

# CANDIDATE GUIDE

## International Examination for Criminal Justice Addictions Professionals

Based on the 2008 Job Task Analysis



IC&RC

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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 Criminal Justice Addictions Professionals is the first examination to test knowledge and skills about current practices 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 Criminal Justice Addictions Professionals can be enhanced.

## **Examination Development**

IC&RC has contracted with SMT (Schroeder Measurement Technologies) to develop, score, and administer the International Examination for Criminal Justice Addictions Professionals. 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 field of alcohol and drug abuse and criminal justice to delineate critical job components. The knowledge and skill bases for the questions in the examination are derived from the important elements required for competent, entry level practice in the criminal justice addictions profession, as outlined in the 2008 IC&RC Criminal Justice Addictions Professional Job Task Analysis.

## **Examination Content**

The 2008 IC&RC Criminal Justice Addictions Professional Job Task Analysis identified eight performance domains for the Criminal Justice Addictions Professional. Within each performance domain are several identified tasks that provide the basis for questions in the examination. Following is a brief outline of the domains and the tasks that fall under each domain.

## **Domain 1: Dynamics of Addiction and Criminal Behavior**

**Number of Questions: 26**

Apply knowledge of human growth and development in order to understand addiction and criminal behavior.

Apply knowledge of criminal behavior, including sociological, psychological, biological, and biochemical theories in order to provide appropriate addiction treatment services.

Apply knowledge of addiction including sociological, psychological, biological, and biochemical theories in order to provide appropriate addiction treatment services.

Differentiate and integrate the dynamics of criminal thinking and the addictive process.

Understand the effects of drugs on the brain and body in order to deliver appropriate addiction treatment services.

## **Domain 2: Legal, Ethical, and Professional Responsibility**

**Number of Questions: 18**

Behave in an ethical manner by adhering to established professional codes of ethics, conduct, and standards of practice in order to promote the best interest of the participant.

Adhere to agency and jurisdictional regulations in order to protect participant rights and the public.

Advise the participant of the specific nature of treatment, confidentiality, and the requirements for treatment within the criminal justice system in order to obtain informed consent.

Promote the quality of professional services and assure continuing competence by engaging in appropriate professional development, obtaining continuing education, and reading professional literature.

Obtain regular clinical and administrative supervision and consultation to facilitate proficiency.

Recognize personal biases, feelings, concerns, and other issues that may interfere with the treatment and criminal justice process.

Participate in quality improvement and evaluation activities to offer effective services.

## **Domain 3: Criminal Justice System and Processes**

**Number of Questions: 18**

Apply knowledge of relevant laws, jurisdictional regulations, and criminal justice processes.

Understand the function of the judge, prosecutor, defense counsel, probation, advocates, and guardian *ad litem* in the court system.

Understanding correctional settings and sentencing options.

Learn criminal justice theories such as punishment, rehabilitation, restorative justice, and deterrence.

#### **Domain 4: Clinical Evaluation: Screening and Assessment**

##### **Number of Questions: 21**

Establish rapport, including management of a crisis situation and determination of need for additional assistance.

Gather data systematically from client and other available collateral sources, using screening instruments and other methods that are sensitive to age, developmental level, culture, and gender.

Screen for psychoactive toxicity, intoxication, and withdrawal symptoms; aggression or danger to others; potential for self-inflicted harm or suicide; and co-occurring mental disorders.

Assist the participant identifying the effect of substance use on his or her current life problems and the effects of continued harmful use or abuse.

Determine the participant's readiness for treatment and change as well as the needs of others involved in the current situation.

Review the treatment options that are appropriate for participant's needs, characteristics, goals, and financial resources.

Apply accepted criteria for diagnosis of substance use disorders in making treatment recommendations.

Construct with the court, participant, and appropriate others an initial action plan based on *court mandates*, participant needs, participant preferences, and resources available.

Based on the initial action plan, take specific steps to initiate an admission or referral and ensure follow-through.

Select and use a comprehensive assessment process that is sensitive to criminal risk need, age, gender, racial and ethnic culture, and disabilities.

Analyze and interpret the data to determine treatment recommendations.

