CANDIDATE GUIDE

International Examination for Advanced Alcohol & Drug Counselors

Based on the 2008 Job Task Analysis

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About IC&RC

Incorporated in 1981, and currently headquartered in Harrisburg, PA, IC&RC is a not-for-profit voluntary membership organization comprised of certifying agencies involved in credentialing or licensing alcohol and drug counselors, clinical supervisors, prevention specialists, co-occurring disorders professionals and criminal justice professionals.

IC&RC includes 73 organizations representing more than 40,000 certified professionals internationally.

IC&RC's Mission is to protect the public by establishing standards and facilitating reciprocity for the credentialing of addiction-related professionals.

The purposes of IC&RC are:

- To advance international reciprocal standards in credentialing in the alcohol and drug treatment, prevention, and clinical supervision fields.
- To provide competency-based credentialing products which promote and sustain public protection.
- To develop partnerships with other organizations, governmental agencies, and groups concerned with the quality of care/services in the alcohol and drug profession.
- To foster an international organization based upon participatory government.

Purpose of the Candidate Guide

The International Examination for Advanced Alcohol & Drug Counselors is the first examination to test knowledge and skills about alcohol and drug counseling on an international level. It has been developed by IC&RC through the cooperation of its Member Boards and their strong desire to have an international exam that is based on current practice in the field.

The purpose of this Candidate Guide is to provide you with guidance for the IC&RC examination process. By providing you with background information on examination development and sample questions, your preparation for the International Examination for Advanced Alcohol & Drug Counselors can be enhanced.

Examination Development

IC&RC has contracted with SMT (Schroeder Measurement Technologies) to develop, score, and administer the International Examination for Advanced Alcohol & Drug Counselors. SMT is an established full-service international testing company serving the needs of licensing boards and credentialing agencies with a wide range of test development and computer-based administration services at testing centers.

The development of a valid examination for the IC&RC credentialing process begins with a clear and concise definition of the knowledge, skills, and abilities needed for competent job performance. Using interviews, surveys, observation, and group discussions, IC&RC works with experts in the alcohol and drug field to delineate critical job components. The knowledge and skill bases for the questions in the examination are derived from the actual practice of the advanced counselor in the alcohol and drug field as outlined in the 2008 IC&RC Advanced Alcohol & Drug Counselor Job Task Analysis.

Examination Content

The 2008 IC&RC Job Task Analysis identified 10 performance domains for the Advanced Alcohol and Drug Counselor. Within each performance domain are several identified tasks that provide the basis for questions in the examination. The TAP 21 Competencies and the 12 Core Functions are contained within the domains. Candidates will note that the final 13 questions on the exam all relate to a single case study, which is presented with those questions in the end of the exam booklet. Following is a brief outline of the domains and the tasks that fall under each domain.

Domain 1: Clinical Evaluation
Number of Questions: 21

Establish rapport by demonstrating effective verbal and non-verbal communication.

Discuss with the client the rationale, purpose, and procedures associated with the assessment process to facilitate client understanding and cooperation.

Assess client's current situation, including signs and symptoms of intoxication and withdrawal, by evaluating observed behavior and other available information in order to determine client's immediate needs.

Administer the appropriate screening and assessment instruments specific to the client's age, developmental level, culture, and gender.

Using interview techniques, gather and document relevant biopsychosocial information from the client and/or concerned others.

Screen for physical, medical, and co-occurring disorders that might require referral for additional assessment.

Formulate both initial and principle diagnosis(es) based on the signs and symptoms of impairment, withdrawal, and co-occurring disorders by interpreting observable behavior, laboratory data, and results of interview and assessment to determine the most appropriate level of care.

Develop a comprehensive written summary based on the results of a biopsychosocial assessment performed by an advanced counselor and/or a multidisciplinary team.

Domain 2: Treatment Planning
Number of Questions: 18

Explain and discuss with the client and concerned others the results of a comprehensive biopsychosocial assessment performed by an advanced counselor and/or a multidisciplinary team.

Formulate and prioritize mutually agreed upon problems, immediate and long-term goals, measurable objectives, and treatment methods and resources based upon assessment findings.

