IC&RC
Setting Global Standards for Addiction Professionals

# CANDIDATE GUIDE

# International Examination for Alcohol & Drug Counselors (ADC)

Based on the 2008 Job Task Analysis
Copy Revised July 2011
References Updated May 2011

# Purpose of the Candidate Guide

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

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

# Examination Development

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

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

# Important Information about Pre-Testing Items

In December 2011, IC&RC began using pretest items on its exams. Pretesting allows IC&RC to streamline its exam development process, provide much needed data on questions, and increase the security of its exams.

**Pretesting began in December 2011 for the Alcohol & Drug Counselor (ADC), Advanced Alcohol & Drug Counselor (AADC), and Clinical Supervisor (CS) exams. In March 2012, IC&RC implemented pretesting for the Prevention Specialist (PS), Certified Criminal Justice Addictions Professional (CCJP), and Certified Co-Occurring Disorders (CCDP) exams.**

On each IC&RC exam there are 25 “unweighted” items that do not count toward candidates’ final scores. Unweighted items are also called pretest items. Pretest items are not identified on exams and appear randomly on all exam forms. All exams are 150 questions in length, including the Advanced Alcohol and Drug Counselor (AADC), which was previously 175 questions.

It is important to include pretest items on an examination, because items should go through a trail period to ensure quality before they contribute to candidates’ scores. Pretesting items provides verification that the items are relevant to competency and contribute toward measuring candidates’ proficiency in the material. The statistical data received from pretesting is analyzed to determine if an item performs within an acceptable range. For example, item statistics tell us if an item is too difficult and possibly outside the candidates’ scope of knowledge or practice, if an item is too easy and does not measure competency, or if the correct answer is misidentified. If an item exhibits acceptable statistical performance, the item can be upgraded to “weighted” status and be included on future examinations as a scored item.

In a larger context, pretesting items allows examinations to stay current with the profession. The field is constantly evolving, and it is important that examinations reflect current practice and the knowledge, skills, and abilities required of competent practitioners. Including pretest items also allows IC&RC to produce more test forms which increases the security of its examinations.

Overall, pretesting items is in the best interest of candidates as it helps to ensure the quality of future examinations. Pretest items have absolutely no effect on candidates’ scores. For example, if two candidates both answer the same number of weighted items correctly, and one answers all of the pretest items correctly and the other answers none of the pretest items correctly, they both receive the same score and pass/fail status on the exam. In fact, candidates will be protected against poorly-performing items adversely affecting their scores, while at the same time taking an examination that is current with professional trends.

# Examination Content

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

**Domain 1: Clinical Evaluation**
**Number of Questions: 20-28**

- Demonstrate effective verbal and non-verbal communication to establish rapport.

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

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

- Administer the appropriate screening and assessment instruments specific to the client's age, developmental level, culture, and gender in order to obtain objective data to further assess client's current problems and needs.

- Obtain relevant history and related information from the client and other pertinent sources in order to establish eligibility and appropriateness to facilitate the assessment process.

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

- Interpret results of data in order to integrate all available information, formulate diagnostic impressions, and determine an appropriate course of action.

- Develop a written summary of the results of the assessment in order to document and support the diagnostic impressions and treatment recommendations.

**Domain 2: Treatment Planning**
**Number of Questions: 16-23**

- Discuss diagnostic assessment and recommendations with the client and concerned others to initiate an individualized treatment plan that incorporates client's strengths, needs, abilities, and preferences.

- Formulate and prioritize mutually agreed upon problems, immediate and long-term goals, measurable objectives, and treatment methods based upon assessment findings for the purpose of facilitating a course of treatment.

- Use ongoing assessment and collaboration with the client to review and modify the treatment plan to address treatment needs.

**Domain 3: Referral**
**Number of Questions: 9-15**

- Identify client needs which cannot be met in the current treatment setting.
- Match client needs with community resources considering client's abilities, gender, sexual orientation, developmental level, culture, ethnicity, age, and health status to remove barriers and facilitate positive client outcomes.
- Identify referral needs differentiating between client self-referral and direct counselor referral.
- Explain to the client the rationale for the referral to facilitate the client's participation with community resources.
- Continually evaluate referral sources to determine effectiveness and outcome of the referral.