Document assessment findings and treatment recommendations.

#### **Domain 5: Treatment Planning**

##### **Number of Questions: 16**

Use relevant judicial and assessment information to guide the treatment planning process.

Explain assessment findings and court mandates to the participant and relevant others.

Examine treatment options in collaboration with the interdisciplinary team, participant, and others.

Consider the readiness of the participant to engage in treatment.

Prioritize the participant's needs in the order they will be addressed in treatment.

Formulate mutually agreed-on and measurable treatment goals and objectives.

Identify appropriate strategies for each treatment goal.

Develop with the participant a mutually acceptable treatment plan and method for monitoring and evaluating progress.

Reassess the treatment plan at regular intervals or when indicated by changing circumstances.

### **Domain 6: Case Management, Monitoring, and Participant Supervision**

#### **Number of Questions: 15**

Integrate clinical and criminal justice supervision through continuous communication between the treatment and criminal justice systems to ensure accountability and desired outcomes.

Organize an array of services for the participant's benefit by identifying and prioritizing appropriate resources to comply with court orders and clinical requirements.

Assist the participant by advocating for services and related resources which address problem areas identified in supervision and case plans to achieve desired outcomes.

Revise the case plan, including a recommendation for custody/supervision level, by evaluating participant behavior and circumstances to achieve desired outcomes.

### **Domain 7: Counseling**

#### **Number of Questions: 24**

Provide effective counseling services by applying knowledge of counseling theories and techniques to facilitate participant progress.

Create a therapeutic relationship by establishing rapport with the participant and significant others to achieve treatment and criminal justice objectives.

Adapt counseling strategies to the individual characteristics of the participant, including disability, gender, sexual orientation, developmental level, culture, ethnicity, age, health status, and criminality.

Provide appropriate intervention for the participant and/or significant others to achieve treatment and criminal justice objectives.

Educate the participant by providing information regarding addiction, criminal attitudes and behavior, life skills, community resources, and other needed services in order to achieve treatment objectives.

Facilitate the participant's identification, selection, and practice of strategies that help sustain the knowledge, and skills needed for maintaining treatment progress and preventing relapse and recidivism.

Apply crisis prevention and management skills.

Develop a comprehensive discharge plan to include continuing care continuing care for the participant by addressing ongoing needs in order to enhance recovery, reduce recidivism and ensure public safety.

**Domain 8: Documentation**

**Number of Questions: 12**

Demonstrate knowledge of accepted principles of participant record management.

Protect participant rights to privacy and confidentiality in the preparation and handling of records, especially in relation to the communication of participant information with third properties.

Prepare accurate and concise screening, intake, and assessment reports.

Maintain a complete record of each case, using a variety of case management record keeping tools to provide a complete history of all case activities and their outcomes.

Report participant status and compliance to the appropriate authority by providing written documentation and/or testimony in order to measure progress and facilitate decision making.

Provide accurate, timely documentation using accepted record keeping procedures in order to describe services and participant progress.

**Total number of examination questions: 150**

**Total time to complete the examination, Paper & Pencil: 3 ½ hours**

**Total time to complete the examination, Computer Based: 3 hours**

## Sample Questions

The questions on the International Examination for Criminal Justice Addictions Professionals were developed from the tasks identified in the 2008 IC&RC Criminal Justice Addictions Professional 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 Criminal Justice Addictions Professional 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. What theory suggests that deviant self concepts are formed as a result of individuals being defined as deviant?
  - A. Disassociative Theory
  - B. Conflict Theory
  - C. Labeling Theory
  - D. Feminist Theory
  
2. What is defined as a cluster of cognitive, behavioral, and physiological symptoms indicating that the individual is continuing use of the substance despite significant substance-related problems?
  - A. Substance abuse
  - B. Substance use related personality disorder
  - C. Substance dependence
  - D. Substance induced psychotic disorder
  
3. If an offender gives a counselor a compliment about their physical appearance, the counselor should:
  - A. ignore the compliment from the offender.
  - B. give the offender a compliment as a return gesture.
  - C. recommend a sanction for the offender.
  - D. assertively inform the offender of the inappropriateness of the compliment.

