

CANDIDATE GUIDE

International Certification Examination for Alcohol and Other Drug Abuse Counselors

Based on the 2001 Role Delineation Study

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About IC&RC, Inc.

The International Certification and Reciprocity Consortium/Alcohol and Other Drug Abuse, Inc. (IC&RC) is a not-for-profit, voluntary membership organization whose members are alcohol and drug abuse certification boards. Incorporated in 1981, IC&RC currently consists of over 35,000 alcohol and drug abuse counselors certified by more than 65 IC&RC member certification boards. IC&RC's mission is to establish, monitor, and advance reciprocal competency standards for AODA professionals and to support the member boards, which serve the public.

The purposes of IC&RC are:

- To advance international reciprocal standards in credentialing in the alcohol and other 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 AODA profession.
- To foster an international organization based upon participatory government.

Purpose of the Candidate Guide

The International Examination for Alcohol and 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 the 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 written examination process. By providing you with background information on examination development and sample questions, your preparation for the International Examination for Alcohol and Drug Counselors can be enhanced.

Examination Development

IC&RC has contracted with CASTLE Worldwide, Inc. (CASTLE) to develop, score, and administer the International Certification Examination for Alcohol and Drug Counselors. CASTLE is a full-service testing company providing licensure, certification, and specialty examinations, including practical and written simulation tests, for associations, state boards, government agencies, and corporations.

The development of a valid examination for the IC&RC certification 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, CASTLE works with experts in the field of alcohol and drug abuse to delineate critical job components. The knowledge and skill bases for the questions in the examination are

derived from the actual practice of the counselor in the alcohol and drug field as outlined in the 2001 IC&RC/AODA Role Delineation Study.

Examination Content

The 2001 IC&RC/AODA Role Delineation Study identified five performance domains for the alcohol and drug counselor. Within each performance domain are several identified tasks that provide the basis for questions in the examination. Following is a brief outline of those domains and the tasks that fall under each domain.

Domain 1: Assessment & Treatment Planning

Number of Questions: 37

- Discuss with the client the rationale, purpose, and procedures associated with the assessment process in order 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.
- Obtain relevant history and related information from the client and other pertinent sources in order to establish eligibility and facilitate the assessment process.
- Administer the appropriate assessment instruments based on information obtained in order to obtain objective data to further assess client's needs.
- Interpret results of data in order to integrate all available information, formulate clinical impressions, and determine an appropriate course of action.
- Discuss clinical assessment and recommendations with the client in order to initiate an individualized treatment plan that incorporates client's strengths.
- Develop a written summary of the results of the assessment in order to document and support the clinical impressions and treatment recommendations.
- Formulate mutually agreed upon goals, measurable objectives, and treatment methods based upon assessment findings for the purpose of directing a course of treatment.
- Modify the treatment plan through collaboration with the client and ongoing assessment in order to ensure that the plan reflects current treatment needs.

Domain 2: Counseling**Number of Questions:** 40

- Develop a therapeutic relationship with clients and significant/concerned others in order to facilitate self-exploration, disclosure, and problem solving.
- Continually evaluate the level of risk in the client's current situation regarding personal safety and relapse potential in order to anticipate and respond to crisis situations.
- Educate the client regarding the structure, expectations, and limitations of the counseling process in order to enhance the therapeutic relationship and assist the client in decision-making regarding the treatment process.
- Select appropriate counseling strategies and modalities in order to match interventions with the client's level of readiness, respecting the uniqueness of the client.
- Apply selected counseling strategies in order to enhance treatment effectiveness and facilitate progress towards completion of treatment objectives.
- Evaluate the effectiveness of counseling strategies based on the client's progress in order to determine the need to modify treatment strategies and treatment objectives.
- Develop an effective relapse prevention plan with the client in order to prepare the client for completion of treatment and strengthen the client's recovery process.
- Provide written documentation of counseling activity in order to record all relevant aspects of client interventions and assure quality of care.

