



CANDIDATE GUIDE

for the

IC&RC Advanced Alcohol & Drug Counselor Examination

Based on the 2008 Advanced Alcohol & Drug Counselor Job Analysis

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Setting Global Standards for Addiction Professionals

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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 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 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 the end of this guide 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 the end of this guide. 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 **2008 Advanced Alcohol & Drug Counselor** Job Analysis identified **ten** performance domains for the IC&RC Advanced Alcohol & Drug Counselor Examination:

1. Clinical Evaluation
2. Treatment Planning
3. Referral
4. Service Coordination
5. Counseling
6. Client, Family & Community Education
7. Documentation
8. Professional & Ethical Responsibilities
9. Research Design, Analysis & Utilization
10. Clinical Supervision

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.

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 1: Clinical Evaluation

Weight on exam: 12%

Associated Tasks:

- Establish rapport by demonstrating effective verbal and non-verbal communication.
- Discuss with the client the rationale, purpose, and procedures associated with the 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 in order to determine client's immediate needs.
- Administer the appropriate screening and assessment instruments specific to the client's age, developmental level, culture, and gender.

- Using interview techniques, gather and document relevant biopsychosocial information from the client and/or concerned others.
- Screen for physical, medical, and co-occurring disorders that might require referral for additional assessment.
- Formulate both initial and principle diagnosis(es) based on the signs and symptoms of impairment, withdrawal, and co-occurring disorders by interpreting observable behavior, laboratory data, and results of interview and assessment to determine the most appropriate level of care.
- Develop a comprehensive written summary based on the results of a biopsychosocial assessment performed by an advanced counselor and/or a multidisciplinary team.

Domain 2: Treatment Planning

Weight on exam: 10%

Associated Tasks:

- Explain and discuss with the client and concerned others the results of a comprehensive biopsychosocial assessment performed by an advanced counselor and/or a multidisciplinary team.
- Formulate and prioritize mutually agreed upon problems, immediate and long-term goals, measurable objectives, and treatment methods and resources based upon assessment findings.
- Collaborate with the client in reviewing and modifying the treatment plan.
- Apply pharmacological knowledge by incorporating substance specific and co-occurring disorder data.

Domain 3: Referral

Weight on exam: 6%

Associated Tasks:

- Recognize conditions that are outside the counselor's expertise that indicate the need for additional services.
- Identify referral needs; differentiating between client self-referral and direct counselor referral.
- Match client needs with community resources by considering client's abilities, gender, sexual orientation, developmental level, culture, ethnicity, age, and health status.

- Facilitate the client's participation with community resources by explaining the rationale for referral.
- Determine effectiveness and outcome of referrals by ongoing evaluation.

Domain 4: Service Coordination

Weight on exam: 7%

Associated Tasks:

- Establish and maintain community contacts by developing ongoing relationships with community leaders and other service providers.
- Match community resources with client needs in order to improve the effectiveness of treatment by considering cultural and lifestyle characteristics of clients.
- Advocate for the client's best interests by negotiating with appropriate systems.
- Ensure quality service coordination by evaluating the effectiveness of service coordination through collaboration with the client, treatment team members, and community resources.
- Consult with the client, family, professionals, and community resources, eliciting alternative views, in order to ensure the best continuum of care.

Domain 5: Counseling

Weight on exam: 20%

Associated Tasks:

- Educate the client regarding the structure, expectations, and limitations of the counseling process.
- Develop a therapeutic relationship with clients, families, and concerned others in order to facilitate self-exploration, disclosure, behavior change, and problem solving.
- 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 potential relapse in order to anticipate and respond to crises.
- Enhance treatment effectiveness by applying appropriate counseling strategies in order to 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.
- Apply pharmacological knowledge to the implementation of selected counseling strategies by incorporating substance-specific and biopsychosocial information.
- Monitor the client's progress by evaluating the effectiveness of counseling strategies; including crisis events, to determine the need to modify treatment.
- Develop an effective continuum of care plan; problem-solving with the client in order to strengthen ongoing recovery.
- Assist families and concerned others in understanding substance use and/or co-occurring disorders and in utilizing strategies that sustain recovery and maintain healthy relationships.
- Document all relevant aspects of treatment.

