



# **CANDIDATE GUIDE**

## **for the**

# **IC&RC Advanced Alcohol & Drug Counselor Examination**

Based on the 2014 Advanced Alcohol & Drug Counselor Job Analysis

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**Leading the World in Credentialing Prevention, Substance Use Treatment & Recovery Professionals**

# Table of Contents

|   |    |
|---|----|
| Purpose of the Candidate Guide .....                                | 3  |
| Professional Testing Company .....                                  | 3  |
| Examination Development.....  | 3  |
| Exam Eligibility Requirements and Registration .....                | 4  |
| Exam Administration.....  | 4  |
| Examination Dates .....   | 4  |
| Rescheduling, Cancelling, and Missed Exams .....                    | 5  |
| Examination Rules and Security.....                                 | 6  |
| Special Accommodations .....  | 7  |
| Scoring of Exams .....  | 7  |
| Appeals, Examination Grievances, Test Disclosure, and Retakes ..... | 9  |
| Examination Content .....   | 11 |
| Sample Questions .....  | 33 |
| Examination Reference List.....                                     | 37 |
| About IC&RC .....   | 39 |

## Purpose of the Candidate Guide

The IC&RC Advanced Alcohol & Drug Counselor Examination has been developed by IC&RC through the cooperation of its Member Boards and their strong desire to have an 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, administration, and content; your preparation for the IC&RC Advanced Alcohol & Drug Counselor Examination can be enhanced.

## Professional Testing Company

It is the policy of IC&RC to administer valid, reliable, legally defensible, and psychometrically sound examinations. To assist in this process, IC&RC has contracted with Schroeder Measurement Technologies (SMT) to develop, administer, and score all examinations.

SMT is an established, full-service, international testing company. SMT serves the needs of licensing and credentialing agencies with a wide range of test development and administration services.

Examinations are administered through a division of SMT called ISO-Quality Testing, Inc. (IQT). IQT provides secure, user-friendly, high-quality, examination administration around the world.

You can find out more information at their websites: [www.smttest.com](http://www.smttest.com) and [isoqualitytesting.com](http://isoqualitytesting.com)

## Examination Development

The development of a valid examination begins with a clear and concise definition of the tasks, knowledge, skills, and abilities needed for competent job performance. Using interviews, surveys, observation, and group discussions, IC&RC works with Subject Matter Experts (SMEs) in the field to delineate critical job components. The knowledge and skill bases for the questions in the examination are derived from the actual provision of services in the field.

Examination questions are written by certified individuals or those otherwise deemed as SMEs in the field. SMEs are trained in item writing best practices and assisted by IC&RC's professional testing company when writing questions. All examination questions are written in a multiple choice format with four response options. One of these options represents the **BEST** response and credit is granted only for selection of this response.

## **Exam Eligibility Requirements and Registration**

IC&RC examinations are administered exclusively by IC&RC Member Boards. Eligibility requirements and registration processes are determined by your Member Board. Candidates interested in taking an IC&RC examination must do so through an IC&RC Member Board. Contact your local board for information. Contact information for all IC&RC Member Boards can be found at our website [www.internationalcredentialing.org](http://www.internationalcredentialing.org).

## **Exam Administration**

Examinations are administered via paper and pencil and Computer Based Testing (CBT). Not all forms of administration are offered by all IC&RC Member Boards. Please consult your local board in order to determine your testing options.

Candidates taking CBT examinations will be required to test at a designated IQT center. On the day of testing, candidates are required to bring a valid, government issued photo ID and their Candidate Admission Letter to the testing center. Candidates are highly encouraged to read the Candidate Admission Letter in its entirety to be aware of all IQT testing policies and procedures.

A list of all IQT testing centers can be found at this link:  
<http://www.isoqualitytesting.com/mlocations.aspx> or by calling IQT toll free at +1-866-773-1114.

CBT exams begin with a brief tutorial and end with a brief survey. Extra time is allotted to complete the tutorial and survey. A demonstration of the CBT examination format can be found at <https://www.iqttesting.com/Default.aspx?Function=SampleExam&Exam=8>.

## **Examination Dates**

Paper and Pencil Examinations are administered four times a year in March, June, September, and December. 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. The examination will be given only on the date and time posted by an IC&RC Member Board.

Computer Based Testing (CBT) is offered on-demand based on the availability of your desired testing center. Once you have met the eligibility requirements of your IC&RC Member Board to sit for the examination, your IC&RC Member Board will pre-register you for the examination through IC&RC's on-line test database. You will receive an e-mail with further instructions on scheduling your exam date, time, and location.

# Rescheduling, Cancelling, and Missed Exams

## Paper and Pencil Exams:

Paper and Pencil Examinations are only administered four times a year. If an emergency arises, and you are unable to take the examination as scheduled, you should contact your IC&RC Member Board as soon as possible to see if rescheduling is possible before the close of the administration window. If you are unable to reschedule within the designated administration window, you will not be able to test until the next paper and pencil administration date.

## Computer Based Exams:

CBT exams can only be cancelled or rescheduled **5 days or more PRIOR** to your scheduled examination date. Cancelling or rescheduling an exam is done directly through IQT's website at [www.iqttesting.com](http://www.iqttesting.com).

Complete instructions for cancelling or rescheduling an examination are listed below. For technical assistance, please contact IQT at (866) 773-1114 (toll free).

1. Visit [www.iqttesting.com](http://www.iqttesting.com).
2. Select "**Exam Registration.**"
3. Log in using the username and password provided to you in your pre-registration email. If you forgot your password, click the "forgot password" link and it will be emailed to you.
4. Select "**IC&RC**" from the organization dropdown menu and click the "**Next**" button.
5. To reschedule an exam, click "**edit.**" This will cancel your current exam date and prompt you to immediately select a new date.
6. To cancel an exam, click "**cancel.**" Once your exam is cancelled, you can log on to [www.iqttesting.com](http://www.iqttesting.com) at a later date to select a new examination date. Please note, your designated testing window to take the exam will remain the same.
7. An email confirmation will be automatically sent to you when you cancel or reschedule your examination.

**You will be required to pay a rescheduling or cancellation fee to IQT before you are able to reschedule or cancel your exam. Acceptable forms of payment are Visa, Master Card or American Express.**

You are **unable** to reschedule or cancel an examination **less than 5 days PRIOR** to your scheduled examination. Exceptions are made only for the following four reasons: jury duty, death in immediate family<sup>1</sup> within **14 calendar days** of the examination date, illness or medical

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<sup>1</sup> The **immediate family** is a defined group of relations, used in rules or laws to determine which members of a person's [family](#) are affected by those rules. It includes a person's parents, spouses, siblings and children.

complication within **14 calendar days** prior to the examination date **OR** the scheduled examination date, and military deployment.

If one of these four reasons prevents you from testing, you must contact IQT directly and provide sufficient documentation of the event that has occurred. Documentation must be submitted to IQT within **14 calendar days** of your missed examination. There will be no additional fee incurred under these circumstances. IQT can be reached toll free at +1-866-773-1114.

If you fail to show up for your examination at the scheduled time, do not have the proper identification, or your Candidate Admission Letter, you will not be permitted to sit for your exam. You will be considered a “No-Show”, your examination fees will be forfeited, and you will be required to re-register and pay all fees to your IC&RC Member Board prior to sitting for the exam. Candidates who miss their scheduled examinations must reschedule with their IC&RC Member Board.

## **Examination Rules and Security**

Failure to follow candidate instructions or conduct that results in violation of security or disruption of the administration of an examination may result in dismissal from the examination, voided examination scores, and forfeiture of examination fees.

Examples of misconduct include, but are not limited to:

- Writing on anything other than the authorized scratch paper provided at the administration site
- Looking at other candidate's examination
- Discussing examination content before, during, or after administration orally, electronically or in writing with any person or entity
- Copying or removing examination information from the testing area
- Use of cellphones or other electronic devices

Candidates may not attend the examination only to review or audit test materials. No unauthorized persons will be admitted into the testing area. All examination content is strictly confidential. Candidates may only communicate about the examination, using appropriate forms provided within the examination delivery system.

