



CANDIDATE GUIDE for the IC&RC Alcohol and Drug Counselor Examination

Based on the 2013 Alcohol and Drug Counselor Job Analysis

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

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Purpose of the Candidate Guide

The IC&RC Alcohol and 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 Alcohol and 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 and 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 three or 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.

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.

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.
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 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 family¹ within **14 calendar days** of the examination date, illness or medical 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.

¹ 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.

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.

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.

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 and return it to IC&RC.

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. 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. To schedule a retake, 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.

The mandatory **60 day** waiting period cannot be waived under any circumstances.

Examination Content

The **2013 IC&RC Alcohol and Drug Counselor Job Analysis** identified **four** performance domains for the IC&RC Alcohol and Drug Counselor Examination. Within each performance domain are several identified tasks that provide the basis for questions in the examination.

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.

Domains	Weight on Exam
Domain I: Screening, Assessment, and Engagement	23%
Domain II: Treatment Planning, Collaboration, and Referral	27%
Domain III: Counseling	28%
Domain IV: Professional and Ethical Responsibilities	22%

Domain I: Screening, Assessment, and Engagement

Task 1: Demonstrate verbal and non-verbal communication to establish rapport and promote engagement.

Knowledge of:

1. Best practices related to interviewing techniques
2. Self-awareness and therapeutic use of self
3. Stages of change
4. How culture affects communication

Skill in:

1. Building trust and establishing rapport with clients
2. Recognizing and understanding verbal and non-verbal behaviors
3. Using stages of change to promote engagement

Task 2: Discuss with the client the rationale, purpose, and procedures associated with the screening and assessment process to facilitate client understanding and cooperation.

Knowledge of:

1. Criteria for evaluation of substance use disorders
2. Significance of diagnostic reports from laboratory tests
3. Behavior, patterns, and progressive stages of substance use disorders
4. States of intoxication, stages of withdrawal, psychological and physical effects of psychoactive substances
5. Patterns and methods of misuse and abuse of prescribed and over-the-counter medications
6. Current commonly used substances
7. How blood alcohol content affects behavior
8. Professional ethics and confidentiality

Skill in:

1. Utilizing interview techniques
2. Gathering and assessing information and summarizing data
3. Assessing and determining the severity of client psychoactive substance use

Task 3: Assess client's immediate needs by evaluating observed behavior and other relevant information including signs and symptoms of intoxication and withdrawal.

Knowledge of:

1. Current commonly used substances
2. How blood alcohol content affects behavior
3. Legal limits of blood alcohol content
4. Effects and interactions of using substances
5. Withdrawal symptoms
6. Behavioral management of an impaired person
7. Emergency procedures associated with overdose and acute withdrawal symptoms

Skill in:

1. Recognizing signs and symptoms of intoxication and withdrawal
2. Using interview techniques
3. Assessing verbal and non-verbal behavior
4. Referring to appropriate medical personnel

Task 4: Administer appropriate evidence-based screening and assessment instruments specific to clients to determine their strengths and needs.

Knowledge of:

1. The variety of substance use disorder assessment instruments and their limitations and strengths
2. The administration and scoring procedures for substance use disorder instruments
3. Diagnostic criteria for evaluating substance use
4. Behavior patterns and progressive stages of substance use disorders
5. Screening, brief intervention, and referral to treatment (SBIRT)
6. The role of the client's culture, demographics, and cognitive functioning in the assessment process

Skill in:

1. Selecting and administering assessment instruments

Task 5: Obtain relevant history and related information from the client and other pertinent sources to establish eligibility and appropriateness of services.

Knowledge of:

1. Information and resources regarding cultures, sexual orientation, gender and special needs
2. The significance of diagnostic reports from laboratory tests
3. Signs and symptoms of co-occurring mental health disorders
4. Interview processes, including objectives and techniques
5. The use and method of feedback to the client
6. How a client's financial circumstances influence treatment options

Skill in:

1. Identifying and understanding non-verbal behaviors
2. Building trust and establishing rapport
3. Gathering and assessing information
4. Identifying discrepancies in information given by client and/or concerned others
5. Determining the importance of the relationship between the client and concerned others
6. Assessing the appropriateness of involving concerned others in the assessment process
7. Recognizing a need for more in-depth information from other professionals
8. Effective use of open- and closed ended questions and other interview techniques

Task 6: Screen for physical needs, medical conditions, and co-occurring mental health disorders that might require additional assessment and referral.