Domain 6: Client, Family, and Community Education

Weight on exam: 8%

Associated Tasks:

- Provide culturally relevant formal and informal education that raises awareness and knowledge of substance use, prevention, and recovery; including self-help, peer, and other support resources available in the community.
- 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, such as stress management, relaxation, communication, assertiveness and refusal skills, relevant to substance use and substance use disorders.
- Provide education on the biological, medical, and physical aspects of substance use in order to develop an understanding of the effects of chemical substances on the body.
- Provide education on the cognitive, emotional, and behavioral aspects of substance use in order to develop an understanding of the psychological aspects of substance use and substance use disorders.

- Provide education on the sociological and environmental effects of substance use in order to develop an understanding of the impact of substance use on the affected family system.
- Provide education on the continuum of care and resources available in order to develop an understanding of prevention, intervention, treatment, and recovery.
- Inform clients, concerned others, professionals, and the community about the biopsychosocial effects of psychoactive substances in accordance with current pharmacological literature in order to raise awareness, increase knowledge, and effect behavior change.
- Educate clients, concerned others, professionals, and the community about the impact of co-occurring disorders on both the individual and the community.

Domain 7: Documentation

Weight on exam: 10%

Associated Tasks:

- 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 informed written consent to release information from the client and/or legal guardian, according to best practices and administrative rules.
- Prepare accurate and concise screening, intake, assessment, and discharge documents.
- 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, and family sessions.
- Document all relevant aspects of service coordination activities.
- Document process, progress, and outcome measurements.

Domain 8: Professional and Ethical Responsibilities

Weight on exam: 13%

Associated Tasks:

- 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 counselor and client differences by gaining knowledge about personality, cultures, lifestyles, gender, sexual orientation, special needs, and other factors that influence client behavior.
- Recognize personal biases, feelings, concerns, and other issues in order to minimize interference from these variables in the counseling process.
- Continue professional development through self-evaluation, clinical supervision, consultation, and educational opportunities.
- Identify and evaluate patient issues that are outside of the counselor's scope of practice and refer to appropriate professionals.
- Advocate for populations affected by substance use and substance use disorders by initiating and maintaining effective relations with professionals, government entities, and communities.
- Engage in and apply current counseling and psychoactive substance use research literature to improve client care and enhance counselor's professional development.
- Assess personal life choices and circumstances with the willingness to change behavior and seek assistance as appropriate by maintaining an awareness of present interests and problems.
- Protect the integrity of the profession and best interests of clients by identifying, reporting, and advocating for the impaired professional.
- Protect the integrity of the profession and best interests of clients by identifying and reporting unethical practices.

Domain 9: Research Design, Analysis, and Utilization

Weight on exam: 5%

Associated Tasks:

- Apply research findings to program development and clinical practice by integrating new information into existing programs.
- Develop procedures and measures to monitor program efficacy.
- Use program data and outcome measures to incorporate changes into the program design.

Domain 10: Clinical Supervision

Weight on exam: 9%

Associated Tasks:

- Create a safe environment that supports self-exploration and that is conducive to the counselor's professional development.
- Establish a supervisory relationship with clinical staff and/or interns by conducting periodic, face-to-face supervisory sessions.
- Adapt supervisory strategies to match the counselor's needs; including abilities, gender, sexual orientation, developmental level, culture, ethnicity, age, and health status.
- Assess the individual strengths and weaknesses of the counselor by reviewing education, experience, and counseling activities.

Total number of examination questions: 150

Total Number of pretest question: 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 2008 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. Effective counselor/supervisor relationships include all of the following EXCEPT:

- A. the supervisor assessing the counselor's ability to take a stand.
- B. ongoing feedback.
- C. a climate conducive to feedback.
- D. a standardized, objective format.