Domain 3: Case Management**Number of Questions:** 23

- Maintain information about current community resources by establishing contact with other providers in order to meet identified client needs.
- Match client needs with community resources in order to remove barriers and facilitate positive client outcome.
- Explain to the client the purpose and necessity for referral in order to facilitate the client's participation with other community resources.
- Obtain release of information from the client in order to exchange relevant client information with other service providers.
- Communicate with community resources concerning relevant client information in order to meet the identified needs of the client.
- Advocate for the client in areas of identified needs by communicating with community resources in order to facilitate continuity of care.
- Evaluate the effectiveness of case management activities through collaboration with the client, treatment team members, and community resources in order to ensure quality service coordination.

Provide written documentation in order to record all relevant aspects of case management activities and assure continuity of care.

Domain 4: Client, Family, & Community Education

Number of Questions: 16

Educate individuals, families, and communities about the biological, medical, and physical aspects of drug use in order to increase understanding of the effects of chemical substances on the body.

Educate individuals, families, and communities about the emotional, cognitive, and behavioral aspects of drug use in order to increase understanding of the psychological aspects of drug use, abuse, and addiction.

Educate individuals, families, and communities about the sociological and environmental effects of drug use in order to increase understanding of the impact of drug use on the affected systems.

Educate individuals, families, and communities about the continuum of care in order to increase understanding of prevention, intervention, treatment, and recovery.

Educate individuals, families, and communities about psychopharmacology in the context of substance use treatment in order to increase understanding of the effects of substances on behavior and brain chemistry.

Domain 5: Professional, Legal, and Ethical Responsibility

Number of Questions: 34

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

Adhere to federal, state/provincial, and agency regulations regarding substance use disorder treatment in order to protect and promote client rights.

Recognize individual differences by gaining knowledge about personality, cultures, lifestyles, gender, special needs, and other factors influencing client behavior in order to provide services that are sensitive to the uniqueness of the individual.

Continue professional development through education, self-evaluation, supervision, and consultation in order to maintain competence and enhance professional effectiveness.

Refer client for additional professional evaluation or services in order to assess or treat issues outside the scope of counselor's expertise.

Advocate for populations affected by substance abuse and addiction by initiating and maintaining effective relations with professionals, government entities, and communities in order to promote availability of quality services for all in need.

Sample Questions

The questions on the International Certification Examination for Alcohol and Drug Counselors were developed from the tasks identified in the 2001 IC&RC/AODA Role Delineation Study. Multiple sources were utilized in the development of questions for the international exam. Each question is linked to one of the role delineation task statements as well as the knowledge and skills identified for each task statement. A brief summary of the tasks is listed in this brochure under Examination Content. For a complete list of tasks and their related knowledge and skills, please see the 2001 IC&RC/AODA Role Delineation Study.

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 five (5) choices: A, B, C, D, and E. 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. To facilitate growth potential for staff of other agencies, you should be willing to:
 - A. Act as a consultant to other agencies about effective ways to work with specific cases relating to drug or alcohol problems.
 - B. Consult only with those agencies that share the same philosophy as you do on drug or alcohol related problems.
 - C. Provide only one consultation to each requesting agency, in order to stay on task at your own program.
 - D. Let the other agencies learn on their own because they will better appreciate the education they receive.
 - E. Allow their staff to sit in on your program's treatment groups.

2. Client education on HIV and other sexually transmitted diseases:
 - A. Is only done at the request of the client.
 - B. Should be given in specialty groups to those clients that are considered "high risk" to protect confidentiality.
 - C. Should be contracted out to a physician or professional medical personnel who have expertise in this area.
 - D. Should not be addressed until the client is ready for discharge.
 - E. Is important information to incorporate in the treatment process of every client.

3. At the beginning of the initial counseling session with the child of an alcoholic, the child stubbornly refuses to leave the waiting room, even with parental coaxing. The counselor says to the child:

“You are not sure that you want to be here today. You don't know me and you're not sure that you like me. I'll leave my office door open, and your mother and I will be in there. When you are ready, you can come in.”