Knowledge of:

1. Appropriate screening and assessment tools
2. Screening and identification of issues outside the scope of practice of a substance abuse counselor that require referrals
3. Conditions commonly associated with substance use e.g. physical needs, medical conditions and co-occurring mental health disorders

4. Crisis Intervention

Skill in:

1. Applying the use of screening and assessment instruments
2. Using interview techniques
3. Collaborating with multiple disciplinary teams to determine course of action

Task 7: Interpret results of screening and assessment and integrate all available information to formulate diagnostic impression, and determine an appropriate course of action.

Knowledge of:

1. Criteria for diagnosis of substance use disorder
2. Behaviors indicative of other addictive disorders
3. Conditions commonly associated with substance use e.g. physical needs, medical conditions and co-occurring mental health disorders
4. The relationship between substance use and trauma
5. The various manifestations of client ambivalence related to readiness to change
6. Treatment options
7. Detoxification
8. Laboratory data related to substance use disorders

Skill in:

1. Identifying and understanding verbal and non-verbal behaviors
2. Prioritizing the information obtained from the client relative to the assessment
3. Organizing and summarizing client data and clinical impressions
4. Documenting information in a concise, clinically accurate and objective manner
5. Recognizing client needs
6. Communicating treatment options

Task 8: Develop a written summary of the results of the screening and assessment to document and support the diagnostic impressions and treatment recommendations.

Knowledge of:

1. Interpretation of results to integrate all available information, formulate diagnostic impressions, and determine an appropriate course of action
2. The elements of a bio psychosocial assessment
3. Appropriate recommendations for treatment planning
4. Diverse communication styles and systems
5. The various manifestations of client ambivalence relative to stages of change
6. Clinically appropriate documentation practices

Skill in:

1. Documenting information in a concise, clinically accurate and objective manner
2. Organizing and summarizing client data, reports from other professionals, and clinical impressions

Domain II: Treatment Planning, Collaboration, and Referral

Task 1: Formulate and 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.

Knowledge of:

1. The purpose of the assessment and treatment planning process
2. Client ambivalence encountered during assessment process
3. Criteria for evaluating substance use disorders

Skill in:

1. Building trust and establishing rapport with the client
2. Eliciting feedback to assure understanding of information given
3. Communicating effectively
4. Presenting technical information in a manner appropriate to the client
5. Writing obtainable and measurable goals with the client

Task 2: Use ongoing assessment and collaboration with the client and concerned others to review and modify the treatment plan to address treatment needs.

Knowledge of:

1. How culture, demographics and other client characteristics affect response to treatment
2. Risk factors that relate to suicide, homicide, family violence, self-injury, and other harmful behaviors
3. Methods to respond to client in crisis
4. Circumstances which may necessitate a change in the course of treatment

Skill in:

1. Collaborating with client and, when appropriate, concerned others to negotiate adjustments to the treatment plan
2. Using client feedback to enhance treatment
3. Documenting any adjustments to the treatment plan

Task 3: Match client needs with community resources to facilitate positive client outcomes.

Knowledge of:

1. Community resources to meet client needs
2. Appropriate practices regarding case consultation
3. Appropriate practices for handling confidential client information

Skill in:

1. Assessing client's needs for referral
2. Identifying professional and agency limitations
3. Responding to client and/or family in crisis
4. Planning and facilitating referral
5. Developing and maintaining working relationships with other professionals

Task 4: Discuss rationale for a referral with the client.

Knowledge of:

1. Referral rationale for group, individual and family counseling
2. Methods of responding to a client and/or family in crisis
3. Professional scope of practice in substance use disorder counseling
4. Personal/professional strengths and limitations
5. Strengths and limitations of other service providers
6. Philosophies and approaches of outside community resources
7. Rationale, benefits, and modalities of other treatment providers
8. Level of care placement criteria

Skill in:

1. Communicating warmth, respect and acceptance of cultural and individual differences
2. Communicating (oral and written)
3. Collaborating with multidisciplinary team members
4. Coordinating care

Task 5: Communicate with community resources regarding needs of the client.