Domain: Clinical Supervision

2. In supervisory intervention, supervisors' remarks which promote self-exploration, conceptualization, and more inclusive integration of methods are described as:

- A. Catalytic.
- B. Facilitative.
- C. Confrontive.
- D. Conceptual.

Domain: Clinical Supervision

3. All of the following are models of clinical supervision EXCEPT:

- A. Influential.
- B. Structural.
- C. Rational-emotive.
- D. Symbolic.

Domain: Clinical Supervision

4. According to David Powell and Archie Brodsky in *Clinical Supervision in Alcohol and Drug Counseling*, the four overlapping foci of effective supervision include all of the following EXCEPT:

- A. Supportive.
- B. Clinical.
- C. Evaluative.
- D. Didactic.

Domain: Clinical Supervision

5. **Use the following frequency distribution to answer questions 5 and 6.**

Score	Frequency
48	1
49	0
50	3
51	6
52	9
53	11
54	12
55	8
56	7

The median is:

- A. 51.
- B. 53.
- C. 54.
- D. 55.

Domain: Research Design, Analysis, & Utilization

6. **Rounded to the nearest hundredth, the mean is:**

- A. 52.00.
- B. 53.37.
- C. 51.64.
- D. 52.73.

Domain: Research Design, Analysis, & Utilization

7. **The general approach to analysis in case studies based on interview and literature data where content analysis is used may BEST be characterized as:**

- A. Objective.
- B. Positivist.
- C. Qualitative.
- D. Quantitative.

Domain: Research Design, Analysis, & Utilization

8. **To estimate the degree to which two sets of scores derived from the same sample vary together, you would calculate:**

- A. a correlation coefficient.
- B. the standard deviation.
- C. a t-statistic.
- D. an F statistic.

Domain: Research Design, Analysis, & Utilization

9. **ASAM adolescent admission criteria for level IV medically managed intensive inpatient treatment lists several biomedical conditions and complications. All of the following are part of those criteria EXCEPT:**
- A. Disulfiram-alcohol reactions.
 - B. Biomedical evidence of a co-existing serious injury or biomedical illness, newly discovered or ongoing.
 - C. Recurrent or multiple seizures.
 - D. Substance use that greatly complicates or exacerbates previously diagnosed medical conditions.

Domain: Clinical Evaluation

10. **A client suffering from alcohol hallucinosis and presenting for treatment exhibiting auditory hallucinations and delusions of persecution:**
- A. does not warrant emergency medical attention.
 - B. can readily provide an in-depth history of the amount of alcohol consumed.
 - C. should be hospitalized immediately and prescribed antidepressants.
 - D. cannot easily be evaluated to determine an accurate history of the exact amount of consumption.

Domain: Clinical Evaluation

11. **Cognitive risk factors for relapse include all of the following EXCEPT:**
- A. Overconfidence.
 - B. Positive moods and feelings of success.
 - C. Difficulty overcoming negative moods.
 - D. Belief that addiction is not a disease.

Domain: Clinical Evaluation

12. **According to a study conducted by J.E. Helger on controlled drinking modality, what percentage of alcohol users maintain at a social drinking level?**
- A. 2%
 - B. 12%
 - C. 22%
 - D. 32%

Domain: Research Design, Analysis, & Utilization

13. **Harold has a dual diagnosis and has developed side effects from a drug involving the extrapyramidal motor system. What drug has Harold MOST likely been taking?**
- A. Lithium carbonate
 - B. An antidepressant
 - C. An anti-inflammatory drug
 - D. A major tranquilizer

Domain: Clinical Evaluation

14. **Post-acute withdrawal syndrome is a neurological consequence of alcoholism which predisposes a person to:**
- A. delirium tremens.
 - B. complete recovery.
 - C. contentment.
 - D. relapse.

