

CANDIDATE GUIDE

International Examination for Clinical Supervisors

Based on the 2008 Job Task Analysis



IC&RC

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Revised July 2011

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 Clinical Supervisors is the first examination to test knowledge and skills about current practices on an international level. It has been developed by IC&RC through the cooperation of its Member Boards and their strong desire to have an international exam that is based on current practice in the field.

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

Examination Development

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

The development of a valid examination for the IC&RC credentialing process begins with a clear and concise definition of the knowledge, skills, and abilities needed for competent job performance. Using interviews, surveys, observation, and group discussions, IC&RC works with experts in the field of alcohol and drug to delineate critical job components. The knowledge and skill bases for the questions in the examination are derived from the important elements required for competent, entry level practice in the clinical supervisor profession, as outlined in the 2008 IC&RC Clinical Supervisor 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 Clinical Supervisor Job Task Analysis identified six performance domains for the Clinical Supervisor. 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: Counselor Development

Number of Questions: 36

Build a supportive and individualized supervisory alliance, which includes teaching the purpose of clinical supervision, using it effectively, and respecting professional boundaries.

Maintain a constructive supervisory learning environment that fosters awareness of oneself and others, motivation, self-efficacy, enthusiasm, and two-way feedback.

Demonstrate multicultural competencies and help supervisees develop skills of empathy and acceptance specific to working with culturally diverse clients.

Provide timely and specific feedback to supervisees on their conceptualization of client needs, attitudes towards clients, clinical skills, and overall performance of assigned responsibilities.

Create a professional development plan with supervisees that include mutually approved goals and objectives for improving job performance, a timeline for expected accomplishments, and measurements of progress and goal attainment.

Implement a variety of direct supervisory activities to teach and strengthen supervisees' theoretical orientation, professional ethics, clinical skills, and personal wellness.

Help supervisees recognize, understand, and cope with unique problems of transference and countertransference when working with clients and substance use disorders.

Educate supervisees regarding developments in the addictions and behavioral healthcare fields to ensure best practices in consumer care.

Encourage and help supervisees develop a personal wellness plan to manage their stress and avoid compassion fatigue and burnout.

Domain 2: Professional and Ethical Standards

Number of Questions: 30

Practice only within one's areas of clinical and supervisory competence.

Ensure that supervisors and supervisees are familiar with and are adherent to relevant professional codes of ethics, client's rights documents, and laws and regulations that govern both counseling and clinical supervision practices.

Follow due process guidelines when responding to grievances and ensure that supervisees know their rights as employees and understand the organization's employee grievance procedures.

Pursue personal and professional development by participating in related professional educational activities in order to improve supervisory competence.

Recognize the supervisees' unique personality, culture, lifestyle, values and attitudes, and other factors to enhance his/her professional development.

Ensure that supervisees inform clients about the limits of confidentiality.

Ensure that supervisees inform clients about supervision practices and obtain documented informed consent from clients as appropriate.

Use and teach supervisees various ethical decision-making models and monitor their use to ensure their ethical treatment of clients.

Understand the risks of dual relationships and potential conflicts of interest and maintain appropriate relationships at all times.

Provide timely consultation and guidance to supervisees in situations that present moral, legal, and/or ethical dilemmas.

Ensure that supervisees maintain complete, accurate, and necessary documentation, including detailed descriptions of critical situations.

Understand the reporting process for ethical violations to the appropriate professional organizations or regulatory authorities.

Intervene immediately and take action as necessary when a supervisee's job performance appears to present problems.

Maintain familiarity with consensus- and evidence-based best practices in the treatment of substance use disorders.

Seek supervision and consultation to evaluate one's personal needs for training and education, receive and discuss feedback on supervisory job performance, and implement a professional development plan.

Development and maintain a personal wellness plan for physical and mental health.

