CANDIDATE GUIDE
for the
IC&RC Clinical Supervisor Examination

Based on the 2008 Clinical Supervisor Job Analysis

Contents

Purpose of the Candidate Guide

The purpose of this Candidate Guide is to provide candidates with guidance for the IC&RC examination process. By providing candidates with background information on examination development, administration, and content, preparation for an IC&RC examination can be enhanced.

Professional Testing Company

It is the policy of IC&RC to administer valid, reliable, and legally defensible 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 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.

More information about SMT and IQT can be found 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, and skills needed for competent job performance known as a Job Analysis (JA). Using interviews, surveys, observation, and group discussions, IC&RC works with Subject Matter Experts (SMEs) in the field to delineate critical job components. These job components then become the basis for questions on IC&RC examinations.

Examination questions are written by certified individuals or those otherwise deemed as SMEs in the field. SMEs are trained in item writing best practices. Through the examination development process, they are assisted by IC&RC's professional testing company.

Eligibility Requirements and Registration

IC&RC examinations are administered exclusively by IC&RC Member Boards. Eligibility requirements and registration processes are determined by each Member Board. Candidates interested in taking an IC&RC examination must do so through a Member Board.
Contact information for all Member Boards can be found at
www.internationalcredentialing.org.

Administration

Examinations are administered via Computer Based Testing (CBT). Candidates are required to test at a designated IQT center. A list of all IQT testing centers can be found at this link: http://www.isoqualitytesting.com/locations.aspx?cnid=73 or by calling IQT toll free at +1-866-773-1114.

On the day of testing, candidates must bring a valid, government issued photo ID and their Candidate Admission Letter. Candidates are strongly encouraged to read the Candidate Admission Letter in its entirety to be aware of all testing policies and procedures.

CBT examinations 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.

Dates, Time, and Location

Examinations are offered on-demand based on the availability of each testing center. Once a candidate has met the eligibility requirements of their IC&RC Member Board to sit for an examination, they will pre-register candidates for the examination through an on-line test database. Candidates will receive an e-mail from registrations@isoqualitytesting.com with further instructions on scheduling an examination date, time, and location.

Rescheduling, Cancelling, and Missed Examinations

Examinations must be cancelled or rescheduled **5 days or more PRIOR** to the scheduled examination date. Cancelling or rescheduling an examination is done directly through IQT's website at www.iqttesting.com.

Complete instructions are listed below. For technical assistance, please contact IQT toll free at +1-866-773-1114.

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 examination, click "*edit*." This will cancel your current examination date and prompt you to immediately select a new date.
6. To cancel an examination, click **"*cancel***." Once your examination 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 examination will remain the same.
7. An email confirmation will be automatically sent to you when you cancel or reschedule your examination.

Candidates will be required to pay a rescheduling or cancellation fee to IQT before they are able to reschedule or cancel an examination. Acceptable forms of payment are Visa, Master Card or American Express.

Candidates are **unable** to reschedule or cancel an examination **less than 5 days PRIOR** to their scheduled examination. Exceptions are made only for the following reasons: jury duty, death in immediate family[1] 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 prevents a candidate from testing, they 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 the missed examination. There will be no additional fee incurred under these circumstances. IQT can be reached toll free at +1-866-773-1114.

If candidates fail to show up for an examination, do not have the proper identification or Candidate Admission Letter, they will not be permitted to sit for their examination. They will be considered a "No-Show," examination fees will be forfeited, and they will be required to re-register and pay all fees to their IC&RC Member Board prior to scheduling another examination.

Inclement Weather

IQT takes a proactive approach when monitoring inclement weather. They watch the progress of storms and keep in constant contact with their testing centers. If a testing center closes, IQT will make its best effort to inform candidates. However, it is recommended that candidates contact IQT directly at +1-866-773-1114 to confirm their testing center is still open on the day of their examination.

If a candidate is unable to make a testing appointment due to inclement weather but the testing center does not close, they must contact IQT at +1-866-773-1114. IQT will confirm that there has been bad weather in the area and reschedule the examination.

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[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.

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.

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 their IC&RC Member Board PRIOR to scheduling an examination. 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 at www.internationalcredentialing.org.

Candidates will receive further information on scheduling an examination with accommodations once their request has been reviewed and approved.

Scoring

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 two to three weeks. Preliminary scores are provided to candidates immediately following completion of the examination. Candidates seeking their official scores should contact their IC&RC Member Board. Contact information for all IC&RC Member Boards can be found at 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 measure to describe its length.

The use of scaled scores allows for direct comparison of examination 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:

A candidate's examination score is based on the total number of questions answered correctly. Candidates should answer each question, as no points are deducted for incorrect answers.

