

CANDIDATE GUIDE

International Certification Examination for Co-Occurring Disorders Professionals

Based on the 2008 Job Task Analysis Assessment Report

IC&RC
298 S. Progress Avenue
Harrisburg, PA 17109
717-540-4457 - phone
717-540-4458 - fax
www.icrcaoda.org
info@icrcaoda.org

Revised August 2008

©2008 International Certification and Reciprocity Consortium. (IC&RC). All rights reserved. No part of this document may be reproduced in any form without written authorization from IC&RC.

About IC&RC, Inc.

The International Certification and Reciprocity Consortium. (IC&RC) is a not-for-profit, voluntary membership organization whose members are alcohol and drug abuse certification boards. Incorporated in 1981, IC&RC currently consists of over 37,000 alcohol and other drug abuse professionals certified by more than 73 IC&RC member certification boards. IC&RC's mission is to establish, monitor, and advance reciprocal competency standards for alcohol and other drug abuse professionals and to support the member boards, which serve the public.

The purposes of IC&RC are:

- To advance international reciprocal standards in credentialing in the alcohol and other drug abuse 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 other drug abuse 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 the 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 written examination process. By providing you with background information on examination development and sample questions, your preparation for the International Examination for Certified 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 Certification Examination for Certified 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 certification 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 CCDP Job Task Analysis Assessment Study.

Examination Content

The 2008 IC&RC CCDP Job Analysis Study identified seven (7) performance domains for the Certified 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: 3 ½ hours

Sample Questions

The questions on the International Certification Examination for Co-Occurring Disorders Professionals were developed from the tasks identified in the 2008 IC&RC CCDP Job Task Analysis Study. 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 brochure under Examination Content. For a complete list of tasks and their related

knowledge and skills, please see the 2008 IC&RC CCDP Job Task Analysis Study available through the 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 mail score reports to the designated Certification 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.

Beginning in March 2008, IC&RC confirmed the score reporting procedure for the International Certification Examinations. 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 thirty (30) days of receiving examination results. To initiate this process, contact the IC&RC for a Hand Scoring Form. SMT will hand score the examination and mail 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 on the Admission Ticket. If an emergency arises, and you are unable to take the examination as scheduled, you should call the appropriate Certification 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, no fewer than 60 days prior to the scheduled test date. With the written request, the candidate must provide official documentation of the accommodation requested or religious issue. Candidates should contact their Certification Board on what constitutes official documentation. The Certification 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 Certification Board for information. The International Certification Examination is administered throughout the United States, as well as internationally. Please consult your Certification 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 written 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., Revised (DSM-IV-TR), 2000.
2. Antai-Otong, D. *Psychiatric Emergencies: How to Accurately Assess and Manage the Patient in Crisis*. Pesi Healthcare, 2001.
3. Beck, A.T., Wright, F.D., Newman, C.F., and Liese, B.S. *Cognitive Therapy of Substance Abuse*. Guilford Press, 1993.
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.
7. Center for Substance Abuse Treatment. *Substance Use Disorder Treatment For People With Physical and Cognitive Disabilities*. Treatment Improvement Protocol (TIP) 29. DHHS Publication No. (SMA) 98-3249, 1998.
8. Cohen, B. *Theory and Practice of Psychiatry*. Oxford Press, 2003.
9. Corey, Gerald. *Theory and Practice of Counseling and Psychotherapy*, 6th Ed. Brooks/Cole, 2000.
10. Corey, G. and Corey, M. *Issues and Ethics In The Helping Professions*, 6th Ed. Brooks/Cole, 2003.
11. Daley, D.C. *Dual Diagnosis Workbook: Recovery Strategies for Addiction and Mental Health Problems*. Herald House, 1994.
12. Daley, D.C. and Moss, H.B. *Dual Disorders: Counseling Clients with Chemical Dependency and Mental Illness*, 3rd Ed. Hazelden, 2002.

13. Evans, K. and Sullivan, J.M. *Dual Diagnosis: Counseling the Mentally Ill Substance Abuser*, 2nd Ed. Guilford Press, 2001.
14. Haynes, R., Corey, G., and Moulton, P. *Clinical Supervision in the Helping Professions: A Practical Guide*. Wadsworth, 2002.
15. Kennedy, J. *Fundamentals of Psychiatric Treatment Planning*. American Psychiatric Publishing, 2003.
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.