Knowledge of:

1. Consultation and referral within confidentiality guidelines
2. Oral/written communication
3. Agency's policies regarding case consultation
4. Services available to family and significant others especially as they affect access to treatment and the recovery process

Skill in:

1. Explaining the rationale for decisions affecting confidentiality
2. Making clear and concise oral/written case presentations
3. Gathering, organizing, and interpreting data for case consultation
4. Interpreting written reports of other professionals
5. Seeking and responding to information from other professionals relative to own knowledge of the case
6. Identifying and using sources of supervision and consultation
7. Establishing trust and rapport with colleagues
8. Identifying appropriateness of request for information from consultation source
9. Communicating with community resources

Task 6: Advocate for the client in areas of identified needs to facilitate continuity of care.

Knowledge of:

1. Skills and services provided by other professionals
2. How to maintain working relationships with other professionals
3. Oral/written communication
4. Follow-up process with referral sources
5. Advocacy techniques
6. Eligibility requirements for funding

7. Level of care placement criteria
8. Knowledge of symptoms of substance use disorders

Skill in:

1. Collaborating with outside resources and professionals
2. Preparing comprehensive and relevant documentation in a timely manner
3. Matching client's needs with resources
4. Making clear and concise oral/written case presentations
5. Gathering, organizing, and interpreting data for case consultation
6. Establishing trust and rapport with colleagues

Task 7: Evaluate the effectiveness of case management activities to ensure quality service coordination.

Knowledge of:

1. Skills and services provided by other professionals
2. How to maintain working relationships with other professionals
3. Utilization of consultation results
4. Understanding all aspects of the referral process
5. Understanding importance of service coordination
6. Documentation procedures for referral and follow-up
7. Individual differences (i.e., culture, ethnicity, race, age, gender, sexual orientation, HIV/AIDS status, religion) and how these differences affect all aspects of substance use disorder treatment

Skill in:

1. Communicating warmth, respect, and acceptance of cultural and individual differences
2. Effective verbal and written communication
3. Identifying and addressing personal and organizational limitations
4. Organizing and interpreting relevant information and data
5. Preparing comprehensive and relevant documentation in a timely manner
6. Applying organizational policies and procedures
7. Interpreting written reports of other professionals
8. Identifying and using sources of supervision and consultation
9. Conducting effective service coordination
10. Identifying possible conflicts of interest with outside resources

Task 8: Develop a plan with the client to strengthen ongoing recovery outside of primary treatment.

Knowledge of:

1. Recovery process and relapse dynamics
2. Techniques to interrupt the relapse process
3. Residual effects of substance use as it affects the relapse process
4. External factors (e.g., peers, family, the environment, support groups) that influence recovery and relapse
5. Developmental stages of recovery
6. How to develop an individualized recovery plan that meets the unique needs of the client

7. Integrated service delivery within the continuum of care
8. Confidentiality best practices and administrative rules
9. Treatment planning and discharge criteria
10. Available self-directed support

Skill in:

1. Educating the client and concerned others about the recovery and relapse process
2. Recognizing client manifestations of the relapse process
3. Assessing a client's risk factors for relapse
4. Educating the client in understanding their individual relapse signs and symptoms
5. Assisting the client in intervening in the relapse process
6. Assessing community resources to support recovery
7. Guiding the client through the developmental stages of recovery
8. Collaborating with the client in developing and writing a recovery plan
9. Creating, maintaining, and monitoring effective follow-up with the client
10. Preparing client and concerned others in separation issues inherent in the referral and aftercare process
11. Recognizing addiction substitution
12. Obtaining, updating, and reviewing data related to the client
13. Explaining to the client impressions of progress and problems in the treatment process
14. Providing comprehensive and individualized discharge planning and referral services
15. Feedback procedures (e.g., reflection, reframing, interpretation, clarification)

Task 9: Document treatment progress, outcomes, and continuing care plans.