Domain: Clinical Evaluation

15. **All of the following are descriptions of a cognitive-behavioral model of therapy EXCEPT:**
- A. empathic relationship between counselor and patient, relaxation training, and homework assignments.
 - B. daily thought record (DTR), role playing, and imagery.
 - C. activity monitoring and scheduling, exercise, and stimulus control.
 - D. education, focus on family of origin issues, and confrontation of belief system.

Domain: Counseling

Answer Key

1.	A	6.	B	11.	B
2.	A	7.	C	12.	A
3.	C	8.	A	13.	D
4.	D	9.	B	14.	D
5.	B	10.	D	15.	D

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.

1. Abadinsky, H. (2011). *Drug Use and Abuse (7th ed.)*. Belmont: Wadsworth Cengage Learning.
2. American Psychiatric Association. (2000). *Diagnostic and Statistical Manual of Mental Disorders Fourth Edition Text Revision*. Washington, DC: American Psychiatric Association.
3. Babor, T., Caetano, R., Casswell, S., Edwards, G., Giesbrecht, N., Graham, K., et al. (2010). *Alcohol: No Ordinary Commodity. Research and Public Policy (2nd ed.)*. Oxford: Oxford University Press.
4. Center for Substance Abuse. (2009). *Clinical Supervision and Professional Development of the Substance Abuse Counselor. Treatment Improvement Protocol (TIP) Series 52. DHHS Publication No. (SMA) 09-4435*. Rockville: Substance Abuse and Mental Health Services Administration.
5. Center for Substance Abuse Treatment. (2006). *Addiction Counseling Competencies: The Knowledge, Skills, and Attitudes of Professional Practice. Technical Assistance Publication (TAP) Series 21. DHHS Publication No. (SMA) 08-4171*. Rockville: Substance Abuse and Mental Health Services Administration.
6. Center for Substance Abuse Treatment. (2007). *Competencies for Substance Abuse Treatment Clinical Supervisors. Technical Assistance Publication (TAP) Series 21-A. DHHS*

Publication No. (SMA) 07-4243. Rockville: Substance Abuse and Mental Health Services Administration.

7. 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.
8. Corey, G. (2009). *Theory and Practice of Counseling and Psychotherapy (8th ed.)*. Belmont: Brooks/Cole.
9. Corey, G., Corey, M. S., & Callanan, P. (2011). *Issues and Ethics in the Helping Professions (8th ed.)*. Belmont: Brooks/Cole.
10. Corey, M. S., Corey, G., & Corey, C. (2010). *Groups: Process and Practice (8th ed.)*. Belmont: Brooks/Cole.
11. Coughlin, G., Kimbrough, S. S., & Kimbrough, L. L. (2008). *Patient Records and Addiction Treatment (4th ed.)*. Port Townsend: Lanstat Incorporated.
12. Davis, S. R., & Meier, S. T. (2011). *Elements of Counseling (7th ed.)*. Belmont: Brooks/Cole.
13. Doweiko, H. (2012). *Concepts of Chemical Dependency (8th ed.)*. Belmont: Brooks/Cole.
14. Evans, A. N., & Rooney, B. J. (2011). *Methods in Psychological Research (2nd ed.)*. Thousand Oaks: SAGE Publications.
15. Hart, C. L., & Ksir, C. (2011). *Drugs, Society and Human Behavior (14th ed.)*. New York: McGraw-Hill.
16. Herdman, J. W. (2008). *Global Criteria: The 12 Core Functions of the Substance Abuse Counselor (5th ed.)*. Lincoln: John W. Herdman.
17. Inaba, D. S., & Cohen, W. E. (2011). *Uppers, Downers, All Arounders (7th ed.)*. Medford: CNS Productions, Inc.
18. Kinney, J. (2012). *Loosening the Grip (10th ed.)*. New York: McGraw-Hill.
19. Lee, W. M., Blando, J. A., Mizelle, N. D., & Orozco, G. L. (2007). *Introduction to Multicultural Counseling for Helping Professionals (2nd ed.)*. New York: Routledge Taylor & Francis Group.
20. Miller, W. R., & Rollnick, S. (2002). *Motivational Interviewing (2nd ed.)*. New York: The Guilford Press.