**Domain 4: Service Coordination**
**Number of Questions: 9-15**

- Identify and maintain information about current community resources in order to meet identified client needs.
- Communicate with community resources concerning relevant client information to meet the identified needs of the client.
- Advocate for the client in areas of identified needs to facilitate continuity of care.
- Evaluate the effectiveness of case management activities through collaboration with the client, treatment team members, and community resources to ensure quality service coordination.
- Consult with the client, family, and concerned others to make appropriate changes to the treatment plan ensuring progress toward treatment goals.
- Prepare accurate and concise screening, intake, and assessment documents.

**Domain 5: Counseling**
**Number of Questions: 27-36**

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

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

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

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

- Apply selected counseling strategies in order to enhance treatment effectiveness and facilitate progress towards completion of treatment objectives.

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

- Evaluate the effectiveness of counseling strategies based on the client's progress in order to determine the need to modify treatment strategies and treatment objectives.

- Develop an effective continuum of recovery plan with the client in order to strengthen ongoing recovery outside of primary treatment.

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

- Document counseling activity to record all relevant aspects of treatment.

**Domain 6: Client, Family, and Community Education**
**Number of Questions: 13-20**

- Provide culturally relevant formal and informal education that raises awareness of substance use, prevention, and recovery.

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

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

- Provide education on life skills, including but not limited to, stress management, relaxation, communication, assertiveness, and refusal skills.

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

- Provide education on the emotional, cognitive, and behavioral aspects of substance use to develop an understanding of the psychological aspects of substance use, abuse, and addiction.

- Provide education on the sociological and environmental effect of substance use to develop an understanding of the impact of substance use on the affected family systems.

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

**Domain 7: Documentation**
**Number of Questions: 14-21**

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

- Obtain written consent to release information from the client and/or legal guardian, according to best practices and administrative rules, to exchange relevant client information with other service providers.

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

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

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

- Document all relevant aspects of case management activities to assure continuity of care.

- Document process, progress, and outcome measurements.

**Domain 8: Professional and Ethical Responsibilities**
**Number of Questions: 17-24**

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

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

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

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

- Identify and evaluate client issues that are outside of the counselor's scope of practice and refer to other professionals as indicated.

- Advocate for populations affected by substance use and addiction by initiating and maintaining effective relations with professionals, government entities, and communities to promote availability of quality services.

- Apply current counseling and psychoactive substance use research literature to improve client care and enhance professional growth.

**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**

# Admission to the Examination, Examination Dates, and Registration

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

# 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.

# Examination Rules

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

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

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

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

# 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, Test Disclosure and Retakes

Candidates who wish to appeal their examination scores may do so to the IC&RC within 30 days of receiving examination results. To initiate this process, contact the IC&RC for a Hand Score Request Form. SMT will hand score the examination and send the results directly to candidates. Candidates should be aware that IC&RC exam security and item banking procedures do not permit candidates access to exam questions, answer keys, or other secure materials related to the examination. Candidates interested in retaking an exam must wait 60 days after their original exam. To schedule a retake, candidates should contact their local IC&RC member board.

# Sample Questions

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

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

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

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

1. Client education on HIV and other sexually transmitted diseases:

   A. is only done at the request of the client.
   B. should be given in specialty groups to those clients that are considered "high risk" to protect confidentiality.
   C. should be contracted out to a physician or professional medical personnel who have expertise in this area.
   D. is important information to incorporate in the treatment process of every client.

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

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

   The counselor's response is an example of:

   A. Paradoxical Intervention.
   B. Ignoring.
   C. Synthesizing.
   D. Empathic reflection.

3. In group therapy, Sara consistently perceives Gary as an angry critical man (like her father) who cares little for other group members' feelings although other group members perceive Gary as kind, caring, and gentle. This interpretation may be described as:

   A. Confrontation.
   B. Transference.
   C. Blaming.
   D. Stinking-Thinking.

4. Which statement regarding the relationship between alcohol and other drug dependence and personality disorders is **MOST** accurate?