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 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 examination directions carefully.

## 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. Submitted documentation must follow ADA guidelines in that psychological or psychiatric evaluations must have been conducted within the last **three years**. All medical/physical conditions require documentation of the treating physician's examination conducted within the previous **three months**. Candidates should contact their IC&RC Member Board to inquire about other necessary documentation. Contact information for all IC&RC Member Boards can be found on our website [www.internationalcredentialing.org](http://www.internationalcredentialing.org).

The IC&RC Member Board will offer appropriate modifications to its procedures when documentation supports the need. All requests for special accommodations must be submitted to your IC&RC Member Board **prior** to scheduling your examination. You will receive further information on scheduling your examination with accommodations once your board has reviewed and approved the accommodation request.

## Scoring of Exams

### Receiving Scores:

All scores are reported to the designated IC&RC Member Board for distribution. IC&RC does **not** have the authority to release scores. This process takes approximately four to six weeks for paper and pencil exams and two to three weeks for CBT exams. Preliminary computer based exam scores are provided to candidates immediately following completion of the exam. Candidates seeking their official scores should contact their IC&RC Member Board. Contact information for all IC&RC Member Boards can be found on our website [www.internationalcredentialing.org](http://www.internationalcredentialing.org).

### Reporting Scores:

Scores are reported on a scale ranging from 200-800 with a 500 passing. The minimum scaled passing score is 500 for all examinations. Candidates are provided with official score letters that report a final scaled score and the percentages of items answered correctly in each content domain.

### **Scaled Scores:**

Scaled scores are created when the number of questions answered correctly is mathematically transformed so that the passing score equals 500 on a scale starting at 200 and ending at 800.

This transformation is very similar to converting inches to centimeters. For example, a 10 inch ribbon is also 25.4 centimeters long. The length of the ribbon has not been changed, only the units of measurement to describe its length.

The use of scaled scores allows for direct comparison of exam scores from one form of the examination to another. For security purposes, IC&RC keeps multiple forms of each examination in circulation at all times. Candidates are randomly assigned a form. The use of scaled scores allows IC&RC to report scores for every form of an examination using the same scale of 200-800 with a 500 passing.

The use of scaled scores does not influence whether a candidate passes or fails an examination. The passing of an IC&RC examination is always incumbent on achieving the minimum passing score as it is determined in the process below.

### **Determining a Passing Score:**

Passing scores for IC&RC exams are not based on a percentage of questions answered correctly. Instead, IC&RC uses a Modified Angoff Study to determine a cut score for each examination. The Angoff method uses a systematic and documented approach to establish accurate, reliable, and legally defensible pass/fail scores.

Cut scores are determined by a panel of Subject Matter Experts (SMEs) that are working in and have demonstrated expertise in the field. SMEs work with our professional testing company to discuss the specific knowledge, skills, and abilities needed to demonstrate minimum competence.

The SMEs evaluate and rate the difficulty of each question. These ratings are then combined to determine the final cut score for the exam. The final cut score is subsequently transformed to an equivalent scaled score. All examination questions are weighted equally.

### **Use of Multiple Exam Forms:**

For every IC&RC exam, there are multiple forms of the same examination. Each form will use different questions but test the same content. Examination forms are updated and replaced on a continuous basis to ensure the security and integrity of the examination.

The use of multiple forms for the same exam will not make it easier or more difficult for candidates to pass one form of the examination. IC&RC's testing company uses statistical data on each test question to evaluate the difficulty of each examination form. The examinations are



constructed in order to minimize variations in difficulty from one form to another. The passing scores for each examination form are adjusted accordingly to account for any differences in form difficulty.

### **Use of Pretesting Items:**

On each IC&RC exam, there are unweighted items that do not influence final scores. Unweighted items are also called pretest items. Pretest items are not identified on exams and appear randomly on all exam forms. Pretest items do not influence final scores or pass/fail status. IC&RC uses pretest items to pilot newly written questions to ensure item quality prior to its addition to an examination as a weighted question.

Pretesting provides verification that the items are relevant to competency, measure proficiency and helps ensure the quality of future examinations. Pretest items do not influence a candidate's score and protect candidates against poorly-performing items.

### **Failing Scores:**

Candidates who do not pass their examination are provided with percentages of correctly answered items in each content domain to better focus future study efforts. For security reasons, candidates will not be provided with their raw score (total number of questions answered correctly), total percentage of questions answered correctly, or a copy of the examination to review.

It is important to note that because the number of questions contained within each domain of the examination varies, adding or averaging the percentage correct scores in each domain will NOT be an accurate reflection of a candidate's overall examination score.

## **Appeals, Examination Grievances, Test Disclosure, and Retakes**

### **Appeals:**

All examination scores are final. Examination scores cannot be appealed. Candidates may request a second verification of their examination score within 30 calendar days of taking their exam. To initiate this process, complete the Hand Score Request Form found at [www.internationalcredentialing.org](http://www.internationalcredentialing.org).

IC&RC's testing company will hand score the examination against the master key and send the results directly to candidates. There is a fee for this service.

### **Examination Grievances:**

Candidates who believe an unusual event or condition related to the administration of their examination caused a significant adverse effect on their performance during their examination may submit a grievance regarding the exam administration to IC&RC for investigation.

Grievances must be submitted to IC&RC within **14 calendar days** of the examination. Grievance statements must be submitted in writing, dated, and signed. Grievance statements must be accompanied by the **IC&RC Exam Administration Grievance Form** found at [www.internationalcredentialing.org](http://www.internationalcredentialing.org). Information to include in the grievance statement should include, but is not limited to:

- Title of exam
- Examination date
- Name and location of testing center
- Name of proctor on duty (if known)
- Detailed explanation of the situation
- Impact the situation had on exam performance

IC&RC will then investigate the specifics of the testing situation. When warranted, candidates will be offered a free retake. An exam grievance will not challenge the design or content of an examination nor overturn a failing score. There is a fee for this service. Candidates that are offered free retakes will be refunded their grievance fee.

### **Test Disclosure:**

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. Candidates that have questions or comments about a specific examination question should request a **Comment Form** from their examination proctor during a paper and pencil exam or click the **Comment On This Question** button for CBT exams. Candidate comments will be reviewed by IC&RC for consideration. Candidates will not be contacted regarding their comments.

### **Retakes:**

Candidates interested in retaking an exam must wait 60 days after their original exam. Effective May 1, 2017, candidates needing to retake an examination must wait 90 days after the original test date. However, some IC&RC Member Boards have chosen to implement the 90-day waiting period prior to May 1, 2017. To schedule a retake and clarify the mandatory waiting period, candidates should contact their local IC&RC Member Board. Contact information for all IC&RC Member Boards can be found on our website [www.internationalcredentialing.org](http://www.internationalcredentialing.org).

**The mandatory waiting period cannot be waived under any circumstances.**

In addition, effective May 1, 2017, after four consecutive failed attempts, IC&RC Member Boards must require candidates to take remedial actions before a subsequent four testing attempts. The required remedial actions are at the discretion of the board, so candidates who fall into this category are urged to contact their IC&RC Member Board for details. A directory of Member Boards can be found on our website [www.internationalcredentialing.org](http://www.internationalcredentialing.org).

## Examination Content

The **2014 Advanced Alcohol & Drug Counselor** Job Analysis identified **four** performance domains for the IC&RC Advanced Alcohol & Drug Counselor Examination:

| <b>Domain</b>                                      | <b>Weight on Exam:</b> |
|--|------------------------|
| 1. Screening, Assessment, and Engagement           | 23%                    |
| 2. Treatment Planning, Collaboration, and Referral | 18%                    |
| 3. Counseling and Education                        | 28%                    |
| 4. Ethical and Professional Responsibilities       | 31%                    |

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.

Within each performance domain are several identified tasks that provide the basis for questions in the examination. Following is the outline of the tasks that fall under each domain.