4. Drug courts are based on an understanding that substance abuse is a chronic, progressive, relapsing disorder that can be:
- A. prevented.
  - B. successfully treated.
  - C. corrected through incarceration.
  - D. cured.
5. A technical term signifying the presentation of the charges to the defendant is known as:
- A. arrest.
  - B. indictment.
  - C. conviction.
  - D. arraignment.
6. A 21-item self-report of symptoms that screens for symptoms of depression, and was found to be the **MOST** effective instrument in detecting depression among individuals who abuse alcohol is:
- A. Hamilton Depression Scale (Ham-D).
  - B. General Behavior Inventory (GBI).
  - C. Beck Depression Inventory (BDI).
  - D. Mental Health Screening Form (MHSF).
7. What is the process for evaluating someone for the possible presence of a particular problem?
- A. Records check
  - B. Screening
  - C. Drug testing
  - D. Information sharing
8. The key to the development and maintenance of a program for diversion of juveniles to Alcohol and Other Drug Abuse (AODA) treatment that will benefit them in time is:
- A. the family.
  - B. the community.
  - C. the court.
  - D. the treatment center.

9. When a juvenile has alcohol and drug issues along with a mental health problem, this is referred to as:
- A. behavior risk.
  - B. chronic illness.
  - C. co-occurring.
  - D. bipolar disorder.
10. What questionnaire is commonly used to assist in documenting alcohol use?
- A. CAGE
  - B. Index of Drug Involvement (IDI)
  - C. Drug Use Screening Inventory-Revised (DUSI-R)
  - D. MAST

***Answer Key***

- |      |       |
|------|-------|
| 1. C | 6. C  |
| 2. C | 7. B  |
| 3. D | 8. B  |
| 4. B | 9. C  |
| 5. D | 10. A |

## **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 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.

## **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 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 noted 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 the 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 Criminal Justice Addictions Professional 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.

1. American Psychiatric Association. *Diagnostic & Statistical Manual of Mental Disorders, 4<sup>th</sup> Ed. Text Revision (DSM-IV-TR)*. 2003.
2. BoozeandDrugs.com. *Theories of Addiction*. [www.bankhead.net/BoozeAndDrugs/theories.htm](http://www.bankhead.net/BoozeAndDrugs/theories.htm).
3. Corey, Gerald. *Theory and Practice of Group Counseling, 7<sup>th</sup> Ed.* Brooks/Cole, 2008.
4. Corey, G., Corey, M., and Callanan, P. *Issue and Ethics In The Helping Professions, 6<sup>th</sup> Ed.* Brooks/Cole, 2003.
5. DeLeon, George. *The Therapeutic Community: Theory, Model, and Method*. Springer Publishing Company, 2000.
6. Doweiko, Harold. *Concepts of Chemical Dependency, 7<sup>th</sup> Ed.* Brooks/Cole, 2009.
7. Drug Strategies. *Bridging the Gap: A Guide to Drug Treatment in the Juvenile Justice System*. Drug Strategies, 2005.
8. Florida Department of Juvenile Justice. *Mental Health and Substance Abuse Services Manual*. [www.djj.state.fl.us/manuals/approvedmanuals/mhsas/Chapter\\_4\\_page\\_4-4\\_Updated\\_April\\_2007.pdf](http://www.djj.state.fl.us/manuals/approvedmanuals/mhsas/Chapter_4_page_4-4_Updated_April_2007.pdf).
9. Flowe, Heather. *Psychological and Sociological Theories of Crime: Historical Predecessors to 20<sup>th</sup>-Century Criminology (A Brief History)*. <http://psy.ucsd.edu/~hflowe/history.htm>.
10. Goldsmith, R.J. and Latessa, E. *Coerced Treatment of Addictions in the Criminal Justice System: Psychiatric Annals Vol. 31(11)*. 2001.
11. Huddleston III, C. W., Marlowe, D., and Casebolt, R. *Painting The Current Picture: A National Report Card On Drug Courts and Other Problem-Solving Court Programs in the United States, Vol. II, No. 1*. National Drug Court Institute, 2008.
12. National Drug Court Institute. *Federal Confidentiality Laws and How They Affect Drug Court Practitioners*. National Drug Court Institute, 1999.