The counselor's response is an example of:

- A. Paradoxical Intervention.
 - B. Ignoring.
 - C. Synthesizing.
 - D. Compensating.
 - E. Empathic reflection.
4. In group therapy, Sara consistently perceives Gary as an angry critical man (like her father) who cares little for other group members' feelings although other group members perceive Gary as kind, caring, and gentle. This interpretation may be described as:
- A. Confrontation.
 - B. Transference.
 - C. Blaming.
 - D. Stinking-Thinking.
 - E. Empathic Failure.
5. AA members are often cautioned against "two-stepping." Which of the following is the BEST description of two-stepping?
- A. Members who change sponsors after the first two steps.
 - B. Beginners who have completed the first two steps and cease working steps.
 - C. Members who only stop drinking and then try to help all alcoholics.
 - D. Members who attend more than one type of 12 step meetings at a time.
 - E. Members who relapse after the first two steps.
6. The State Police call you because someone who identifies himself as your client has been charged with embezzlement. You should:
- A. Inform them that you cannot give information because as your client he has a right to confidentiality.
 - B. Inform them of the rules regarding confidentiality.
 - C. Inform them of the client's clean time and low potential for relapse.
 - D. Release only information specifically requested.
 - E. Direct the officer to a significant other who has no responsibility for confidentiality.

7. Which statement regarding the relationship between alcohol and other drug dependence and personality disorders is MOST accurate?
- A. The presence of personality disorder increases the chances of alcohol and/or other drug abuse.
 - B. Alcoholism would more often be associated with a dependent personality disorder than an antisocial personality disorder.
 - C. Alcoholism would more often be associated with a schizoid rather than a borderline personality disorder.
 - D. Alcohol and/or drug dependence are not related to the personality disorders.
 - E. A careful history can determine whether personality disorders are primary or secondary to alcohol and other drug abuse.
8. A woman in her early 30s presented for treatment for alcoholism following a five-year history of bipolar affective disorder. Her manic episodes had led to heavy drinking, which provided some degree of tranquilization. She established a dependent pattern of drinking. Which approach to treatment is indicated?
- A. The client should participate in treatment for chemical dependence and at the same time have a reassessment to the response to medication for bipolar illness.
 - B. The client should establish a period of sobriety and gradually reduce her use of medication.
 - C. Often the response to lithium is dramatic; her mania should come under control and the need for alcohol will be much less.
 - D. It is difficult to know to what extent the use of alcohol produced the manic symptoms in the first place, so the client should first be encouraged to remain abstinent to see if the symptoms persist.
 - E. The client should be given vitamin B supplements when treatment begins since manic behavior often occurs with drinkers who suffer malnutrition.
9. When an actively-using, alcohol-dependent client presents with depressive symptoms:
- A. Cognitive approaches to treating depression should be the focus of treatment.
 - B. The presence of a primary depressive disorder should be assessed as soon as possible.
 - C. He/she frequently responds quickly to the use of antidepressant medication.
 - D. Depressive symptoms in the majority of cases will be significantly diminished after detoxification and abstinence.
 - E. The client should be referred.
10. When a client reports experiencing an instant euphoric flash when using his/her drug, the most probable drug classification is a:
- A. Barbiturate.
 - B. Narcotic.
 - C. CNS Stimulant.
 - D. Depressant.
 - E. Hallucinogen.

