B. hide the concern from everyone
- C. increase the caseload
- D. continue without reflection

124. In a counseling documentation review, A boundary crossing differs from a boundary violation because a crossing

- A. is always sexual misconduct
- B. never needs consultation
- C. automatically ends treatment
- D. may be clinically appropriate when carefully considered and nonexploitative

125. When preparing for an intake appointment, Client records should be stored in a way that

- A. allows anyone in the office to browse them
- B. protects confidentiality and permits appropriate access
- C. uses personal devices without safeguards
- D. avoids all retention policies

126. During a treatment-planning conference, When receiving a subpoena, a counselor should generally

- A. destroy records immediately
- B. ignore the document
- C. follow agency policy and seek appropriate legal or supervisory guidance
- D. release every record without review

127. At a staff-development workshop, An ethical informed-consent discussion should occur

- A. early and whenever services or risks materially change
- B. only after discharge
- C. only if a client asks
- D. never in writing

128. When reviewing a recovery-support case, Cultural humility involves

- A. claiming expertise in every culture
- B. avoiding discussion of identity
- C. ongoing self-reflection, respect, and willingness to learn from clients
- D. treating culture as irrelevant

129. During an ethics and clinical-practice discussion, A counselor who receives a gift should first consider

- A. the gift's resale value
- B. agency policy, cultural meaning, client vulnerability, and possible impact
- C. whether coworkers will be impressed
- D. how to keep it secret

130. In a counseling documentation review, Supervision is especially important when a counselor

- A. has completed routine paperwork
- B. agrees with a client
- C. wants to avoid learning
- D. encounters a situation beyond current competence

131. When preparing for an intake appointment, A conflict of interest should be managed by

- A. concealing it from the client and supervisor
- B. allowing it to guide treatment
- C. accepting benefits without disclosure
- D. identifying it, consulting as needed, and protecting the client's interests

132. During a treatment-planning conference, Professional documentation should distinguish

- A. the counselor's guesses and confirmed facts
- B. observed facts, client statements, and clinical impressions
- C. private opinions and public records
- D. billing concerns and client safety

133. At a staff-development workshop, The purpose of an ethics code is to

- A. replace all clinical judgment
- B. guarantee that no dilemma occurs
- C. guide professional conduct and protect clients and the public
- D. serve only as a marketing tool

134. When reviewing a recovery-support case, When using electronic communication with clients, a counselor should

- A. use approved secure methods and explain relevant limits
- B. text sensitive information from any device
- C. assume all apps are confidential
- D. avoid documenting communication

135. During an ethics and clinical-practice discussion, A mandated-reporting concern should be handled by

- A. promising absolute secrecy
- B. following applicable law, policy, and consultation procedures promptly
- C. waiting until a quarterly review
- D. asking unrelated clients for advice

136. In a counseling documentation review, Termination is ethically appropriate when

- A. the counselor is frustrated that day
- B. the client asks a difficult question
- C. goals are met, services are no longer beneficial, or referral is needed, with continuity planning
- D. documentation is incomplete

137. When preparing for an intake appointment, A counselor should address a confidentiality question by

- A. explaining the applicable limits in clear, understandable language
- B. claiming confidentiality has no exceptions
- C. refusing to discuss privacy
- D. using only legal jargon

138. During a treatment-planning conference, Professional self-care matters because it

- A. eliminates the need for supervision
- B. proves a counselor never makes mistakes
- C. replaces client-centered care
- D. helps sustain competent, ethical service and reduces impairment risk

139. At a staff-development workshop, The ethical principle of autonomy supports

- A. the counselor making all decisions
- B. a client's right to make informed choices
- C. sharing records without permission
- D. using coercion to obtain agreement

140. When reviewing a recovery-support case, Beneficence requires a counselor to

- A. avoid all referrals
- B. prioritize personal convenience
- C. act to promote the client's welfare
- D. ignore foreseeable harm

141. During an ethics and clinical-practice discussion, Nonmaleficence means

- A. avoiding or minimizing harm
- B. never setting boundaries
- C. guaranteeing a cure
- D. releasing all information

142. In a counseling documentation review, Fidelity in counseling refers to

- A. agreeing with every client statement
- B. keeping commitments and maintaining trust
- C. reporting every session publicly
- D. avoiding documentation

143. When preparing for an intake appointment, The best recordkeeping practice is to document

- A. unverified rumors about the client
- B. personal opinions unrelated to care
- C. details about other clients

D. timely, objective, clinically relevant information

144. During a treatment-planning conference, A dual relationship is concerning when it

- A. risks exploitation, impaired judgment, or harm to the client
- B. occurs only outside office hours
- C. is never discussed in supervision
- D. always improves treatment

145. At a staff-development workshop, Before releasing client information, a counselor should

- A. assume a caller is a family member
- B. release the entire record automatically
- C. verify a valid authorization or other lawful basis
- D. ask a coworker to decide

146. When reviewing a recovery-support case, Consultation is ethically useful when a counselor

- A. wants to avoid responsibility
- B. shares identifying details casually
- C. uses it to punish a client
- D. faces a complex issue and seeks qualified guidance while protecting privacy

147. During an ethics and clinical-practice discussion, Scope of practice requires counselors to

- A. work within their training, competence, and authorization
- B. provide every service a client requests
- C. diagnose medical conditions without qualification
- D. ignore supervision requirements

148. In a counseling documentation review, When a counselor suspects impairment in their own practice, the ethical response is to

- A. hide the concern from everyone
- B. increase the caseload
- C. seek supervision or assistance and protect clients from risk
- D. continue without reflection

149. When preparing for an intake appointment, A boundary crossing differs from a boundary violation because a crossing

- A. is always sexual misconduct
- B. may be clinically appropriate when carefully considered and nonexploitative
- C. never needs consultation
- D. automatically ends treatment

150. During a treatment-planning conference, Client records should be stored in a way that

- A. allows anyone in the office to browse them
- B. uses personal devices without safeguards
- C. avoids all retention policies
- D. protects confidentiality and permits appropriate access

Practice Exam 11: Answer Key and Explanations

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93. C — The keyed response reflects the central counseling principle tested in this item. A competent response is grounded in current assessment, client safety, informed choice, cultural context, and professional scope. The other options are less appropriate because they confuse related concepts, rely on an absolute statement, or recommend a practice that does not support ethical, effective addiction counseling.

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96. D — The keyed response reflects the central counseling principle tested in this item. A competent response is grounded in current assessment, client safety, informed choice, cultural context, and professional scope. The other options are less appropriate because they confuse related concepts, rely on an absolute statement, or recommend a practice that does not support ethical, effective addiction counseling.

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