### **DOMAIN I: Screening, Assessment, and Engagement**

**Task 1 Demonstrate verbal and non-verbal skills to establish rapport and promote engagement with persons served presenting at all levels of severity.**

**Knowledge of:**

- 1 Stages of change and recovery process
- 2 Role of empathy and active listening in the engagement process
- 3 Interview process including objectives and techniques
- 4 Protection and limitations offered by laws and regulations related to confidentiality and ethical codes in the treatment of the person served
- 5 Culturally-based considerations that may influence the treatment and recovery process
- 6 Social, professional, and institutional biases that impact effective treatment of individuals
- 7 Current evidence-based theories and principles concerning human behavior, development, and bio/psycho/social approaches as they relate to the person served
- 8 Behavioral indicators of decreased engagement
- 9 Motivation enhancement techniques

**Skill in:**

- 1 Sharing compassion, empathy, respect, flexibility, patience, persistence and hope with all individuals, regardless of their level of need or stage of recovery

- 2 Establishing and maintaining a professional relationship through objective, empathic detachment and the management of personal biases with a non-judgmental, non-punitive demeanor and approach
- 3 Demonstrating sensitivity to and respect for all persons
- 4 Responding to the unique communication and learning styles of the person served
- 5 Facilitating the participation of support persons, family members, and other service providers and welcoming them as collaborators
- 6 Eliciting the viewpoint of the person served while acknowledging the strengths and challenges in their recovery
- 7 Enhancing and maintaining the individual's motivation
- 8 Communicating clearly and concisely, both verbally and in writing
- 9 Applying cultural competence
- 10 Communicating and applying the protections and limitations offered by laws and regulations related to confidentiality in the treatment of the person served
- 11 Responding to engagement interfering events

**Task 2      Discuss with persons served the rationale, purpose, and procedures associated with the screening and assessment process to facilitate understanding and cooperation.**

**Knowledge of:**

- 1 Criteria for evaluation of substance use, mental health and/or other health conditions
- 2 Signs, symptoms, and progressive stages of substance use disorders
- 3 Signs, symptoms, and progressive stages of mental disorders
- 4 Full continuum of substance use behavior
- 5 States of intoxication, stages of withdrawal, and long-term psychological and physical effects of psychoactive substances
- 6 Patterns and methods of misuse of prescribed and over-the-counter medications
- 7 Physical conditions associated with substance use and mental disorders
- 8 Strengths-based wellness, resilience, and recovery models
- 9 Evidence-based and developmentally sensitive screening tools
- 10 Signs of abuse, neglect, domestic violence, and other trauma
- 11 Diagnostic criteria
- 12 Placement criteria
- 13 Risks and benefits of treatment options for substance use, mental health and/or other health conditions
- 14 Informed consent

**Skill in:**

- 1 Using interviewing techniques
- 2 Using motivation enhancement techniques
- 3 Gathering and assessing information and summarizing data
- 4 Assessing and determining the severity of substance use and co-occurring disorders of the person served
- 5 Building trust and establishing rapport with the person served
- 6 Recognizing and understanding non-verbal behaviors
- 7 Following established psychometric procedures when using standardized measures

**Task 3      Assess the immediate needs and readiness for change of the person served through evaluation of observed behavior and other relevant signs and symptoms of co-occurring substance use and/or mental health disorders.**

**Knowledge of:**

- 1 Signs and symptoms of intoxication, withdrawal, and mental disorders to determine level of care
- 2 Interventions and strategies to effectively respond to various presentations
- 3 Crisis intervention strategies
- 4 Cultural impact on observed behavior
- 5 Legal and ethical considerations

**Skill in:**

- 1 Identifying level of impairment
- 2 Identifying level of risk
- 3 Applying techniques for assessing readiness for change
- 4 Providing safe and effective care of the person served demonstrating symptoms of mental disorders
- 5 Providing safe and effective care of the person served experiencing psychoactive substance effects

**Task 4      Recognize the interactions between co-occurring substance use, mental health and/or other health conditions.**

**Knowledge of:**

- 1 Mental health including process addictions, substance use, and other health care issues that may require more extensive evaluation
- 2 Trauma throughout the life cycle
- 3 The impact of substances on personality, mood, anxiety, and thought disorders
- 4 The impact of personality, mood, anxiety, and thought disorders on substance use
- 5 The impact of trauma on substance use
- 6 The impact of substance use on trauma
- 7 The impact of trauma on personality, mood, anxiety, and thought disorders
- 8 The impact of personality, mood, anxiety, and thought disorders on trauma
- 9 The impact of substance use on physical health conditions and related treatments
- 10 The impact of physical health conditions and related treatments on substance use
- 11 The impact of personality, mood, anxiety, and thought disorders and related treatments on physical health conditions
- 12 The impact of physical health conditions and related treatment on personality, mood, anxiety, and thought disorders
- 13 The interactive relationships between substance use, trauma, and personality, mood, anxiety, thought disorders, and physical health conditions

**Skill in:**

- 1 Accurately assessing substance use in the presence of symptoms of co-occurring mental health and physical health conditions
- 2 Accurately assessing mental health issues in the presence of symptoms of co-occurring substance use and physical health conditions

- 3 Identifying conditions that present risk for harm and facilitating appropriate referrals
- 4 Individualizing responses taking into account the unique influences that impact substance use, mental health, and recovery of the person served
- 5 Identifying interactions between health care issues, prescribed medications, and other substance use
- 6 Addressing issues related to traumatic experiences in a sensitive and informed manner

**Task 5 Assess for appropriateness of consultation and referral for Medication Assisted Treatment (MAT) for substance use and/or mental health disorders.**

**Knowledge of:**

- 1 Specific screening tools for co-occurring mental health disorders
- 2 Medications and other drugs that may interact with MAT medications
- 3 Medical/psychiatric conditions that may interact with MAT medications
- 4 Rules and regulations that pertain to confidentiality
- 5 Importance of discussion with the person served of the need for consultation
- 6 Eligibility criteria for MAT
- 7 Distribution protocols of medications used for MAT
- 8 MAT resources
- 9 Side effects of medications used for MAT
- 10 Various medications used to manage cravings, withdrawal, and relapse
- 11 Awareness of exiting stigma and misinformation related to MAT

**Skill in:**

- 1 Identifying substances that may potentiate or reduce effectiveness of MAT medications
- 2 Recognizing medical/psychiatric conditions that may interact with MAT medications
- 3 Determining appropriateness of when and with whom consultation should occur
- 4 Communicating and applying rules and regulations pertaining to confidentiality
- 5 Communicating clearly and concisely the need for consultation to the person served
- 6 Collaborating with the person served to initiate consultation
- 7 Educating the person served and concerned others on MAT and available resources
- 8 Evaluating existing knowledge and biases of the person served related to MAT
- 9 Discussing MAT treatment options and assisting the person served in determining next steps

**Task 6 Identify screening and assessment tools that are appropriate to the demographics of the person served.**

**Knowledge of:**

- 1 Valid and reliable screening and assessment tools
- 2 Applications and limitations of screening and assessment tools

**Skill in:**

- 1 Selecting and applying appropriate screening and assessment instruments
- 2 Explaining the rationale for the use of specific tools
- 3 Interpreting the results obtained during the screening and assessment process
- 4 Explaining the results obtained during the screening and assessment process to the person served

**Task 7 Use clinical interviews and assessment instruments to obtain and document relevant bio/psycho/social/spiritual information from the person served and/or concerned others.**

**Knowledge of:**

- 1 Data collection including collateral information and stage specific interviewing techniques
- 2 Interrelationship of substance use, trauma, physical health, mental health, spirituality, and social environment
- 3 Crisis intervention strategies including emergency procedures
- 4 Psychosocial stressors and trauma
- 5 Cultural norms as differentiated from psychopathology
- 6 Diagnostic and placement criteria