Collaborate with the client in reviewing and modifying the treatment plan.

Apply pharmacological knowledge by incorporating substance specific and co-occurring disorder data.

Domain 3: Referral
Number of Questions: 10

Recognize conditions that are outside the counselor's expertise that indicate the need for additional services.

Identify referral needs; differentiating between client self-referral and direct counselor referral.

Match client needs with community resources by considering client's abilities, gender, sexual orientation, developmental level, culture, ethnicity, age, and health status.

Facilitate the client's participation with community resources by explaining the rationale for referral.

Determine effectiveness and outcome of referrals by ongoing evaluation.

Domain 4: Service Coordination
Number of Questions: 12

Establish and maintain community contacts by developing ongoing relationships with community leaders and other service providers.

Match community resources with client needs in order to improve the effectiveness of treatment by considering cultural and lifestyle characteristics of clients.

Advocate for the client's best interests by negotiating with appropriate systems.

Ensure quality service coordination by evaluating the effectiveness of service coordination through collaboration with the client, treatment team members, and community resources.

Consult with the client, family, professionals, and community resources, eliciting alternative views, in order to ensure the best continuum of care.

Domain 5: Counseling
Number of Questions: 35

Educate the client regarding the structure, expectations, and limitations of the counseling process.

Develop a therapeutic relationship with clients, families, and concerned others in order to facilitate self-exploration, disclosure, behavior change, and problem solving.

Utilize individual and group counseling strategies and modalities to match the interventions with the client's level of readiness.

Continually evaluate the client's level of risk regarding personal safety and potential relapse in order to anticipate and respond to crises.

Enhance treatment effectiveness by applying appropriate counseling strategies in order to facilitate progress towards completion of treatment objectives.

Adapt counseling strategies to match the client's needs; including abilities, gender, sexual orientation, developmental level, culture, ethnicity, age, and health status.

Apply pharmacological knowledge to the implementation of selected counseling strategies by incorporating substance-specific and biopsychosocial information.

Monitor the client's progress by evaluating the effectiveness of counseling strategies; including crisis events, to determine the need to modify treatment.

Develop an effective continuum of care plan; problem-solving with the client in order to strengthen ongoing recovery.

Assist families and concerned others in understanding substance use and/or co- occurring disorders and in utilizing strategies that sustain recovery and maintain healthy relationships.

Document all relevant aspects of treatment.

Domain 6: Client, Family, and Community Education
Number of Questions: 14

Provide culturally relevant formal and informal education that raises awareness and knowledge of substance use, prevention, and recovery; including self-help, peer, and other support resources available in the community.

Provide education on issues of cultural identity, ethnic background, age, sexual orientation, and gender in prevention, treatment, and recovery.

Provide education on health and high-risk behaviors associated with substance use; including transmission and prevention of HIV/AIDS, tuberculosis, sexually transmitted infections, hepatitis, and other infectious diseases.

Provide education on life skills, such as stress management, relaxation, communication, assertiveness and refusal skills, relevant to substance use and substance use disorders.

Provide education on the biological, medical, and physical aspects of substance use in order to develop an understanding of the effects of chemical substances on the body.

Provide education on the cognitive, emotional, and behavioral aspects of substance use in order to develop an understanding of the psychological aspects of substance use and substance use disorders.

Provide education on the sociological and environmental effects of substance use in order to develop an understanding of the impact of substance use on the affected family system.

Provide education on the continuum of care and resources available in order to develop an understanding of prevention, intervention, treatment, and recovery.

Inform clients, concerned others, professionals, and the community about the biopsychosocial effects of psychoactive substances in accordance with current pharmacological literature in order to raise awareness, increase knowledge, and effect behavior change.

Educate clients, concerned others, professionals, and the community about the impact of co-occurring disorders on both the individual and the community.

Domain 7: Documentation
Number of Questions: 17

Protect client's rights to privacy and confidentiality according to best practices in preparation and handling of records; especially regarding the communication of client information with third parties.