The passing scores for IC&RC examinations are established through a process called standard setting. During standard setting, a panel of Subject Matter Experts (SMEs) working in the field, determines the level of knowledge a candidate must demonstrate in order to pass the examination. This level of knowledge is then converted into a cut score for each version of the examinations. All candidates that meet or exceed the cut score for their version of the examination will earn a passing mark.

Use of Multiple Examination Forms:

For every IC&RC examination, 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 program.

The use of multiple forms for the same examination 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 examination, there are unweighted questions called pretest items. Pretest items do not influence final scores or a pass/fail status. They are not identified on examinations and appear randomly. IC&RC uses pretest items to pilot newly written items to ensure quality prior to their use as a weighted item. Pretesting ensures the quality of future examinations and provides verification that items are relevant to competency and measure proficiency.

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 the total number 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.

Grievances, Test Disclosure, and Retakes

Examination Grievances:

All examination scores are final. Examination scores cannot be appealed.

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 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 Examination Administration Grievance Form** found at www.internationalcredentialing.org. Information to include in the grievance statement should include, but is not limited to:

- Title of examination
- 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 examination performance

IC&RC will then investigate the specifics of the testing situation. When warranted, candidates will be offered a free retake. A 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 security and item banking procedures do not permit candidates access to examination questions, answer keys, or other secure materials related to the examination. Candidates that have questions or comments about a specific item should click the **Comment on This Question** button during their examination. Candidate comments will be reviewed by IC&RC. Candidates will not be contacted regarding their comments.

Retakes:

Candidates interested in retaking an examination must wait a **minimum** of 90 days after their examination. Member boards may increase this waiting period. To schedule a retake and clarify the mandatory waiting period, candidates should contact their local IC&RC Member Board. Contact information for all IC&RC Member Boards can be found at www.internationalcredentialing.org.

Updated 4/17

The mandatory waiting period cannot be waived under any circumstances.

After four consecutive failed attempts, IC&RC Member Boards must require candidates to take remedial actions before a subsequent four testing attempts. The required remedial actions are at the discretion of the board. Candidates who fall into this category should contact their IC&RC Member Board. Contact information for all IC&RC Member Boards can be found at www.internationalcredentialing.org.

Format and Length

The questions on the examination are multiple-choice with four options. There is only one correct or best answer for each question. Candidates should carefully read each question and choose the single best answer. It is advisable to answer every question since the number of questions answered correctly will determine the final score. There is no penalty for guessing.

Number of Scored Items: 125
Number of Pre-test Items: 25
Total Number of Items: 150
Length of Administration: 3 hours

Content

The Job Analysis identified several performance domains. Several tasks have been identified within each performance domain. These tasks and the needed knowledge or skills for their completion are the basis of examination questions.

Domains	Weight on Examination
Counselor Development	24%
Professional & Ethical Standards	20%
Program Development & Quality Assurance	12%
Performance Evaluation	12%
Administration	10%
Treatment Knowledge	22%

Domain 1: Counselor Development
Associated Tasks:

1. Build a supportive and individualized supervisory alliance, which includes teaching the purpose of clinical supervision, using it effectively, and respecting professional boundaries.
2. Maintain a constructive supervisory learning environment that fosters awareness of oneself and others, motivation, self-efficacy, enthusiasm, and two-way feedback.
3. Demonstrate multicultural competencies and help supervisees develop skills of empathy and acceptance specific to working with culturally diverse clients.
4. Provide timely and specific feedback to supervisees on their conceptualization of client needs, attitudes towards clients, clinical skills, and overall performance of assigned responsibilities.
5. Create a professional development plan with supervisees that includes mutually approved goals and objectives for improving job performance, a timeline for expected accomplishments, and measurements of progress and goal attainment.
6. Implement a variety of direct supervisory activities to teach and strengthen supervisees' theoretical orientation, professional ethics, clinical skills, and personal wellness.
7. Help supervisees recognize, understand, and cope with unique problems of transference and countertransference when working with clients and substance use disorders.
8. Educate supervisees regarding developments in the addictions and behavioral health care fields to ensure best practices in consumer care.
9. 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
Associated Tasks:

1. Practice only within one's areas of clinical and supervisory competence.
2. 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.
3. 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.
4. Pursue personal and professional development by participating in related professional educational activities in order to improve supervisory competence.
5. Recognize the supervisees' unique personality, culture, lifestyle, values and attitudes, and other factors to enhance his/her professional development.
6. Ensure that supervisees inform clients about the limits of confidentiality.
7. Ensure that supervisees inform clients about supervision practices and obtain documented informed consent from clients as appropriate.