11. While counseling a client in a methadone maintenance program, the client reports an increase in anxiety and “drug hunger.” What is MOST indicated for the client?
- A. Use of anxiolytic medication
 - B. Distinguishing between normal anxiety and the onset of anxiety associated with withdrawal
 - C. Deep relaxation training to learn more autonomous control of the anxiety response
 - D. Referral to a hypnotist who specializes in anxiety reduction procedures
 - E. Use of a narcotic antagonist to counteract the effects of toxic opiate levels
12. After several months in marital and family therapy the alcoholic spouse suffers a relapse. The MOST useful approach to the couple is to:
- A. Frame the relapse as a sign that marital therapy was moving too quickly, and it would be good to get back to the basics of early recovery.
 - B. Inquire what the non-addicted spouse might be doing to enable the return to drinking.
 - C. Frame the relapse as a sign of resistance to the marital therapy and consider with the couple what aspects of treatment are not working.
 - D. Consider that family therapy may be needed since the basis of the relapse may be rooted in dynamics that involve other members of the family.
 - E. Explore the relapse as a difficulty in the couple's ability to negotiate.
13. A client reports a history of amphetamine abuse which has, in the past, induced paranoid psychoses, hyperactivity, and assaultive behavior. The client informs you that he is in a “comedown period” and has used barbiturates to ease the distress. You should expect the client's behavior to be:
- A. Sedate because of the barbiturate.
 - B. Depressed and flat.
 - C. Easily influenced by those around him.
 - D. Irritable and potentially volatile.
 - E. Compulsive and rigid.
14. An alcoholic patient recovering in your treatment center admits to sexually abusing and beating his child. State law requires that the abuse be reported to a state agency, even if known via a confidential relationship. It is your professional responsibility to:
- A. Ask your client to sign a contract stating he will never again abuse the child and report the incident only if the contract is broken.
 - B. Work with your client to get his life straightened out and then decide whether or not to report the abuse.
 - C. Report the child abuse to authorities according to State guidelines.
 - D. Inform your supervisor and let the agency deal with the issue.
 - E. Obtain a release of information from your client and call the appropriate state agency.

15. If a counselor with four years recovery from alcoholism drinks part of one beer, he/she should:
- A. Inform only family members or significant others.
 - B. Immediately enter inpatient treatment.
 - C. Keep the issue confidential as it is a personal matter.
 - D. Resign from the counseling position.
 - E. Discuss the matter with a clinical supervisor and/or therapist and evaluate the need for treatment.
16. A client presents with nonhealing ulcers, abscesses, brittle fingernails, and bruxism (teeth grinding). Abuse of which classification of drugs is MOST likely?
- A. Amphetamines
 - B. Steroids
 - C. Inhalants
 - D. Narcotics
 - E. Sedative Hypnotics

<i>Answer Key</i>					
1.	A	7.	A	13.	D
2.	E	8.	A	14.	C
3.	E	9.	D	15.	E
4.	B	10.	C	16.	A
5.	C	11.	B		
6.	B	12.	A		

Scoring

CASTLE will score all examinations and mail score reports to the designated Certifying 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.

Beginning in March 2000, IC&RC implemented a new score reporting procedure for the International Certification Examinations. Scores are now reported on a scale ranging from 200-800 (previously, scores were reported on a scale ranging from 0-150). The criterion-referenced 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.

This change is being implemented only for reporting purposes, and will not make it easier or more difficult for candidates to pass the examinations. The number of questions will remain at 150. 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.

Hand Scoring

If you believe the results of your examination are wrong, you may appeal to the Certifying Board. To initiate this process, you must do so within thirty (30) days of receiving your score report. CASTLE will hand score your examination and mail you the results for a fee of \$25.

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 noted on the Admission Ticket. If an emergency arises, and you are unable to take the examination as scheduled, you should call the appropriate Certifying 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 Administrations

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, no fewer than 60 days prior to the scheduled test date. With the written request, the candidate must provide official documentation of the disability or religious issue. Candidates should contact their Certification Board on what constitutes official documentation. The Certification 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 the IC&RC member boards. Contact your local certifying board for information. The International Certification Examination is administered throughout the United States, as well as internationally. Please consult your certifying board for the exact date, time, and location of the examination administrations in your area, as well as registration information.

Test Disclosure

If candidates wish to appeal their scores on the written test, they must submit a written request to their certification board within 30 days of the postmark on the test score report. Candidates should be aware that IC&RC test security and item banking procedures do not permit candidates access to test questions, answer keys, or other secure materials.