Obtain informed written consent to release information from the client and/or legal guardian, according to best practices and administrative rules.

Prepare accurate and concise screening, intake, assessment, and discharge documents.

Document treatment and continuing care plans that are consistent with best practices and applicable administrative rules.

Document client's progress in relation to treatment goals and objectives.

Prepare accurate and concise reports and records; including recommendations, referrals, case consultations, legal reports, and family sessions.

Document all relevant aspects of service coordination activities.

Document process, progress, and outcome measurements.

Domain 8: Professional and Ethical Responsibilities
Number of Questions: 23

Adhere to established professional codes of ethics and standards of practice in order to promote the best interests of the client and the profession.

Adhere to jurisdictionally-specific rules and regulations regarding best practices in substance use disorder treatment in order to protect and promote client rights.

Recognize counselor and client differences by gaining knowledge about personality, cultures, lifestyles, gender, sexual orientation, special needs, and other factors that influence client behavior.

Recognize personal biases, feelings, concerns, and other issues in order to minimize interference from these variables in the counseling process.

Continue professional development through self-evaluation, clinical supervision, consultation, and educational opportunities.

Identify and evaluate patient issues that are outside of the counselor's scope of practice and refer to appropriate professionals.

Advocate for populations affected by substance use and substance use disorders by initiating and maintaining effective relations with professionals, government entities, and communities.

Engage in and apply current counseling and psychoactive substance use research literature to improve client care and enhance counselor's professional development.

Assess personal life choices and circumstances with the willingness to change behavior and seek assistance as appropriate by maintaining an awareness of present interests and problems.

Protect the integrity of the profession and best interests of clients by identifying, reporting, and advocating for the impaired professional.

Protect the integrity of the profession and best interests of clients by identifying and reporting unethical practices.

Domain 9: Research Design, Analysis, and Utilization
Number of Questions: 9

Apply research findings to program development and clinical practice by integrating new information into existing programs.

Develop procedures and measures to monitor program efficacy.

Use program data and outcome measures to incorporate changes into the program design.

Domain 10: Clinical Supervision
Number of Questions: 16

Create a safe environment that supports self-exploration and that is conducive to the counselor's professional development.

Establish a supervisory relationship with clinical staff and/or interns by conducting periodic, face-to-face supervisory sessions.

Adapt supervisory strategies to match the counselor's needs; including abilities, gender, sexual orientation, developmental level, culture, ethnicity, age, and health status.

Assess the individual strengths and weaknesses of the counselor by reviewing education, experience, and counseling activities.

Total number of examination questions: 175
Total time to complete the examination, Paper & Pencil: 3 ½ hours
Total time to complete the examination, Computer Based: 4 hours

Sample Questions

The questions on the International Examination for Advanced Alcohol & Drug Counselor were developed from the tasks identified in the 2008 IC&RC Advanced Alcohol & Drug Counselor Job Task Analysis. Multiple sources were utilized in the development of questions for the international exam. Each question is linked to one of the Job Task Analysis statements as well as the knowledge and skills identified for each task statement. A brief summary of the tasks is listed in this guide under Examination Content. For a complete list of tasks and their related knowledge and skills, please see the 2008 IC&RC Advanced Alcohol & Drug Counselor Job Task Analysis available through IC&RC.

The following is taken from the instructions that will be read to you prior to taking the examination:

The questions in the examination are multiple-choice with four (4) choices: A, B, C, and D. There is only one correct choice for each question. Carefully read each question and all the choices before making a selection. Choose the single best answer. Mark only one answer for each question. You will not be given credit for any question for which you indicate more than one answer. It is advisable to answer every question, since the number of questions answered correctly will determine your final score. There is no penalty for guessing.

Following are **sample** questions that are similar to those you will find in the international exam.

1. Effective counselor/supervisor relationships include all of the following **EXCEPT**:

    A. the supervisor assessing the counselor's ability to take a stand.
    B. ongoing feedback.
    C. a climate conducive to feedback.
    D. a standardized, objective format.