13. National Drug Court Institute. *Quality Improvement for Drug Courts: Evidence-Based Practices*. National Drug Court Institute, 2008.
14. National Institutes of Health, U.S. Department of Health and Human Services. *Principles of Drug Abuse Treatment for Criminal Justice Populations*. National Institute on Drug Abuse, 2007.
15. Newburn, Tim. *Criminology*. Willan Publishing, 2007.
16. Rational Recovery. [www.rational.org/faq.html](http://www.rational.org/faq.html).
17. Reilly, D. and Pierre-Lawson, A. *Ensuring Sustainability for Drug Courts: An Overview of Funding Strategies*. National Drug Court Institute, 2008.
18. Sims, Barbara. *Substance Abuse Treatment with Correctional Clients: Practical Implications for Institutional and Community Settings*. Haworth Press, 2005.
19. Springer, D., McNeece, C., and Mayfield Arnold, E. *Substance Abuse Treatment for Criminal Offenders*. American Psychological Association, 2006.
20. Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Treatment. *Motivational Interviewing Resource for Clinicians, Researchers and Principles of Recovery*. National Summit on Recovery, 2006.
21. Terry, Charles. *The Fellas: Overcoming Prison and Addiction*. Wadsworth/Thomson Learning, 2003.
22. Turner, Jonathan. *The Structure of Sociological Theory*. Wadsworth Publishing Company, 1998.
23. U.S. Department of Health and Human Services. *Combining Alcohol and Other Drug Abuse Treatment With Diversion for Juveniles in the Justice System*. Treatment Improvement Protocol (TIP) 21. DHHS Publication No. (SMA) 07-4073. 2008.
24. U.S. Department of Health and Human Services. *Detoxification and Substance Abuse Treatment*. Treatment Improvement Protocol (TIP) 45. DHHS Publication No. (SMA) 06-4131. 2006.
25. U.S. Department of Health and Human Services. *KAP Keys for Clinicians, Based on TIP 44*. U.S. Department of Health and Human Services, 2007.
26. U.S. Department of Health and Human Services. *Quick Guide for Administrators, Based on TIP 23*. U.S. Department of Health and Human Services, 2001.
27. U.S. Department of Health and Human Services. *Quick Guide for Clinicians & Administrators, Based on TIP 21*. U.S. Department of Health and Human Services, 2001.
28. U.S. Department of Health and Human Services. *Screening for Infectious Diseases Among Substance Abusers, Chapter 5 – The Initial Patient Contact*. Treatment Improvement Protocol (TIP) 6. DHHS Publication No. (SMA) 95-3060. 1995.  
[www.ncadi.samhsa.gov/govpubs/bkd131/6g.aspx](http://www.ncadi.samhsa.gov/govpubs/bkd131/6g.aspx).

29. U.S. Department of Health and Human Services. *Substance Abuse Treatment For Adults in the Criminal Justice System*. Treatment Improvement Protocol (TIP) 44. DHHS Publication No. (SMA) 05-4056. 2005.
30. U.S. Department of Health and Human Services. *Treatment Drug Courts: Integrating Substance Abuse Treatment With Legal Case Processing*. Treatment Improvement Protocol (TIP) 23. DHHS Publication No. (SMA) 07-3917. 2007.
31. University of Wisconsin – Eau Claire. *Criminology Theory Summaries*. [www.uwec.edu/patchini/crmj301/theorysummaries.pdf](http://www.uwec.edu/patchini/crmj301/theorysummaries.pdf).
32. VonFrederick Rawlins, Lionel C.M. *Theories of Crime and Causations*. [www.vonfrederick.com/pubs/theories%20of%20crime%20causation.pdf](http://www.vonfrederick.com/pubs/theories%20of%20crime%20causation.pdf). 2005.
33. White, W., Kurtz, E. and Sanders, M. *Recovery Management*. Great Lakes Addiction Technology Transfer Center, 2006.