

CANDIDATE GUIDE

International Examination for Co-Occurring Disorders Professionals & Co-Occurring Disorders Professionals Diplomate

Based on the 2008 Job Task Analysis



IC&RC

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About IC&RC

Incorporated in 1981, and currently headquartered in Harrisburg, PA, IC&RC is a not-for-profit voluntary membership organization comprised of certifying agencies involved in credentialing or licensing alcohol and drug counselors, clinical supervisors, prevention specialists, co-occurring disorders professionals and criminal justice professionals.

IC&RC includes 73 organizations representing more than 40,000 certified professionals internationally.

IC&RC's Mission is to protect the public by establishing standards and facilitating reciprocity for the credentialing of addiction-related professionals.

The purposes of IC&RC are:

- To advance international reciprocal standards in credentialing in the alcohol and drug treatment, prevention, and clinical supervision fields.
- To provide competency-based credentialing products which promote and sustain public protection.
- To develop partnerships with other organizations, governmental agencies, and groups concerned with the quality of care/services in the alcohol and drug profession.
- To foster an international organization based upon participatory government.

Purpose of the Candidate Guide

The International Examination for Co-Occurring Disorders Professionals is the first examination to test knowledge and skills about co-occurring disorders on an international level. It has been developed by IC&RC through the cooperation of its Member Boards and their strong desire to have an international exam that is based on current practice in the field. This examination is unique in that it is used for both Co-Occurring Disorders Professional and Co-Occurring Disorders Professional Diplomat credentials.

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

Examination Development

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

The development of a valid examination for the IC&RC credentialing process begins with a clear and concise definition of the knowledge, skills, and abilities needed for competent job performance. Using interviews, surveys, observation, and group discussions, IC&RC works with experts in the field of co-occurring disorders to delineate critical job components. The knowledge and skill bases for the questions in the examination are derived from the actual practice of the professional in the co-occurring disorders field as outlined in the 2008 IC&RC Co-Occurring Professional Job Task Analysis.

IMPORTANT INFORMATION REGARDING IC&RC EXAMS

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

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

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

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

In a larger context, the need to stay current with industry standards and the existence of incentives for cheating are the most compelling reasons to include pretest questions on examinations. Pretesting items allows the examination to stay current with the profession. The field is constantly evolving, and it is important that the examination reflect current practice and the knowledge, skills, and abilities required of competent practitioners. Including pretest items also allows IC&RC to produce more test forms which increases the security of our examinations.

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

Examination Content

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

Domain 1: Screening and Assessment**Number of Questions: 25**

Engage client and establish rapport.

Gather and document client information.

Recognize signs and symptoms of substance use disorders.

Recognize signs and symptoms of psychiatric disorders.

Recognize interactions between co-existing mental health, substance use, and other health care issues.

Utilize relevant screening and assessment instruments.

Understand the person's diagnostic profile and review results with the treatment team.

Domain 2: Crisis Prevention and Management**Number of Questions: 24**

Develop and implement a crisis prevention plan.

Conduct an immediate risk assessment to determine the existence of an emergency or crisis situation.

Evaluate the nature and level of risk in a crisis situation.

Implement an immediate course of action appropriate to the crisis.

Debrief parties impacted by the crisis.

Develop and implement an individualized crisis follow-up plan.

Domain 3: Treatment and Recovery Planning**Number of Questions: 24**

Interpret and evaluate assessments and clinical data received from the individual, support systems, and other relevant sources to determine treatment and recovery needs.

Engage the individual and support system in a comprehensive treatment planning process.

Collaboratively identify and prioritize treatment needs with the individual and support system. In collaboration with the person served, develop and implement integrated treatment and recovery goals using measurable objectives.

In collaboration with the person served, identify and implement stage specific measurable steps to achieve short and long-term goals, utilizing the individual's strengths and weaknesses.

Monitor and document individual's progress toward treatment and recovery goals, modifying the plan as necessary.

Develop integrated discharge and continuing care plans.

Domain 4: Counseling

Number of Questions: 23

Provide a safe, welcoming, and empathic environment in order to facilitate a collaborative relationship with the person and support systems.

Develop and maintain an ongoing therapeutic relationship.

Utilize evidence-based integrated counseling strategies and techniques.

In collaboration with the person served, evaluate the effectiveness of counseling interventions and strategies and modify recovery plan where appropriate.

Domain 5: Management and Coordination of Care

Number of Questions: 24

Collaborate with the individual and support systems to match services with identified needs and client preferences.

Develop treatment and recovery options in a collaborative manner.

Access, coordinate, and facilitate appropriate referrals which maximize treatment and recovery opportunities in partnership with the person served.

Monitor, evaluate, and advocate within the service delivery system to ensure client access to necessary services.

Assist the client in navigating the service delivery system effectively communicating their recovery needs.

Domain 6: Education of the Person, Their Support System, and the Community

Number of Questions: 15

Educate the person and family about the symptoms of specific disorders, their interactive effects, and the relationship between symptoms and stressors.

Educate the person and support system about the recovery process.

Educate the person and the support system about available self-help and peer groups in the recovery process.

Educate the person and support system about self-advocacy and empowerment.

Educate society about the relationship between mental health and substance use.

Domain 7: Professional Responsibility

Number of Questions: 15

Adhere to multi-disciplinary codes of ethics, laws, and standards of practice.

Follow appropriate policies and procedures by adhering to laws and regulations regarding substance use and mental health treatment as they relate to integrated care.

Recognize and maintain professional and personal boundaries.

Engage in continuing professional development.

Participate in clinical and administrative supervision and consultation.