21. Van Wormer, K., & Davis, D. R. (2008). *Addiction Treatment: A Strengths Perspective (2nd ed.)*. Belmont: Brooks/Cole.
22. White, W. L., & Popovits, R. M. (2001). *Critical Incidents: Ethical Issues in the Prevention and Treatment of Addiction (2nd ed.)*. Bloomington: Lighthouse Institute.

About IC&RC

IC&RC is the global leader in the credentialing of prevention, addiction treatment, and recovery professionals. Organized in 1981, it provides standards and examinations to certification and licensing boards in 24 countries, 47 states and territories, five Native American regions, and all branches of the U.S. military.

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.

With more than 45,000 professionals in prevention, alcohol and drug counseling, clinical supervision, criminal justice addictions, and co-occurring disorders, IC&RC represents up to half of all substance abuse professionals in the U.S.

HAND SCORE REQUEST



IC&RC

Leading the World in Credentialing
Prevention, Addiction Treatment and Recovery Professionals

Return form & Payment to:

IC&RC
298 S. Progress Avenue
Harrisburg, PA 17109

717-540-4457 (fax) or info@internationalcredentialing.org (email)

Fee: \$60.00

Payable by Check, Money Order, Visa or MasterCard

Hand Score Requests verify examination scores by hand scoring a candidate’s exam responses to the examination master key. A Hand Scores do not challenge the design or content of an examination.

Please allow 3-4 weeks for processing. Notification of the results of the Hand Score will be sent to you from IC&RC’s testing company, SMT. Please note that all exams have already been scored twice before they are reported.

Requests for Hand Scoring must be submitted to the IC&RC Office no later than 30 days after your examination.

Name (print): _____

Date of Exam: _____

Social Security or Candidate ID Number: _____

Address: _____

Name of Certification Board: _____

City/Providence, State/Country, Zip: _____

Email: _____ Phone: _____

- Exam:** Counselor Advanced Counselor Clinical Supervisor Prevention Specialist
- Criminal Justice Co-Occurring Disorders Co-Occurring Disorders Diplomat Peer Recovery

For Credit Card Users:

- Master Card Visa

Name	Account number + 3 digit security code	Expiration Date
------	----------------------------------------	-----------------

Billing address (if different from above)

City	State	Zip
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Signature _____



IC&RC EXAM ADMINISTRATION GRIEVANCE PROCESS

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 below. 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.

Return grievance statements and forms to IC&RC.

Mail:

IC&RC
298 S. Progress Ave.
Harrisburg, PA 17109

Fax:

+1(717)540-4458

Email:

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Setting Global Standards for Addiction Professionals

IC&RC EXAM ADMINISTRATION GRIEVANCE FORM



Complete this form and return it to IC&RC with a grievance statement as described above at:

Mail: IC&RC
298 S. Progress Ave.
Harrisburg, PA 17109
Fax: +1(717)540-4458
Email: info@internationalcredentialing.org

Fee: \$60.00 Payable to IC&RC by Check, Money Order, Visa or MasterCard

Please allow 3-4 weeks for processing. When warranted, candidates will be offered a free retake for their next examination and the Grievance Fee will be refunded.

Requests for Exam Administration Grievance must be submitted to the IC&RC Office no later than **14 calendar days** after your examination administration.

Name (print): _____ **Date of Exam:** _____

Address: _____

City/Providence, State/Country, Zip: _____

Email: _____ **Phone:** _____

Name of IC&RC Member Board: _____

Name and location of testing center: _____

Name of proctor on duty (if known): _____

- Exam:** Counselor Advanced Counselor Clinical Supervisor Prevention Specialist
 Criminal Justice Co-Occurring Disorders Co-Occurring Disorders Diplomate Peer Recovery

For Credit Card Users: Master Card Visa

Name

Account Number + 3 digit security code

Billing address if different from above)

Expiration Date (MM/YY)

City State Zip

Signature