2. In supervisory intervention, supervisors' remarks which promote self-exploration, conceptualization, and more inclusive integration of methods are described as:

    A. Catalytic.
    B. Facilitative.
    C. Confrontive.
    D. Conceptual.

3. All of the following are models of clinical supervision **EXCEPT**:

    A. Influential.
    B. Structural.
    C. Rational-emotive.
    D. Symbolic.

4. According to David Powell and Archie Brodsky in *Clinical Supervision in Alcohol and Drug Counseling*, the four overlapping foci of effective supervision include all of the following **EXCEPT**:

    A. Supportive.
    B. Clinical.
    C. Evaluative.
    D. Didactic.

Use the following frequency distribution to answer questions 5 and 6.

Score	Frequency
48	1
49	0
50	3
51	6
52	9
53	11
54	12
55	8
56	7

5. The median is:

   A. 51.
   B. 53.
   C. 54.
   D. 55.

6. Rounded to the nearest hundredth, the mean is:

   A. 52.00.
   B. 53.37.
   C. 51.64.
   D. 52.73.

7. The general approach to analysis in case studies based on interview and literature data where content analysis is used may **BEST** be characterized as:

   A. Objective.
   B. Positivist.
   C. Qualitative.
   D. Quantitative.

8. To estimate the degree to which two sets of scores derived from the same sample vary together, you would calculate:

   A. a correlation coefficient.
   B. the standard deviation.
   C. a t-statistic.
   D. an F statistic.

9. ASAM adolescent admission criteria for level IV medically managed intensive inpatient treatment lists several biomedical conditions and complications. All of the following are part of those criteria **EXCEPT**:

   A. Disulfiram-alcohol reactions.
   B. Biomedical evidence of a co-existing serious injury or biomedical illness, newly discovered or ongoing.
   C. Recurrent or multiple seizures.
   D. Substance use that greatly complicates or exacerbates previously diagnosed medical conditions.

10. A client suffering from alcohol hallucinosis and presenting for treatment exhibiting auditory hallucinations and delusions of persecution:

   A. does not warrant emergency medical attention.
   B. can readily provide an in-depth history of the amount of alcohol consumed.
   C. should be hospitalized immediately and prescribed antidepressants.
   D. cannot easily be evaluated to determine an accurate history of the exact amount of consumption.

11. Cognitive risk factors for relapse include all of the following **EXCEPT**:

   A. Overconfidence.
   B. Positive moods and feelings of success.
   C. Difficulty overcoming negative moods.
   D. Belief that addiction is not a disease.

12. According to a study conducted by J.E. Helger on controlled drinking modality, what percentage of alcohol users maintain at a social drinking level?

   A. 2%
   B. 12%
   C. 22%
   D. 32%

13. Harold has a dual diagnosis and has developed side effects from a drug involving the extrapyramidal motor system. What drug has Harold **MOST** likely been taking?

   A. Lithium carbonate
   B. An antidepressant
   C. An anti-inflammatory drug
   D. A major tranquilizer

14. Post acute withdrawal syndrome is a neurological consequence of alcoholism which predisposes a person to:

   A. delirium tremens.
   B. complete recovery.
   C. contentment.
   D. relapse.

15. All of the following are descriptions of a cognitive-behavioral model of therapy **EXCEPT:**

A. empathic relationship between counselor and patient, relaxation training, and homework assignments.
B. daily thought record (DTR), role playing, and imagery.
C. activity monitoring and scheduling, exercise, and stimulus control.
D. education, focus on family of origin issues, and confrontation of belief system.

Answer Key

1.	A	6.	B	11.	B
2.	A	7.	C	12.	A
3.	C	8.	A	13.	D
4.	D	9.	B	14.	D
5.	B	10.	D	15.	D

Scoring

SMT will score all examinations and send score reports to the designated IC&RC Member Board. Scores will be broken down by category so that candidates can see areas of strength and weakness. This process takes approximately four to six weeks for paper and pencil results. Preliminary computer based exam scores are provided to candidates immediately following completion of the exam.

Scores are reported on a scale ranging from 200-800. The minimum scaled passing score will be set at 500 for all versions of the examinations. A candidate who scores at or above 500 on the examination will have passed the examination, while a candidate who scores below 500 will have failed the examination.