Knowledge of:

1. Informed consent and limitations of confidentiality
2. Specific rules of the treatment provider related to continuum of care and record keeping formats
3. Basic formats for written documentation in objective/medical charting
4. Components of treatment or continuing care plans according to best practices
5. Documentation standards in clinical record

Skill in:

1. Providing timely record keeping
2. Preparing clear, complete and concise written communication
3. Reporting in observable and measurable terms

Task 10: Utilize multiple pathways of recovery in treatment planning and referral.

Knowledge of:

1. Benefits and limitations of the 12 Steps and 12 Traditions
2. Benefits and limitations of other recovery support approaches
3. Benefits and limitations of harm reduction based models of recovery
4. Ways in which medical consultation and treatment may enhance the recovery process

Skill in:

1. Providing unbiased information regarding treatment approaches and assist the client in choosing the best alternative

2. Explaining difficult or contradicting concepts to clients in language that helps them understand differences in approaches to recovery
3. Collaborating with other professionals to maximize support for the recovery process

Domain III: Counseling

Task 1: Develop a therapeutic relationship with clients, families, and concerned others to facilitate transition into the recovery process.

Knowledge of:

1. Methods and techniques for client engagement
2. Counseling approaches (e.g., empathy, active listening, authenticity, appropriate self-disclosure)
3. Appropriate use of boundaries
4. Positive reinforcement (e.g., identifying client strengths, instilling hope, identifying client potential)
5. Transference and countertransference

Skill in:

1. Using reinforcing and affirming behaviors
2. Staying consistent in the professional role
3. Demonstrating a non-judgmental attitude
4. Identifying and interpreting verbal and non-verbal behaviors
5. Asking open-ended questions
6. Responding therapeutically
7. Determining relevant therapeutic approaches appropriate to stages of recovery
8. Responding appropriately to ambivalence
9. Identifying and managing transference and countertransference
10. The termination process, techniques, and effects

Task 2: Provide information to the client regarding the structure, expectations, and purpose of the counseling process.

Knowledge of:

1. Counseling and therapeutic process specific to substance use
2. Stages of treatment
3. Methods and techniques for enhancing client engagement
4. Recovery-oriented behavior
5. Feedback procedures (e.g., reflection, reframing, interpretation, clarification)

Skill in:

1. Communicating effectively
2. Responding therapeutically
3. Responding appropriately to ambivalence
4. Identifying and interpreting verbal and non-verbal behavior
5. Explaining the treatment process

Task 3: Continually evaluate the client's safety, relapse potential, and the need for crisis intervention.

Knowledge of:

1. Recovery and relapse process
2. Risk factors associated with relapse
3. Feedback procedures
4. Various forms of reinforcement
5. Defense mechanisms and appropriate counseling approaches
6. Recovery -oriented systems of care (ROSC)
7. Services provided in the community and necessary referral information
8. Crisis Intervention
9. Non-life/life-threatening crises situations and impact on recovery

Skill in:

1. Obtaining, updating, reviewing, and synthesizing data related to the client
2. Communicating clearly and concisely
3. Utilizing counseling techniques
4. Building trust and establishing rapport through various counseling techniques
5. Maintaining a non-judgmental attitude
6. Assessing risk potential and responding appropriately
7. Utilizing crisis intervention techniques and documenting results
8. Utilizing crisis situations to facilitate the recovery process

Task 4: Apply evidence-based, culturally competent counseling strategies and modalities to facilitate progress towards completion of treatment objectives.

Knowledge of:

1. Appropriate counseling techniques for client needs
2. Various psychosocial needs and intrinsic motivations
3. Different types of groups, their purposes, function, and parameters
4. Various facilitator roles and techniques
5. Group dynamics and stages of group functioning
6. How differences among various populations (e.g., cultural, ethnicity, race, age, gender, sexual orientation) affect response to treatment
7. How peer influence and the community environment encourages or discourages substance use disorders
8. Family dynamics and theories of family counseling
9. Client resistance strategies and the modalities to assist the client

Skill in:

1. Observing and responding to family interaction
2. Applying different family counseling techniques
3. Assisting family members to differentiate between individual needs and family needs in the treatment process
4. Orienting clients for group counseling
5. Managing membership issues (e.g., turnover, dropout, adding new members)
6. Establishing an environment to support trust among group members

7. Developing cohesiveness and identity among group members
8. Using group dynamics for individual and group growth
9. Guiding group process appropriate to the developmental stage of the group
10. Terminating the counseling process with the group or an individual member
11. Determining relevant strategies appropriate to different therapeutic stages
12. Selecting and implementing appropriate counseling approaches

Task 5: Assist families and concerned others in understanding substance use disorders and engage them in the recovery process.