**Skill in:**

- 1 Identifying and understanding non-verbal communications
- 2 Discerning the relevance and accuracy of data obtained from the person served, concerned others, and collateral sources
- 3 Interpreting and integrating information obtained from the person served, concerned others, and collateral sources
- 4 Organizing and summarizing client data and clinical impressions
- 5 Documenting clear, concise reports and summaries in an objective manner
- 6 Recognizing and responding to the unique needs of persons served that may impact their ability to participate fully in the screening and assessment process
- 7 Assessing risk factors and initiating appropriate interventions and referrals
- 8 Distinguishing between cultural norms and psychopathology

**Task 8 Screen for risk of harm to person served and/or others.**

**Knowledge of:**

- 1 Indicators of serious threat of harm to self or others
- 2 High-risk correlates and protective factors
- 3 Medical, substance use, mental health, environmental, and cultural stressors
- 4 Signs and symptoms of and appropriate responses to high-risk medical complications including withdrawal, medication toxicity, and overdose
- 5 Resources and referral sources
- 6 Confidentiality
- 7 Crisis assessment, intervention, and management strategies
- 8 Jurisdictional reporting requirements

**Skill in:**

- 1 Gathering relevant information using all available resources
- 2 Assessing acuity of risk to self and others
- 3 Engaging and communicating clearly and concisely with the person served and support systems
- 4 Determining the presence or extent of an emergency or crisis situation
- 5 De-escalation techniques
- 6 Environmental management
- 7 Linking to resources and referral sources

- 8 Documenting the required elements of a crisis situation
- 9 Evaluating support system

**Task 9 Formulate diagnosis(es) based on the signs and symptoms of co-occurring substance use and/or mental health disorders by interpreting observable behavior, objective data, and results of interviews and assessment.**

**Knowledge of:**

- 1 Substance use and mental health diagnostic criteria
- 2 Effects of psychoactive substances
- 3 Assessment tools
- 4 Diverse symptom presentation
- 5 Obtain, use, and interpret objective data and quantitative analysis
- 6 Best practices in collection, interpretation, and limitations of objective data

**Skill in:**

- 1 Using interviewing techniques
- 2 Synthesizing information
- 3 Observing behaviors
- 4 Applying best practices for level of care
- 5 Selecting appropriate assessment tool based on the person served and setting
- 6 Interpreting results of the assessment
- 7 Selecting an appropriate data collection method based on presenting symptoms
- 8 Prioritizing diagnostic focus
- 9 Assessing risk and triaging care

**Task 10 Utilize the appropriate placement criteria to determine the level of care.**

**Knowledge of:**

- 1 Risk assessment and interpretation
- 2 Evaluating withdrawal and other physical health risks
- 3 Levels of care
- 4 Placement criterion
- 5 Multiple dimensions of evaluation
- 6 Treatment matching
- 7 Community resources

**Skill in:**

- 1 Applying best practices for level of care
- 2 Evaluating multiple dimensions
- 3 Using treatment matching tools
- 4 Monitoring care on multiple dimensions
- 5 Adjusting care and practice patterns based on evaluation of multiple dimensions

**Task 11 Develop a comprehensive written summary based on the results of screening and bio/psycho/social/spiritual assessment to support the diagnosis (es) and treatment recommendations.**

**Knowledge of:**

- 1 Best practices in documentation
- 2 Current bio/psycho/social/spiritual and substance use terminology



**Skill in:**

- 1 Condensing a variety of data into an understandable summary
- 2 Using a variety of data pertinent to the client
- 3 Developing a diagnostic impression
- 4 Identifying problem areas and a summary of strengths and weaknesses
- 5 Identifying needs of the client
- 6 Interpreting data
- 7 Developing clear, concise, written summary of data
- 8 Synthesizing data
- 9 Communicating clearly and concisely, both verbally and in writing
- 10 Case formulation

**DOMAIN II: Treatment Planning, Collaboration, and Referral**

**Task 1** Discuss diagnostic assessment, findings, and recommendations with the person served and concerned others.

**Knowledge of:**

- 1 Strategies for clearly, objectively, effectively, and empathically presenting the assessment data
- 2 Relevance of specific screening and assessment tools in evaluating symptom severity
- 3 Recovery supports
- 4 Collaterals
- 5 Readiness of change of the person served
- 6 Goals, beliefs, and attitudes of the recovery process from the perspective of the person served

**Skill in:**

- 1 Presenting assessment data clearly, objectively, and empathically
- 2 Evaluating the extent to which the data presented is understood and accepted
- 3 Communicating appropriately, both verbally and non-verbally, with diverse populations
- 4 Identifying and prioritizing needs collaboratively with the person served
- 5 Developing and implementing integrated treatment and recovery goals using measurable objectives with the person served
- 6 Coordinating with collateral contacts and recovery supports
- 7 Increasing motivation for engagement

**Task 2** Formulate and prioritize mutually agreed upon specific and reasonable short and long-term goals, measurable objectives, treatment methods, and resources based upon ongoing assessment findings that address the interactive relationship of each disorder identified.

**Knowledge of:**

- 1 Evidence-based practices and emerging research for specific combinations of co-occurring disorders
- 2 Interventions matched to stages of change
- 3 Resources, interventions, and services to address a range of recovery related needs
- 4 Barriers to integrated care

**Skill in:**

- 1 Developing collaboratively an integrated treatment and recovery plan
- 2 Linking persons served with resources and supports that promote recovery
- 3 Identifying and mitigating barriers to achieve treatment and recovery goals
- 4 Identifying and implementing stage specific short and long-term goals
- 5 Formulating measurable and objective short and long-term goals
- 6 Incorporating the strengths, needs, abilities, and preferences of the person served
- 7 Translating goals into measurable and actionable steps

**Task 3 Identify and facilitate access to community resources to support ongoing recovery.**

**Knowledge of:**

- 1 Special needs of the person served
- 2 Community resources including interagency and intra-agency resources to meet the needs of the person served
- 3 Appropriate practices for handling confidential information of the person served
- 4 Appropriate practices regarding case consultation

**Skill in:**

- 1 Establishing and maintaining collaborative relationships with community resources
- 2 Advocating for expansion of community resources to address existing gaps
- 3 Assessing appropriateness of a referral
- 4 Identifying professional and agency limitations
- 5 Responding to the person served and/or family in crisis
- 6 Planning and facilitating referral
- 7 Ongoing assessment of the referral effectiveness and facilitating access to additional services as needed

**Task 4 Collaborate with the person served in reviewing and modifying the treatment plan based on an assessment of progress and the level of readiness to address substance use and/or mental health goals.**

**Knowledge of:**

- 1 Phases of treatment
- 2 Values, culture, demographics, physical and mental health of the person served and how they affect assessment and response to treatment
- 3 Risk factors that relate to medical, substance use, mental health, environmental, and cultural stressors
- 4 Treatment planning process
- 5 Crisis prevention and stabilization techniques
- 6 Circumstances which may necessitate a change in the course of treatment
- 7 Stages of change

**Skill in:**

- 1 Identifying appropriate adjustments to the treatment plan based on ongoing assessment
- 2 Collaborating with the person served on adjustments to the treatment plan
- 3 Updating intervention strategies as case conceptualization evolves
- 4 Ongoing integration of new data into case conceptualization
- 5 Documenting any adjustments and/or additions to the treatment plan
- 6 Recognizing changing treatment needs and preferences of the person served

- 7 Involving concerned others in the treatment planning and review process when clinically indicated
- 8 Devising realistic goals based on understanding of the needs of the person served
- 9 Collaborating with the person served to select treatment approaches based on their needs and preferences
- 10 Translating goals into measurable and actionable steps

**Task 5      Develop a plan with the person served to strengthen ongoing recovery outside of primary treatment.**

**Knowledge of:**

- 1 Continuing care principles
- 2 Treatment and support services
- 3 Impact of peer and community resources
- 4 Resources available to assist persons served who are members of special populations
- 5 Re-entry strategies
- 6 Elements of a recovery-oriented system of care
- 7 Recovery and wellness planning
- 8 Evidence-based practices for the treatment and management of chronic health conditions
- 9 Multiple pathways of recovery