   A. The presence of personality disorder increases the chances of alcohol and/or other drug abuse.
   B. Alcoholism would more often be associated with a dependent personality disorder than an antisocial personality disorder.
   C. Alcoholism would more often be associated with a schizoid rather than a borderline personality disorder.
   D. Alcohol and/or drug dependence are not related to the personality disorders.

5. When an actively-using, alcohol-dependent client presents with depressive symptoms:

   A. cognitive approaches to treating depression should be the focus of treatment.
   B. the presence of a primary depressive disorder should be assessed as soon as possible.
   C. he/she frequently responds quickly to the use of antidepressant medication.

D. depressive symptoms in the majority of cases will be significantly diminished after detoxification and abstinence.

6. When a client reports experiencing an instant euphoric flash when using his/her drug, the **MOST** probable drug classification is a:

   A. Barbiturate.
   B. Narcotic.
   C. CNS Stimulant.
   D. Depressant.

7. While counseling a client in a methadone maintenance program, the client reports an increase in anxiety and "drug hunger." What is **MOST** indicated for the client?

   A. Use of anxiolytic medication
   B. Distinguishing between normal anxiety and the onset of anxiety associated with withdrawal
   C. Deep relaxation training to learn more autonomous control of the anxiety response
   D. Referral to a hypnotist who specializes in anxiety reduction procedures

8. After several months in marital and family therapy, the alcoholic spouse suffers a relapse. The **MOST** useful approach to the couple is to:

   A. frame the relapse as a sign that marital therapy was moving too quickly, and it would be good to get back to the basics of early recovery.
   B. inquire what the non-addicted spouse might be doing to enable the return to drinking.
   C. frame the relapse as a sign of resistance to the marital therapy and consider with the couple what aspects of treatment are not working.
   D. consider that family therapy may be needed since the basis of the relapse may be rooted in dynamics that involve other members of the family.

9. An alcoholic patient recovering in your treatment center admits to sexually abusing and beating his child. State law requires that the abuse be reported to a state agency, even if known via a confidential relationship. It is your professional responsibility to:

   A. ask your client to sign a contract stating he will never again abuse the child and report the incident only if the contract is broken.
   B. work with your client to get his life straightened out and then decide whether or not to report the abuse.
   C. report the child abuse to authorities according to State guidelines.
   D. inform your supervisor and let the agency deal with the issue.

10. A client presents with non-healing ulcers, abscesses, brittle fingernails, and bruxism (teeth grinding). Abuse of which classification of drugs is **MOST** likely?

A. Amphetamines
B. Steroids
C. Inhalants
D. Narcotics

**Answer Key**

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

# Study References

The following resources were compiled as suggested reading to assist candidates preparing for the Alcohol & 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.

Abadinsky, H. (2011). *Drug Use and Abuse (7th ed.)*. Belmont: Wadsworth Cengage Learning.

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Kinney, J. (2012). *Loosening the Grip (10th ed.)*. New York: McGraw-Hill.

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# About IC&RC

IC&RC, the world leader in addiction-related credentialing, has protected the public by establishing standards and facilitating reciprocity for professionals since 1981. Today, IC&RC represents 78 member boards, including 25 countries, 47 U.S. and territories, and three branches of the U.S. military. Members also include six Native American territories.

IC&RC's credentials include Alcohol and Drug Counselor (ADC), Advanced Alcohol and Drug Counselor (AADC), Clinical Supervisor (CS), Prevention Specialist (PS), Certified Criminal Justice Addictions Professional (CCJP), Certified Co-Occurring Disorders Professional (CCDP), and Certified Co-Occurring Disorders Professional Diplomate (CCDPD).

IC&RC represents 45,000 reciprocal-level credentialed professionals. Up to half of all substance abuse professionals in the U.S. hold IC&RC certificates.