Knowledge of:

1. Substance use disorder as a primary disease, including symptomatology and pharmacology
2. Behavior patterns and progressive stages of substance use disorder
3. How substance abuse disorders affect society and the family of the substance user
4. Adverse effect of combining various types of psychoactive drugs, as well as over-the-counter medications
5. The potential for cross and multiple dependencies
6. The dynamics of relapse
7. Effect of substance abuse on various body systems (e.g., endocrine, immune, reproductive system, skeletal, neurological, muscular, respiratory, circulatory, digestive)
8. Patterns and methods of misuse and abuse of prescribed and over-the counter medications
9. Learning styles and teaching methods
10. Family dynamics and roles

Skill in:

1. Communicating effectively
2. Conveying respect for personal differences
3. Evaluating the reception of the information provided
4. Time management and organizing information

Task 6: Document counseling activity and progress towards treatment goals and objectives.

Knowledge of:

1. Oral/written communication
2. Acceptable documentation standards
3. Record keeping requirements
4. Skills and services provided by other professionals

Skills in:

1. Making clear and concise oral/written case presentations
2. Gathering and organizing data for case consultation
3. Identifying and using sources of supervision and consultation

Task 7: Provide information on issues of identity, ethnic background, age, sexual orientation, and gender as it relates to substance use, prevention and recovery.

Knowledge of:

1. A variety of cultures

2. Personal biases
3. Diagnoses of substance use disorders, treatment issues, support group and prevention strategies

Skill in:

1. Communicating effectively
2. Conveying respect for individual needs

Task 8: Provide information about the disease of addiction and the related health and psychosocial consequences.

Knowledge of:

1. 1 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
2. Health consequences of substance use and its relationship to other chronic disease such as diabetes, heart disease, cirrhosis and other effects of chemical substances on the body
3. Life skills, including but not limited to, stress management, relaxation, communication, assertiveness, and refusal skills
4. Emotional, cognitive, and behavioral aspects of substance use
5. Sociological and environmental effect of substance use
6. Continuum of care and resources available to develop an understanding of prevention, intervention, treatment, and recovery

Skill in:

1. Educating the client, family, and concerned others about the disease of addiction and the related health and psychosocial consequences
2. Effective oral and written communication
3. Adapting education style to the specific needs of the client

Domain IV: Professional and Ethical Responsibilities

Task 1: Adhere to established professional codes of ethics and standards of practice to uphold client rights while promoting best interests of the client and profession.

Knowledge of:

1. Applicable professional codes of ethics
2. Professional standards of practice
3. Client rights
4. Consequences of violating codes of ethics, confidentiality laws, and client rights
5. Jurisdictional specific rules and regulations regarding best practices
6. Grievance processes
7. Agency policies and procedures
8. Confidentiality and privacy laws

Skill in:

1. Applying professional codes of ethics to professional practice

2. Developing professional competencies through continuing education, professional supervision and training
3. Applying best practices regarding client rights

Task 2: Recognize diversity and client demographics, culture and other factors influencing behavior to provide services that are sensitive to the uniqueness of the individual.

Knowledge of:

1. Differences found in diverse populations
2. Culturally sensitive counseling techniques
3. Different resources to assist in working with clients who are members of a diverse population

Skill in:

1. Advocating for client specific needs
2. Recognizing client feelings and behaviors that result from their respective culture
3. Conveying respect for culture and diversity in the therapeutic process
4. Adapting therapeutic strategies to specific client needs
5. Assessing client substance use in light of client's cultural context
6. Assessing counselor bias

Task 3: Continue professional development through education, self-evaluation, clinical supervision, and consultation to maintain competence and enhance professional effectiveness.