**Skill in:**

- 1 Educating the person served about the importance of recovery as an ongoing process
- 2 Guiding the person served through the development of a continuing care plan
- 3 Assessing effectiveness of community resources

**Task 6      Document treatment progress, outcomes, and continuing care plans.**

**Knowledge of:**

- 1 Best practices in documentation
- 2 Best practices in clinical terminology

**Skill in:**

- 1 Writing objective, timely, clear, and concise records that comply with all regulations
- 2 Synthesizing, analyzing, and summarizing information from multiple resources for use in preparing client records

**Task 7      Adapt intervention strategies to the unique needs of the person served, recognizing multiple pathways of recovery.**

**Knowledge of:**

- 1 Impact of values, culture, demographics, and physical and mental health on treatment
- 2 Differences found in special populations and how those differences affect assessment and response to treatment
- 3 Culturally competent counseling techniques
- 4 Guidelines regarding discriminatory practices
- 5 Personal biases and professional limitations
- 6 Information and resources

**Skill in:**

- 1 Using appropriate strategies
- 2 Monitoring and modulating transference and countertransference

- 3 Communicating with diverse populations
- 4 Creating a therapeutic environment
- 5 Identifying culture as defined by the person served

**Task 8 Determine effectiveness and outcome of referrals through ongoing evaluation and documentation.**

**Knowledge of:**

- 1 Expected outcomes related to referrals
- 2 Protocols for information exchange with referral sources
- 3 Mechanisms to monitor treatment response related to referrals
- 4 Follow-up strategies
- 5 Strengths and limitations of referral sources

**Skill in:**

- 1 Using evaluation techniques to assess individual and/or aggregate referral outcomes
- 2 Developing an individualized follow-up strategy to promote continuity of care

**Task 9 Document all collaboration, consultation, and referrals.**

**Knowledge of:**

- 1 Best practices in documentation
- 2 Best practices in clinical terminology

**Skill in:**

- 1 Writing objective, timely, clear, and concise records that comply with all regulations
- 2 Synthesizing, analyzing, and summarizing information from multiple resources for use in preparing client records

**Task 10 Collaborate with other professionals.**

**Knowledge of:**

- 1 The respective roles and scopes of practice of a multidisciplinary team
- 2 Role of peer support services
- 3 Interventions to support the work of the team and to enhance outcomes

**Skill in:**

- 1 Serving as an effective member of an interdisciplinary team
- 2 Exhibiting leadership by directing, guiding, or influencing the collaboration and service delivery of the health care team
- 3 Respecting and responding to the leadership displayed by other providers in a health care setting or team
- 4 Resolving differences of opinion or conflicts quickly and without acrimony
- 5 Responding timely to requests for consultation
- 6 Adapting interventions to a collaborative setting and interdisciplinary teams

**DOMAIN III: Counseling and Education**

**Task 1 Develop a therapeutic relationship with persons served, families, and concerned others.**

**Knowledge of:**

- 1 Transference and countertransference
- 2 Power differential intrinsic to the therapeutic relationship

- 3 Factors that contribute to the successful establishment and maintenance of therapeutic relationships
- 4 Methods to measure engagement
- 5 Best practices in engagement
- 6 Culturally relevant approaches
- 7 Strategies for re-engagement
- 8 Indicators for treatment dropout

**Skill in:**

- 1 Maintaining professional boundaries with objectivity and empathic detachment
- 2 Recognizing and responding appropriately to transference and countertransference
- 3 Demonstrating compassion, empathy, respect, flexibility, and hope
- 4 Communicating with integrity and honesty
- 5 Enhancing motivation to promote and sustain change

**Task 2 Continually evaluate the safety and relapse potential of the person served and develop strategies to anticipate as well as respond to crises.**

**Knowledge of:**

- 1 Indicators of threat of harm to self or others
- 2 Bio/psycho/social stressors
- 3 Specific instruments to assess risk of harm to self and others
- 4 Indicators for symptom re-emergence for both mental and substance use disorders
- 5 Personal biases that may impact objectivity
- 6 Role of counselor including professional limitations in a crisis situation
- 7 Impact of trauma
- 8 Interaction between mental health, substance use, and other physical health conditions and the increased risk for symptom re-emergence
- 9 De-escalation techniques

**Skill in:**

- 1 Assessing acuity of symptoms and service intensity needs
- 2 Recognizing and responding to person-specific indicators
- 3 Administering and interpreting risk assessment instruments
- 4 Conveying empathy, respect, and hope to the person served during a crisis
- 5 Engaging the person served, their family, and concerned others
- 6 Addressing the unique risk factors of the person served when developing and implementing a prevention plan
- 7 Recognizing and responding to verbal and non-verbal cues in order to prevent crisis situations
- 8 Applying best practices in trauma informed care

**Task 3 Apply evidence-based, culturally competent counseling strategies and modalities to facilitate progress towards completion of treatment objectives.**

**Knowledge of:**

- 1 Integrated models of assessment, intervention, and recovery
- 2 Best practices in counseling theories and techniques
- 3 Bio/psycho/social needs and intrinsic motivations

- 4 Types of groups, their purposes, function, and parameters
- 5 Group dynamics and stages of group functioning
- 6 Influence of culture on treatment
- 7 Family dynamics and theories of family counseling
- 8 Personal biases that may impact objectivity
- 9 Professional limitations

**Skill in:**

- 1 Observing and responding to interactions between the person served, the family, and concerned others
- 2 Applying family counseling techniques
- 3 Establishing an environment of support and trust
- 4 Developing cohesiveness and identity among group members
- 5 Using group dynamics for individual and group growth
- 6 Terminating the counseling process
- 7 Determining relevant interventions appropriate to stage of treatment
- 8 Selecting and implementing appropriate counseling approaches
- 9 Making appropriate referrals
- 10 Matching integrative strategies and theoretical approaches to the strengths, needs, and goals of the person served
- 11 Using theories of change and strength based interviewing techniques

**Task 4 Document services provided and progress toward goals and objectives.**

**Knowledge of:**

- 1 Best practices in documentation
- 2 Best practices in clinical terminology

**Skill in:**

- 1 Writing objective, timely, clear, and concise records that comply with all regulations
- 2 Synthesizing, analyzing, and summarizing information from multiple resources for use in preparing client records

**Task 5 Educate the person served regarding the structure, expectations, and limitations of the counseling process.**

**Knowledge of:**

- 1 Counseling and therapeutic process specific to substance use and co-occurring disorders
- 2 Stages of treatment
- 3 Methods and techniques for enhancing client engagement
- 4 Feedback procedures (e.g., reflection, reframing, interpretation, clarification)
- 5 Limitations of the counseling process
- 6 Current research and emerging trends in treatment
- 7 Learning styles and educational techniques

**Skill in:**

- 1 Communicating
- 2 Responding therapeutically
- 3 Responding to ambivalence
- 4 Identifying and interpreting verbal and non-verbal behavior

- 5 Explaining the treatment process
- 6 Matching education strategies to the person served
- 7 Assessing effectiveness of education strategies and making adaptations

**Task 6 Utilize individual and group counseling strategies and modalities to match the interventions with the level of readiness of the person served to address substance use and/or mental health goals.**

**Knowledge of:**

- 1 Theories of group dynamics and development
- 2 Stage of change theories
- 3 Motivation enhancement techniques
- 4 Best practices in counseling
- 5 Assessment tools to measure the level of readiness and motivation

**Skill in:**

- 1 Facilitating a therapeutic environment
- 2 Interpreting information obtained from assessments
- 3 Communicating
- 4 Facilitating the change process
- 5 Identifying the readiness to change
- 6 Resolving ambivalence
- 7 Modifying ineffective techniques
- 8 Facilitating groups
- 9 Counseling effectively in an individual and group setting
- 10 Applying best practice counseling techniques
- 11 Applying trauma informed strategies
- 12 Adapting counseling strategies
- 13 Adjusting engagement techniques