Advocate for public policy and resource development in support of integrated services.

Total number of examination questions: 150

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

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

Sample Questions

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

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

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

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

1. Hearing or seeing things that are **NOT** really there is an example of:
 - A. mood and affect.
 - B. hallucinations.
 - C. delusions.
 - D. ideas of reference.

2. A counselor is conducting a suicide risk assessment on a new patient. Which of the following would be considered inappropriate?
 - A. Do you know you will go to hell if you kill yourself?
 - B. Do you want to die?
 - C. Do you think about injuring or killing yourself?
 - D. What is it that keeps you from killing yourself?

3. Which of the following is a model of service utilized to identify psychosocial needs, link to resources, and coordinate and monitor services?
 - A. Case management
 - B. Treatment planning
 - C. Psychotherapy
 - D. Empowerment

4. With respect to the therapeutic relationship, one of the **MOST** important and **PRIMARY** goals of the counselor is to:
- A. establish an alliance or rapport with the client.
 - B. ensure an accurate diagnosis.
 - C. determine the most appropriate level of care.
 - D. ensure that all appropriate releases are signed.
5. Adherence to treatment is important to the extent that it leads to improved:
- A. client/therapist relationship.
 - B. treatment outcomes.
 - C. social and family relationships.
 - D. community tenure.
6. One important component of integrated co-occurring treatment that has been supported by several studies is:
- A. intensive outpatient.
 - B. short-term, inpatient detoxification.
 - C. cognitive-behavioral counseling.
 - D. twelve-step groups.
7. Culturally skilled counselors can demonstrate their awareness of a client's world view by being:
- A. aware of their own negative emotional reactions toward other racial or ethnic groups.
 - B. knowledgeable about how race/culture affects personality formation.
 - C. familiar with institutional barriers that prevent minorities from using mental health/drug and alcohol services.
 - D. familiar with relevant research and the latest findings regarding mental health/mental disorders of various ethnic and racial groups.

Answer Key

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

Scoring

SMT will score all examinations and send score reports to the designated IC&RC Member Board. Scores will be broken down by category so that candidates can see areas of strength and weakness. This process takes approximately four to six weeks for paper and pencil results. Preliminary computer based exam scores are provided to candidates immediately following completion of the exam.

Scores are reported on a scale ranging from 200-800. The minimum scaled passing score will be set at 500 for all versions of the examinations. A candidate who scores at or above 500 on the examination will have passed the examination, while a candidate who scores below 500 will have failed the examination.

The examinations are weighted equally and each test form uses different questions. This will not make it easier or more difficult for candidates to pass any examination version. The number of questions will remain at 150. As always, a candidate's score will be based on the number of questions answered correctly. Linear equating will still be used to equalize the difficulty of all versions of the examination.

Appeals, Hand Scoring, and Test Disclosure

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

Examination Rules

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

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

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

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

Special Accommodations

Individuals with disabilities and/or religious obligations that require modifications in test administration may request specific procedure changes, in writing, to the relevant IC&RC Member Board. With the written request, the candidate must provide official documentation of the accommodation requested or religious issue. Candidates should contact their IC&RC Member Board on what constitutes official documentation. The IC&RC Member Board will offer appropriate modifications to its procedures when documentation supports the need for them.

Admission to the Examination, Examination Dates, and Registration

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

Study References

The following resources were compiled as suggested reading to assist candidates preparing for the Co-occurring Disorders Professional examination. Consulting these and other references may be beneficial to candidates. Please note that this is not a comprehensive listing of all references and that not all questions on the examination came from these references.

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4. Center for Substance Abuse Treatment. *Assessment and Treatment of Patients with Coexisting Mental Illness and Alcohol and Other Drug Abuse*. Treatment Improvement Protocol (TIP) 9. DHHS Publication No. (SMA) 00-3400, 2000.
5. Center for Substance Abuse Treatment. *Enhancing Motivation for Change in Substance Abuse Treatment*. Treatment Improvement Protocol (TIP) 35. DHHS Publication No. (SMA) 99-3354, 1999.
6. Center for Substance Abuse Treatment. *Substance Abuse Treatment For Persons With Co-Occurring Disorders*. Treatment Improvement Protocol (TIP) 42. DHHS Publication No. (SMA) 05-3992, 2005.
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8. Cohen, B. *Theory and Practice of Psychiatry*. Oxford Press, 2003.
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13. Evans, K. and Sullivan, J.M. *Dual Diagnosis: Counseling the Mentally Ill Substance Abuser*, 2nd Ed. Guilford Press, 2001.
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16. Lee, W.M.L. *Multicultural Counseling*. Accelerated Development, 1999.
17. Legal Action Center. *Confidentiality: A Guide to Federal Law and Regulations*. 1995.
18. Miller, N.S. *Treatment Coexisting Psychiatric and Addictive Disorders: A Practical Guide*. Hazelden, 1994.
19. Miller, W.R. and Rollnick, S. *Motivational Interviewing*, 2nd Ed. Guilford Press, 2002.
20. Mueser, K.T., Noordsy, D.L., Drake, R.E., and Fox, L. *Integrated Treatment for Dual Disorders: A Guide to Effective Practice*. Guilford Press, 2003.
21. Substance Abuse and Mental Health Services Administration. *Report To Congress on the Prevention and Treatment of Co-Occurring Substance Abuse Disorders and Mental Disorders*. 2002.
22. Westermeyer, J.J., Weiss, R.D., and Ziedonis, D.M. *Integrated Treatment for Mood and Substance Use Disorders*. John Hopkins University Press, 2003.