Knowledge of:

1. Education and training methods which promote personal/professional growth
2. Current professional literature on substance use
3. Information sources on current trends in the substance use field
4. Personal and professional strengths and limitations
5. Self-evaluation techniques
6. Emerging trends in the treatment of addiction
7. Clinical supervision and consultation utilization

Skill in:

1. Assessing personal training needs
2. Selecting and participating in appropriate training programs
3. Reading, interpreting, and applying professional literature
4. Applying evidence-based practices to the counseling process
5. Developing professional goals and objectives
6. Using self-assessment for personal and professional growth
7. Eliciting and using feedback from colleagues and supervisors
8. Accepting both constructive criticism and positive feedback

Task 4: Identify and evaluate client needs that are outside of the counselor's ethical scope of practice and refer to other professionals as appropriate.

Knowledge of:

1. Physical disorders that may complicate treatment of substance use disorders
2. The relationship between psychoactive substance use and trauma
3. The relationship between psychoactive substance use and other mental and emotional disorders
4. Crisis situations that need an immediate response
5. The diversity of services provided within the community and necessary referral information
6. Services available to family and concerned others as they affect treatment and the recovery process
7. The continuum of care
8. Potential conflicts of interest

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 personal and agency limitations
6. Identify legitimacy and legality of requested information

Task 5: Uphold client's rights to privacy and confidentiality according to best practices in preparation and handling of records.

Knowledge of:

1. Best practices for handling confidential client information
2. Essential components of client records and their uses
3. Regulations governing storage and destruction of records
4. Electronic health record utilization

Skill in:

1. Communicating effectively and sharing of client records within the rules and regulations of confidentiality
2. Applying appropriate laws and regulations for the handling of confidential information

Task 6: Obtain written consent to release information from the client and/or legal guardian, according to best practices.

Knowledge of:

1. Best practices for handling confidential client information
2. Essential components of client records and their uses

Skill in:

1. Applying appropriate laws and regulations for the handling of confidential information

Task 7: Prepare concise, clinically accurate, and objective reports and records.

Knowledge of:

1. Significance of presenting symptoms
2. Related physical and behavioral health concerns that could affect treatment
3. Client progress
4. Critical incidents and crisis intervention
5. Factors effecting prognosis development
6. Appropriate and relevant recommendations

Skill in:

1. Summarizing and synthesizing relevant client information
2. Reporting in observable and measurable terms
3. Timely record keeping

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 Alcohol and Drug Counselor Examination were developed from the tasks identified in the 2013 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 either three (3) or four (4) choices. 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.

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

1. **Which of the following is the MOST appropriate course of action for a counselor that encounters an ethical dilemma?**
 - A. Research previous precedent and scholarly texts to determine the best course of action
 - B. Focus on what is best for the client
 - C. Discuss dilemma with their clinical supervisor

Domain: Professional and Ethical Responsibilities

- 2. At the beginning of the initial counseling session with a child whose parent has a substance use disorder, 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 will 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.

Domain: Counseling

- 3. In group therapy, a client consistently perceives another group member as an angry, critical man like her father. This is an example of which of the following?**

- A. Countertransference
- B. Transference
- C. Projecting
- D. Apathy

Domain: Counseling

- 4. How can trauma disorders complicate the treatment of substance use disorders?**

- A. Undiagnosed trauma symptoms can be mistaken as an unwillingness to engage in treatment
- B. Symptoms of traumatic stress disorders are uniquely tied to the client and the cause of their trauma making them difficult to identify and treat
- C. Symptoms of traumatic stress disorders are alleviated with abstinence from substance use making clients want to prematurely leave treatment

Domain: Screening, Assessment, and Engagement

- 5. A client with an alcohol use disorder that also presents with depressive symptoms would benefit MOST from which of the following?**
- A. Cognitive Behavioral Therapy to treat depression as the primary disorder
 - B. A referral to a physician for antidepressant medication
 - C. Treatment of both disorders concurrently
 - D. Counseling for the alcohol use disorder as the depressive symptoms will most likely dissipate after detoxification and abstinence

Domain: Screening, Assessment, and Engagement

- 6. What is the MOST probable classification for a substance that causes a client to experience an instant euphoric flash when using?**
- A. Barbiturate
 - B. Narcotic
 - C. CNS Stimulant

Domain: Screening, Assessment, and Engagement

- 7. A client in a methadone maintenance program reports an increase in anxiety and drug cravings. It is MOST appropriate for the counselor to**
- A. refer the client to a physician to discuss a prescription for anti-anxiety medication.
 - B. determine if the client is experiencing anxiety associated with withdrawal.
 - C. identify potential triggers and coping mechanisms with the client to reduce the negative feelings.
 - D. discontinue methadone treatment and identify a more appropriate treatment modality.