**Task 7 Adapt counseling strategies to match the unique characteristics and choices of the person served.**

**Knowledge of:**

- 1 Interactions of substance use, mental, and physical health disorders
- 2 Diverse populations and how differences affect assessment and response to treatment
- 3 Information and resources regarding culture, lifestyles, gender, and special needs
- 4 Unique influences culture, lifestyles, gender, and special needs have on behavior
- 5 Culturally relevant counseling techniques
- 6 Personal biases and professional limitations
- 7 Current research and emerging trends

**Skill in:**

- 1 Using appropriate strategies for diverse populations
- 2 Communicating effectively with diverse populations
- 3 Creating a therapeutic environment for diverse populations
- 4 Incorporating current research and emerging trends in the counseling process
- 5 Identifying professional limitations and seeking professional growth
- 6 Monitoring and modulating transference and countertransference

- 7 Educating the person served on the interactions of substance use, mental, and physical health disorders

**Task 8 Educate the person served and concerned others about the biological and psychiatric effects of substance use and misuse.**

**Knowledge of:**

- 1 Substance use disorders as a primary disease, including symptomatology and pharmacology
- 2 Behavior patterns and progressive stages of substance use disorders
- 3 Interactions of substance use, mental, and physical health disorders including symptoms, stages, behavior patterns, and pharmacology
- 4 The effect of substance use and mental disorders on the family and concerned others
- 5 Drug interactions
- 6 Cross addictions
- 7 Trends in psychoactive substance use
- 8 Signs of symptom re-emergence
- 9 Criteria for evaluation of substance use disorders
- 10 Sexually transmitted diseases and their relation to substance use disorders
- 11 Compromise of body system functions as a result of substance use, including but not limited to, endocrine, immune, sexual, skeletal, neurological, muscular, respiratory, circulatory, and digestive
- 12 Incidence and prevalence of HIV/AIDS among substance users
- 13 Assets and liabilities of medical and pharmacological interventions
- 14 Learning theory and practices
- 15 Neurobiology of addiction and psychiatric conditions
- 16 Current research and emerging trends
- 17 Educational resources

**Skill in:**

- 1 Conveying respect
- 2 Communicating
- 3 Responding therapeutically
- 4 Responding to ambivalence
- 5 Identifying and interpreting verbal and non-verbal behavior
- 6 Matching education strategies with the person served
- 7 Assessing effectiveness of education strategies and making adaptations

**Task 9 Educate the person served and concerned others about pharmacotherapies for substance use and mental health disorders.**

**Knowledge of:**

- 1 Pharmacology as it relates to substance use and mental disorders
- 2 Psychological effects of substances use disorders
- 3 Withdrawal syndromes
- 4 Current literature and emerging trends on neurobiology
- 5 Current literature and emerging trends on pharmacotherapy
- 6 Drug interactions



- 7 Effects of psychoactive substances on children and adolescent development
- 8 The effect of substance use and mental disorders on the family and concerned others
- 9 Models of prevention, treatment, and recovery from substance use and mental disorders.
- 10 Acute and chronic impact of trauma on substance use, mental, and physical disorders
- 11 Potential side effects of medications
- 12 Personal biases
- 13 Interactions of substance use, mental, and physical health disorders including symptoms, stages, behavior patterns, and pharmacology
- 14 Benefits and limitations of pharmacotherapy
- 15 Counseling techniques used in conjunction with pharmacotherapy
- 16 Importance of counseling as part of pharmacotherapy
- 17 Professional limitations
- 18 Clinical indicators for referral

**Skill in:**

- 1 Conveying respect
- 2 Communicating
- 3 Responding therapeutically
- 4 Responding to ambivalence
- 5 Identifying and interpreting verbal and non-verbal behavior
- 6 Matching education strategies with the person served
- 7 Assessing effectiveness of education strategies and making adaptations
- 8 Discussing treatment options
- 9 Exploring biases of the person served

**Task 10 Assist families and concerned others in understanding the symptoms of specific disorders, their interactive effects including the relationship between symptoms and stressors, co-occurring substance use and/or mental health disorders, and the use of strategies that sustain recovery and maintain healthy relationships.**

**Knowledge of:**

- 1 Diagnostic criteria
- 2 Effects of substance use, mental, and physical health disorders on the person served, the family, and concerned others
- 3 Drug interactions
- 4 Relationship between stressors and the risk of substance use and mental disorder symptom re-emergence
- 5 Community resources
- 6 Symptoms of co-occurring substance use and mental health disorders
- 7 Interactions of substance use, mental, and physical health disorders
- 8 Importance of medication compliance
- 9 Outcome data
- 10 Acute and chronic impact of trauma on substance use, mental, and physical disorders

**Skill in:**

- 1 Collecting outcome data
- 2 Engaging the family and concerned others in becoming a recovery support

- 3 Maintaining co-occurring treatment best practices throughout the entire treatment cycle
- 4 Conveying respect
- 5 Communicating
- 6 Responding therapeutically
- 7 Responding to ambivalence
- 8 Identifying and interpreting verbal and non-verbal behavior
- 9 Matching education strategies
- 10 Assessing effectiveness of education strategies and making adaptations

**Task 11 Identify and adapt education strategies to the unique needs of the person served and concerned others.**

**Knowledge of:**

- 1 Education techniques
- 2 Learning styles
- 3 Cognitive development through the life span
- 4 Best practices in prevention strategies

**Skill in:**

- 1 Communicating
- 2 Conveying respect
- 3 Applying a variety of educational techniques
- 4 Matching education strategies to diverse populations
- 5 Assessing effectiveness of education strategies and making adaptations
- 6 Responding therapeutically
- 7 Responding to ambivalence
- 8 Overcoming resistance
- 9 Establishing and maintaining a productive education setting

**Task 12 Communicate needed subject matter in a clear, understandable, culturally, and developmentally appropriate manner.**

**Knowledge of:**

- 1 Communication styles, strategies, and supports that facilitate rapport with diverse populations
- 2 Factors in the treatment environment that support or inhibit collaborative relationships
- 3 Cognitive development through the life span

**Skill in:**

- 1 Engaging persons served and concerned others as collaborators
- 2 Demonstrating sensitivity and respect
- 3 Identifying and addressing intrapersonal attitudes, values, and beliefs that may impede the development of an inclusive collaborative relationship
- 4 Monitoring and adjusting environmental factors that may adversely impact the therapeutic milieu

**Task 13 Utilize outcome data to continually adapt counseling strategies and update treatment plan to maximize clinical effectiveness.**

**Knowledge of:**

- 1 Outcome measures

- 2 Screening instruments
- 3 Implications of symptom re-emergence on the counseling process
- 4 Various perspectives and needs of stakeholders involved in the treatment process
- 5 Best practices in counseling

**Skill in:**

- 1 Interpreting and utilizing outcome data
- 2 Collaborating with the person served on adjustments to the treatment plan
- 3 Adjusting strategies based on information obtained from concerned others in the treatment process
- 4 Documenting progress for ongoing review with the person served and concerned others

**Task 14 Educate the person served and support system about self-efficacy and empowerment.**

**Knowledge of:**

- 1 Personal rights and responsibilities
- 2 Pertinent laws and regulations
- 3 Strategies for negotiation and advocacy
- 4 Assertiveness training techniques
- 5 Barriers and discriminatory practices which may occur in the treatment and recovery process
- 6 Service systems and resources

**Skill in:**

- 1 Using role-playing techniques and assertiveness training
- 2 Supporting access to resources and navigating systems
- 3 Encouraging empowerment
- 4 Promoting confidence and self-efficacy
- 5 Accessing self-efficacy