Domain 3: Program Development and Quality Assurance

Number of Questions: 18

Structure and facilitate staff learning about specific consensus- and evidence-based treatment interventions, program service design, and recovery models relevant to the organization and the population it serves.

Understand the balance between fidelity and adaptability when implementing new clinical practices.

Advocate within the agency for ongoing quality improvement, including strategies for enhancing client access, engagement, and retention in treatment.

Support the organization's quality assurance plan and comply with all monitoring, documenting, and reporting requirements.

Develop program goals and objectives that are consistent with the organization's quality assurance plan.

Program development methods.

Facilitate development and implementation of professional quality improvement guidelines, forms, and instruments to monitor client outcomes and/or upgrade organizational performance.

Advocate for the organization's target population throughout the entire continuum of care as an agent of organizational change.

Build and maintain relationships with referral sources and other community programs to expand, enhance, and expedite service delivery.

Identify and assess program needs and develop a plan to improve clinical services and program development.

Domain 4: Performance Evaluation

Number of Questions: 18

Communicate agency expectations about the job duties and competencies, performance indicators, and criteria used to evaluate job performance.

Understand the concept of supervision as a two-way evaluation process with each party providing feedback to the other, including constructive sharing and resolution of disagreements.

Assess supervisees' professional development, cultural competence, and proficiency in the addiction counseling competencies.

Assess supervisees' performance of tasks and/or clinical functioning by interviews, observations, review of case records, use of evaluation tools, and client/family feedback.

Differentiate between counselor development issues and those requiring corrective action (e.g., ethical violations, incompetence).

Assess supervisees' preferred learning style, motivation, and suitability for the work setting.

Institute an ongoing formalized, proactive process that identifies supervisees' training needs, actively involves supervisees in conjointly reviewing goals and objectives, and reinforces performance improvement with positive feedback.

Communicate feedback clearly, including timely written feedback, regarding performance deficits, weak competencies, or harmful activities and ensure that supervisees understand the feedback.

Address and manage relational issues common to evaluation, including anxiety, disagreements, and full discussion of performance problems.

Self-assess for evaluator bias (e.g., leniency, overemphasis on one area of performance, favoritism, stereotyping) and conflict with other supervisory roles.

Adhere to professional standards of ongoing supervisory documentation, including written individual development plans, supervision session notes, written documentation of corrective actions, and written recognition of good performance.

Domain 5: Administration

Number of Questions: 15

Ensure that comprehensive orientation is provided to new employees, including areas such as the organization's client population, mission, vision, policies, and procedures.

Develop, evaluate, and monitor clinical policies and procedures using regulatory standards to ensure compliance.

Involve the supervisees in designing and scheduling their activities to maintain clinically effective service delivery.

Participate in the hiring/termination, performance recognition, disciplinary action, and other personnel decisions to maintain high standards of clinical care.

Ensure workforce is trained to meet service delivery needs.

Domain 6: Treatment Knowledge

Number of Questions: 33

Have professional experience with and knowledge of the field of addictions, social and behavioral science, and self-help philosophy.

Understand the limitation of addiction treatment in general; its relationship to sustained, long-term recovery; and the specific limitation of the models or design in use by supervisees.

Understand the principles of addiction prevention and treatment.

Understand the addiction process and recovery management.

Understand the limitations of and appropriateness of assessment and evaluation tools utilized in the addiction field.

Understand the use of pharmacological interventions and interactions.

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 Clinical Supervisors were developed from the tasks identified in the 2008 IC&RC Clinical Supervisor 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 Clinical Supervisor Job Task Analysis available through IC&RC.

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

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. Which counselor behavior is an effective method for dealing with denial?
 - A. Stating the client is not ready to change
 - B. Asking circular questions
 - C. Self-disclosure
 - D. Consultation

2. Which of the following is a common symptom of the later stages of burnout?
 - A. Aggression
 - B. Apathy
 - C. Depression
 - D. Dissociation

3. Group supervision is an effective means to promote skill development for the beginning counselor because it gives the:
 - A. clinical supervisor a basis for reassigning cases when appropriate.
 - B. clinical supervisor a forum to promote staff cohesiveness and morale.
 - C. counselor the opportunity to receive peer support and feedback.
 - D. counselor an opportunity to develop trusting relationships with other counselors.