Domain: Treatment Planning, Collaboration, and Referral

- 8. What is one of the first steps in the treatment planning process?**
- A. Establish goals for the client that need to be reached prior to discharge
 - B. Identify other professionals and referral sources that will be utilized during treatment to elicit their ideas
 - C. Determine treatment timelines to ensure all goals can be met prior to discharge
 - D. Prioritize the problems that have been identified during assessment in collaboration with the client

Domain: Treatment Planning, Collaboration, and Referral

9. Which of the following is NOT one of the basic principles of ethics?

- A. Justice
- B. Beneficence
- C. Right to Autonomy
- D. Right to Privacy

Domain: Professional and Ethical Responsibilities

10. Which of the following is an example of a treatment plan goal for a client?

- A. Incorporating healthy activities into everyday life
- B. Participating in two new positive activities every month they are in treatment
- C. Identifying and making a list of ten activities the client enjoys doing in their free time
- D. Attending individual therapy sessions once a week to reflect on positive life experiences they had the previous week.

Domain: Treatment Planning, Collaboration, and Referral

Answer Key			
1.	C	6.	C
2.	D	7.	B
3.	B	8.	D
4.	A	9.	D
5.	C	10.	A

Examination Reference List

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

1. Abadinsky, H. (2014). *Drug Use and Abuse (8th ed.)*. Belmont: Wadsworth Cengage Learning.

2. American Psychiatric Association. (2013). **Diagnostic and Statistical Manual of Mental Disorders (5th ed.)**. Washington, DC: American Psychiatric Association.
3. Center for Substance Abuse Treatment. (2004). **Substance Abuse Treatment and Family Therapy. Treatment Improvement Protocol (TIP) 39**. DHHS Publication No. (SMA) 05-4006. Rockville: Substance Abuse and Mental Health Services Administration.
4. Corey, G. (2013). **Theory and Practice of Counseling and Psychotherapy (9th ed.)**. Belmont: Brooks/Cole.
5. Corey, M. S., Corey, G., & Corey, C. (2014). **Groups: Process and Practice (9th ed.)**. Belmont: Brooks/Cole.
6. Coughlin, G., Kimbrough, S. S., & Kimbrough, L. L. (2008). **Patient Records and Addiction Treatment (4th ed.)**. Port Townsend: Lanstat Incorporated.
7. Davis, S. R., & Meier, S. T. (2011). **Elements of Counseling (7th ed.)**. Belmont: Brooks/Cole.
8. Doweiko, H. (2015). **Concepts of Chemical Dependency (9th ed.)**. Belmont: Brooks/Cole.
9. Geppert, S. & Weiss Roberts, L. (2008). **The Book of Ethics: Expert Guidance for Professionals Who Treat Addiction**. Center City: Hazelden.
10. Hart, C. L., & Ksir, C. (2013). **Drugs, Society and Human Behavior (15th ed.)**. New York: McGraw-Hill.
11. Inaba, D. S., & Cohen, W. E. (2011). **Uppers, Downers, All Arounders (7th ed.)**. Medford: CNS Productions, Inc.
12. Kinney, J. (2012). **Loosening the Grip (10th ed.)**. New York: McGraw-Hill.
13. Mee-Lee, D. (2013). **The ASAM Criteria: Treatment Criteria for Addictive, Substance-Related, and Co-Occurring Conditions**. Carson City: The Change Company.
14. Taleff, M. (2010). **Advanced Ethics for Addiction Professionals**. New York: Springer Publishing Company.
15. Van Wormer, K., & Davis, D. R. (2012). **Addiction Treatment: A Strengths Perspective (3rd.)**. Belmont: Brooks/Cole.

About IC&RC

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.