**DOMAIN IV: Professional and Ethical Responsibilities**

**Task 1 Adhere to established professional codes of ethics and standards of practice.**

**Knowledge of:**

- 1 Differences between ethics, laws, and morals
- 2 Applicable professional codes of ethics pertaining to agency, discipline, and/or scope of practice
- 3 Rights of the person served
- 4 Consequences of violating applicable codes of ethics
- 5 Professional standards of practice
- 6 Cross-cultural competencies for mental health and substance use services
- 7 Overt and subtle forms of discrimination
- 8 Prevailing court precedent
- 9 Anti-discrimination guidelines

**Skill in:**

- 1 Translating applicable codes of ethics into professional behavior
- 2 Communicating clearly and concisely, both verbally and in writing
- 3 Assessing personal and system bias

- 4 Navigating difference between ethics, law, morality, and agency policies and procedures
- Task 2 Adhere to jurisdictionally specific rules and regulations regarding best practices in coordinating and/or providing co-occurring substance use, mental health, and health services.**

**Knowledge of:**

- 1 Mandatory reporting requirements
- 2 Applicable statutes, regulations, and agency policies
- 3 Applicable confidentiality regulations and consequences of non-compliance
- 4 Processes to address complaints and grievances
- 5 Anti-discrimination guidelines

**Skill in:**

- 1 Interpreting and integrating policies, procedures, and regulations
- 2 Adhering to confidentiality regulations
- 3 Communicating relevant statutes, regulations, complaints, and grievance procedures to the person served
- 4 Applying anti-discrimination guidelines
- 5 Complying with mandatory reporting requirements

- Task 3 Demonstrate cultural competence.**

**Knowledge of:**

- 1 Diverse populations and how differences affect assessment and response to treatment
- 2 Relationship between substance use and various cultures, values, and lifestyles
- 3 Feelings of the person served which stem from their particular culture and/or lifestyle
- 4 Counseling methods relevant to the needs of diverse groups
- 5 Dynamics of family systems in various cultures and lifestyles
- 6 Need to explore and identify cultural values
- 7 Advocacy needs specific to various cultures and lifestyles
- 8 Expectations and beliefs about treatment interventions that are influenced by culture
- 9 Anti-discrimination guidelines

**Skill in:**

- 1 Assessing and interpreting culturally specific behaviors and lifestyles
- 2 Conveying respect for cultural and lifestyle diversity in the therapeutic process
- 3 Acknowledging differences between the counselor and the person served and how they affect the treatment process
- 4 Adapting therapeutic strategies to the needs of the person served
- 5 Seeking supervision regarding cultural competence
- 6 Identifying professional imitations
- 7 Making appropriate referrals

- Task 4 Recognize personal biases, including feelings, concerns, and other issues to minimize impact of these variables in the counseling process.**

**Knowledge of:**

- 1 Personal and professional strengths and limitations
- 2 Importance of utilizing supervision
- 3 Various value systems

**Skill in:**

- 1 Identifying, evaluating, and managing boundary issues
- 2 Eliciting and utilizing feedback from supervisors, colleagues, and the person served
- 3 Monitoring and modulating transference and countertransference
- 4 Adjusting engagement to the therapeutic process
- 5 Making appropriate referrals

**Task 5 Continue professional development through education, self-evaluation, clinical supervision, and consultation.**

**Knowledge of:**

- 1 Methods for establishing professional development goals
- 2 Education, certification, credentialing requirements, and scope of practice restrictions
- 3 Current professional literature and resources on emerging substance use, mental health, and co-occurring treatment practices
- 4 Resources for education and training in evidence-based substance use, mental health, and integrated treatment practices
- 5 Supervision in the ongoing assessment of professional skills and development
- 6 Resources for clinical and administrative supervision and consultation
- 7 Function and need for clinical and administrative consultation and technical assistance

**Skill in:**

- 1 Assessing professional development and training needs
- 2 Selecting and accessing training and educational opportunities
- 3 Critically interpreting professional literature
- 4 Applying practical and professional knowledge and experience
- 5 Recognizing professional capabilities and limitations in providing integrated treatment
- 6 Reviewing and consulting on clinical issues
- 7 Accepting and utilizing constructive criticism and positive feedback

**Task 6 Identify and evaluate the needs of the person served that are outside of the counselor's scope of practice and refer to other professionals as appropriate.**

**Knowledge of:**

- 1 Diversity of services provided within the community and necessary referral information
- 2 Services available to the person served, family, and concerned others as they affect treatment and the recovery process
- 3 Continuum of care
- 4 Ethical guidelines
- 5 Legal and regulatory parameters
- 6 Community resources, philosophies, and approaches
- 7 Consultation and referral confidentiality guidelines

**Skill in:**

- 1 Assessing the need for referral to outside services
- 2 Protecting and communicating client rights
- 3 Identifying appropriate resources for specific client needs
- 4 Collaborating with outside resources
- 5 Identifying professional and agency limitations

- 6 Identifying legitimacy and legality of requested information
- 7 Identifying clinical and medical indicators that are outside the scope of practice
- 8 Planning and facilitating referral
- 9 Discussing rationale for referral with the person served
- 10 Coordinating care

**Task 7 Understand and apply current, relevant research literature to improve the care of the person served and enhance the counselor's professional development.**

**Knowledge of:**

- 1 Research-based models and strategies
- 2 Peer reviewed research literature
- 3 Reputable literature sources

**Skill in:**

- 1 Developing programs
- 2 Applying best practice materials
- 3 Gaining cooperation from agencies, staff, and professionals
- 4 Critically evaluating research literature
- 5 Advocating for implementation of best practices and emerging trends

**Task 8 Understand and utilize technological advances in service delivery.**

**Knowledge of:**

- 1 Electronic health record platforms
- 2 Confidentiality best practices in utilization of technology
- 3 Boundary issues related to social media
- 4 Emerging trends in technology
- 5 Technology's ability to improve treatment

**Skill in:**

- 1 Using technology to access, collect, summarize, and transmit data
- 2 Using an electronic health record to retrieve relevant information and to document care concisely
- 3 Using computer-based and web-based tools to screen, assess, and provide services to the person served
- 4 Employing telehealth applications to ensure access to appropriate care and delivery of health care
- 5 Communicating with the person served and concerned others using secure, online, mobile, and smart technology and devices

**Task 9 Protect the integrity of the profession and best interests of persons served by identifying, addressing, and advocating for impaired professionals.**

**Knowledge of:**

- 1 Professional codes of ethics and professional guidelines for competence
- 2 Services available for impaired professionals
- 3 Professional responsibilities related to reporting impaired professionals
- 4 Self-care obligations
- 5 Reporting obligations and procedures

**Skill in:**

- 1 Developing and maintaining professional boundaries
- 2 Applying intervention techniques
- 3 Consulting with a supervisor
- 4 Advocating for policy change
- 5 Advocating for impaired professional services

**Task 10      Protect the integrity of the profession and best interests of persons served by identifying and addressing unethical practices.**

**Knowledge of:**

- 1 Applicable professional codes of ethics pertaining to agency, discipline, and/or scope of practice
- 2 Rights and responsibilities of the person served
- 3 Role delineation between counselor, peer support, and sponsor
- 4 Consequences of violating codes of ethics
- 5 Mandatory reporting requirements
- 6 Reporting obligations and procedures

**Skill in:**

- 1 Translating professional codes of ethics into ethical and professional behavior
- 2 Developing and maintaining professional boundaries
- 3 Respecting the rights of the person served and encouraging responsibility
- 4 Modeling ethical behavior
- 5 Applying agency policies and procedures into practice
- 6 Navigating differences between ethics, law, morality, and agency policies and procedures
- 7 Addressing concerns about ethics in an objective, respectful, and direct manner
- 8 Seeking supervision

**Task 11      Uphold the rights of the person served to privacy and confidentiality according to jurisdictionally specific rules and regulations.**

**Knowledge of:**

- 1 Professional codes of ethics pertaining to agency, discipline, and/or scope of practice
- 2 Rights and responsibilities of the person served
- 3 Mandatory reporting requirements and procedures
- 4 Consequences of non-compliance
- 5 Processes to address complaints and grievances
- 6 Elements of documentation following an emergent, non-consented disclosure
- 7 Procedures following an unintentional breach of confidentiality
- 8 Best practices for handling confidential information