The examinations are weighted equally and each test form uses different questions. This will not make it easier or more difficult for candidates to pass any examination version. The number of questions will remain at 175. As always, a candidate's score will be based on the number of questions answered correctly. Linear equating will still be used to equalize the difficulty of all versions of the examination.

Appeals, Hand Scoring, and Test Disclosure

Candidates who wish to appeal their examination scores may do so to the IC&RC within 30 days of receiving examination results. To initiate this process, contact the IC&RC for a Hand Score Request Form. SMT will hand score the examination and send the results directly to candidates. Candidates should be aware that IC&RC exam security and item banking procedures do not permit candidates access to exam questions, answer keys, or other secure materials related to the examination.

Examination Rules

No books, papers, or other reference materials may be taken into the examination room. An area will be provided for storage of such materials.

No examination materials, documents, or memoranda of any type may be taken from the room by any candidate.

The examination will be given only on the date and time posted by an IC&RC Member Board. If an emergency arises, and you are unable to take the examination as scheduled, you should call the appropriate IC&RC Member Board.

No questions concerning the content of the examination may be asked during the examination period. The candidate should listen carefully to the directions given by the Proctor and read the directions carefully in the examination booklet.

Special Accommodations

Individuals with disabilities and/or religious obligations that require modifications in test administration may request specific procedure changes, in writing, to the relevant IC&RC Member Board.. With the written request, the candidate must provide official documentation of the accommodation requested or religious issue. Candidates should contact their IC&RC Member Board on what constitutes official documentation. The IC&RC Member Board will offer appropriate modifications to its procedures when documentation supports the need for them.

Admission to the Examination, Examination Dates, and Registration

Eligibility requirements are determined by IC&RC Member Boards. Contact your local IC&RC Member Board for information. Please consult your IC&RC Member Board for the exact date, time, and location of the examination administrations in your area, as well as registration information.

Study References

The following resources were compiled as suggested reading to assist candidates preparing for the Advanced Alcohol and Drug Counselor examination. Consulting these and other references may be beneficial to candidates. Please note that this is not a comprehensive listing of all references and that not all questions on the examination came from these references.

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5. Center for Substance Abuse Treatment. *Substance Abuse Treatment and Family Therapy*. Treatment Improvement Protocol (TIP) 39. DHHS Publication No. (SMA) 05-4006. 2005.

6. Corey, Gerald. *Student Manual for Theory and Practice of Group Counseling*. 7th Ed. Brooks/Cole, 2008.

7. Corey, Gerald. *Theory and Practice of Counseling and Psychotherapy,* 8th Ed. Brooks/Cole, 2008.

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15. Herdman, John. *Global Criteria: The 12 Core Functions of the Substance Abuse Counselor,* 4th Ed. The Encouragement Place, 2005.

16. Inaba, Darryl. *Uppers, Downers, All-Arounders,* 6th Ed. CNS Publications, 2007.

17. Kinney, Jean. *Loosening the Grip,* 9th Ed. McGraw-Hill, 2008.

18. Lee, Wanda. *An Introduction to Multicultural Counseling*. Accelerated Development, 1999.

19. Miller, Geri. *Learning the Language of Addiction Counseling*, 2nd Ed. John Wiley & Sons, 2005.

20. Miller & Rollnick. *Motivational Interviewing,* 2nd Ed. Guilford Press, 2002.

21. Powell, D. and Brodsky, A. *Clinical Supervision in Alcohol & Drug Abuse Counseling: Principles, Models, Methods.* Jossey-Bass, 2004.

22. White, W. and Popovits, R. *Critical Incidents: Ethical Issues in the Prevention and Treatment of Addiction,* 2nd Ed. Chestnut Health Systems, 2001.

23. White, William. *Pathways from the Culture of Addiction to the Culture of Recovery*, 2nd Ed. Hazelden, 1996.

24. Yalom, Irvin. *The Theory and Practice of Group Psychotherapy*, 4th Ed. Basic Books, 1995.