4. What are the **MOST** effective ways the supervisor can demonstrate supervisory involvement and prevent malpractice?
 - A. Consultation and documentation
 - B. Role-playing and role modeling
 - C. Counseling and documentation
 - D. Co-facilitation and feedback

5. Clients should be informed of a supervisory relationship because:
- A. any observation will inhibit the client.
 - B. the client may question the credibility of the counselor.
 - C. the client's care will be discussed openly in agency staff meetings.
 - D. the supervisor has a relationship with the client through the counselor.
6. Command-control and networked, team-based are examples of:
- A. organizational structures.
 - B. effective supervision.
 - C. program strategy.
 - D. leadership principles.
7. Which of the following situations allows the supervisor to provide the **MOST** effective feedback to the counselor?
- A. Self-report of a session by the counselor
 - B. Audiotape review of a session by the supervisor
 - C. Supervisor participation in a session as a co-therapist
 - D. Role-play with the supervisor and the counselor
8. The **BEST** management technique to use in order to maintain effective programming and to ensure a maximum level of client care is:
- A. practicing linkage and networking strategies.
 - B. monitoring supervisees regularly for signs of burnout.
 - C. reviewing daily program schedules.
 - D. matching clients to appropriate staff and level of care.
9. According to IC&RC standards, certification is:
- A. an important aspect of counselor development.
 - B. a requirement for many member boards.
 - C. a critical element for the protection of the public.
 - D. an unnecessary step to gain licensure.
10. When presented with conflicting messages, communicators are **MOST** likely to rely on the:
- A. non-verbal message.
 - B. verbal message.
 - C. most recent message.
 - D. context of message.

Answer Key

- | | |
|------|-------|
| 1. B | 6. A |
| 2. B | 7. C |
| 3. C | 8. D |
| 4. A | 9. C |
| 5. D | 10. 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 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 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 Clinical Supervisor 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. American Psychiatric Association. *Diagnostic and Statistical Manual of Mental Disorders*, 4th Ed., DSM-IV-TR (Text Revision). American Psychiatric Association, 2000.
2. Bernard, J. and Goodyear, R. *Fundamentals of Clinical Supervision*, 3rd Ed. Allyn and Bacon, 2003.
3. Corey, Gerald. *Theory and Practice of Counseling and Psychotherapy*, 8th Ed. Brooks/Cole, 2008.
4. Corey, G., Corey, M., and Callanan, P. *Issues and Ethics In The Helping Professions*, 7th Ed. Brooks/Cole, 2006.
5. Haynes, R., Corey, G., and Moulton, P. *Clinical Supervision in the Helping Professions*. Brooks/Cole, 2003.
6. Inaba, Darryl. *Uppers, Downers, All-Arounders*, 6th Ed. CNS Publications, 2007.
7. Kenney, Jean. *Loosening the Grip*, 9th Ed. McGraw-Hill, 2008.
8. Powell, David. *Clinical Supervision in Alcohol and Drug Abuse Counseling*, Revised Ed. Jossey-Bass, 2004.
9. US Department of Health & Human Services, Center for Substance Abuse Treatment. *Addiction Counseling Competencies: The Knowledge, Skills, and Attitudes of Professional Practice*. Technical Assistance Publication (TAP) Series 21. DHHS Publication No. (SMA) 06-4171. 2006.
10. US Department of Health & Human Services, Center for Substance Abuse Treatment. *Competencies for Substance Abuse Treatment Clinical Supervisors*. Technical Assistance Publication (TAP) Series 21-A. DHHS Publication No. (SMA) 07-4243). 2007.