**Skill in:**

- 1 Interpreting and integrating policies, procedures, and regulations
- 2 Applying confidentiality regulations
- 3 Communicating relevant statutes, regulations, complaints, and grievance procedures to the person served
- 4 Complying with mandatory reporting requirements
- 5 Obtaining informed, written consent

- 6 Providing education on the importance and regulations regarding confidentiality and the rights of the person served

**Task 12 Obtain required written consent to release information from the person served and/or legal guardian.**

**Knowledge of:**

- 1 Current federal, state, local, and program regulations
- 2 Regulations regarding informed consent
- 3 Best practices for handling confidential information
- 4 Limitations of informed consent

**Skill in:**

- 1 Keeping timely, clear, complete, and concise records that comply with regulations
- 2 Explaining and assessing comprehension of confidentiality rights of the person served
- 3 Seeking consultation when there is a question regarding the ability to provide informed consent to the person served

**Task 13 Prepare timely, concise, clinically accurate, and objective reports and records.**

**Knowledge of:**

- 1 Essential elements of reports and records
- 2 Best practices in documentation
- 3 Best practices in clinical terminology

**Skill in:**

- 1 Writing objective, timely, clear, and concise records that comply with all regulations
- 2 Synthesizing, analyzing, and summarizing information from multiple resources for use in preparing client records
- 3 Analyzing, synthesizing and summarizing information

**Task 14 Advocate for and assist the person served in navigating the service delivery system.**

**Knowledge of:**

- 1 Expected outcomes related to treatment service provisions
- 2 Protocols for information exchange with other service providers
- 3 Mechanisms to monitor treatment response and available alternatives
- 4 Follow-up strategies
- 5 Community resources
- 6 Agency resources
- 7 Barriers in the service delivery system
- 8 Professional responsibilities in service engagement

**Skill in:**

- 1 Monitoring and evaluating techniques to assess treatment outcome focused services
- 2 Communicating relevant information with other service providers in a timely fashion
- 3 Utilizing current information to facilitate access to additional services as needed
- 4 Developing an individualized follow-up strategy to ensure continuity of care whenever possible
- 5 Identifying risk factors
- 6 Conveying respect and empathy
- 7 Planning and facilitating referrals



- 8 Building relationships with other service providers

**Task 15 Provide all services in a trauma-informed manner.**

**Knowledge of:**

- 1 Impact and consequences of traumatic experiences on individuals, families, and communities
- 2 Trauma-informed treatment planning strategies that support recovery
- 3 Prevalence of trauma in persons with substance use and/or mental disorders
- 4 Trauma-related symptoms and behaviors originating from traumatic experiences
- 5 Types of trauma
- 6 Characteristics of trauma
- 7 Trauma-specific services
- 8 Trauma screening tools
- 9 Barriers and challenges to trauma informed screening and assessment
- 10 Biology and neurology of trauma
- 11 Strategies for preventing secondary traumatization
- 12 Signs and symptoms of compassion fatigue and vicarious trauma
- 13 Relationships between trauma, physical health conditions, substance use and mental disorders

**Skill in:**

- 1 Evaluating and initiating the use of appropriate trauma-related screening and assessment tools.
- 2 Screening universally for histories, experiences, and symptoms of trauma
- 3 Implementing interventions from a collaborative, strengths-based approach, appreciating the resilience of trauma survivors
- 4 Recognizing trauma regardless of its acknowledgment by the person served
- 5 Promoting trauma awareness and understanding
- 6 Seeking supervision
- 7 Reducing risks of traumatization
- 8 Enhancing protective factors
- 9 Applying risk reduction strategies

**Total number of examination questions: 150**

**Total Number of pretest questions: 25**

**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 IC&RC Advanced Alcohol and Drug Counselor Examination were developed from the tasks identified in the 2014 Advanced Alcohol and Drug Counselor Job

Analysis. Multiple sources were utilized in the development of questions for the exam. Each question is linked to one of the job analysis task statements as listed above.

The questions on the examination are multiple-choice with four (4) choices: A, B, C, and D. There is only one correct or best answer 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.

The following are **sample** questions that are similar to those you will find in the exam.

**1. Post-acute withdrawal syndrome is a neurological consequence of an alcohol use disorder which predisposes a person to**

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

Domain 1: Screening, Assessment, and Engagement

**2. When withdrawing from short-acting barbiturates, which withdrawal symptoms are observable at both 8-12 hours and 2-3 days of abstinence?**

- A. Tremulousness and insomnia
- B. Increased anxiety and disorientation in time and place
- C. Tremulousness and agitation
- D. Delusions and visual/auditory hallucinations

Domain 1: Screening, Assessment, and Engagement

**3. Which list below best describes the intoxication effects and potential health consequences when using marijuana?**

- A. Altered states of perception and feeling, nausea, persisting perception disorder (flashbacks), weakness, and tremors
- B. Euphoria, slow thinking and reaction time, confusion, cough, frequent respiratory infections and anxiety
- C. Pain relief, euphoria, drowsiness, constipation, sedation, and nausea
- D. Energy, feelings of exhilaration, increased mental alertness, reduced appetite, and insomnia

Domain 1: Screening, Assessment, and Engagement

**4. Which of the following is a component of developing a treatment plan?**

- A. Boundary setting
- B. Building rapport
- C. Paraphrasing
- D. Prioritizing

Domain 2: Treatment Planning, Collaboration, and Referral

**5. The MOST important aspect of treatment planning is**

- A. formulating mutually agreed upon and measurable treatment goals with the client.
- B. the counselor prioritizing the goals of the client based on the screening and assessment.
- C. collaboration and assessment with a treatment team to meet all the needs of the client.
- D. eliciting feedback from the family and concerned others of the client to determine the client's primary problem.

Domain 2: Treatment Planning, Collaboration, and Referral

**6. One of the four general principles that underlies Motivational Interviewing is**

- A. self-disclosure.
- B. active listening.
- C. express sympathy.
- D. asking open questions.

Domain 3: Counseling and Education

**7. According to the transtheoretical Stages of Change Model, a person goes through all of the following stages except**

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

Domain 3: Counseling and Education

**8. When experiencing countertransference, a counselor's BEST course of action is to**

- A. seek consultation from their supervisor.
- B. explore these feelings during a group session with clients.
- C. sustain from providing further services to the client until the feelings are resolved.
- D. refer the client to another counselor to continue treatment.

Domain 4: Professional and Ethical Responsibilities

**9. Abandonment during the referral process occurs when**

- A. the client is not provided a reasonable period of time to process termination.
- B. a counselor does not make suitable arrangements for client.
- C. the decision to terminate is not based on client's needs.
- D. a client refuses to follow through with the referral.

Domain 4: Professional and Ethical Responsibilities

**10. A state of physical, emotional, intellectual, and spiritual depletion characterized by feelings of helplessness and hopelessness is referred to as**

- A. empathy fatigue.
- B. vicarious traumatization.
- C. burnout.
- D. compassion fatigue.

Domain 4: Professional and Ethical Responsibilities

| <b>Answer Key</b> |   |     |   |
|-------------------|---|-----|---|
| 1.                | C | 6.  | D |
| 2.                | A | 7.  | C |
| 3.                | B | 8.  | A |
| 4.                | D | 9.  | B |
| 5.                | A | 10. | C |

## Examination Reference List

The following resources were compiled as suggested reading to assist candidates preparing for the IC&RC 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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IC&RC promotes public protection by setting standards and developing examinations for credentialing prevention, substance use treatment, and recovery professionals. Organized in 1981, it has a worldwide network of over 50,000 professionals.

Quality and integrity are the foundation of IC&RC's work. IC&RC's credentials use the latest research on evidence-based practices, and they are updated every five years and subjected to an extensive process of peer review. IC&RC examinations are based on formal Job Analyses, written by subject matter experts, and supported by current references. Member boards are audited regularly to ensure compliance with international standards.