8. Use and teach supervisees various ethical decision-making models and monitor their use to ensure their ethical treatment of clients.
9. Understand the risks of dual relationships and potential conflicts of interest and maintain appropriate relationships at all times.
10. Provide timely consultation and guidance to supervisees in situations that present moral, legal, and/or ethical dilemmas.
11. Ensure that supervisees maintain complete, accurate, and necessary documentation, including detailed descriptions of critical situations.
12. Understand the reporting process for ethical violations to the appropriate professional organizations or regulatory authorities.
13. Intervene immediately and take action as necessary when a supervisee's job performance appears to present problems.
14. Maintain familiarity with consensus- and evidence-based best practices in the treatment of substance use disorders.
15. 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.
16. Development and maintain a personal wellness plan for physical and mental health.

Domain 3: Program Development and Quality Assurance
Associated Tasks:

1. 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.
2. Understand the balance between fidelity and adaptability when implementing new clinical practices.
3. Advocate within the agency for ongoing quality improvement, including strategies for enhancing client access, engagement, and retention in treatment.
4. Support the organization's quality assurance plan and comply with all monitoring, documenting, and reporting requirements.
5. Develop program goals and objectives that are consistent with the organization's quality assurance plan.
6. Facilitate development and implementation of professional quality improvement guidelines, forms, and instruments to monitor client outcomes and/or upgrade organizational performance.
7. Advocate for the organization's target population throughout the entire continuum of care as an agent of organizational change.
8. Build and maintain relationships with referral sources and other community programs to expand, enhance, and expedite service delivery.
9. Identify and assess program needs and develop a plan to improve clinical services and program development.

Domain 4:   Performance Evaluation
Associated Tasks:

1. Communicate agency expectations about the job duties and competencies, performance indicators, and criteria used to evaluate job performance.
2. 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.
3. Assess supervisees' professional development, cultural competence, and proficiency in the addiction counseling competencies.
4. Assess supervisees' performance of tasks and/or clinical functioning by interviews, observations, review of case records, use of evaluation tools, and client/family feedback.
5. Differentiate between counselor development issues and those requiring corrective action (e.g., ethical violations, incompetence).
6. Assess supervisees' preferred learning style, motivation, and suitability for the work setting.
7. 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.
8. Communicate feedback clearly, including timely written feedback, regarding performance deficits, weak competencies, or harmful activities and ensure that supervisees understand the feedback.
9. Address and manage relational issues common to evaluation, including anxiety, disagreements, and full discussion of performance problems.
10. Self-assess for evaluator bias (e.g., leniency, overemphasis on one area of performance, favoritism, stereotyping) and conflict with other supervisory roles.
11. 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
Associated Tasks:

1. Ensure that comprehensive orientation is provided to new employees, including areas such as the organization's client population, mission, vision, policies, and procedures.
2. Develop, evaluate, and monitor clinical policies and procedures using regulatory standards to ensure compliance.
3. Involve the supervisees in designing and scheduling their activities to maintain clinically effective service delivery.
4. Participate in the hiring/termination, performance recognition, disciplinary action, and other personnel decisions to maintain high standards of clinical care.
5. Ensure workforce is trained to meet service delivery needs.

Domain 6: Treatment Knowledge
Associated Tasks:

1. Have professional experience with and knowledge of the field of addictions, social and behavioral science, and self-help philosophy.
2. 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.
3. Understand the principles of addiction prevention and treatment.
4. Understand the addiction process and recovery management.
5. Understand the limitations of and appropriateness of assessment and evaluation tools utilized in the addiction field.
6. Understand the use of pharmacological interventions and interactions.

Sample Questions

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

The following are **sample** questions that are similar to those you will find in the examination.

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

   Domain: Treatment Knowledge

2. **Which of the following is a common symptom of the later stages of burnout?**

   A. Aggression
   B. Apathy
   C. Depression
   D. Dissociation

   Domain: Counselor Development

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.

   Domain: Counselor Development

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

   Domain: Professional and Ethical Standards

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.

   Domain: Professional and Ethical Standards

6. **Command-control and networked, team-based are examples of:**

   A. organizational structures.
   B. effective supervision.
   C. program strategy.
   D. leadership principles.

   Domain: Administration

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

   Domain: Counselor Development

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.

   Domain: Program Development and Quality Assurance

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.

   Domain: Professional and Ethical Standards

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.

   Domain: Counselor Development

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

Reference List

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

Clinical Supervisor Examination Reference List
Revised June 2016

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

2. American Psychiatric Association. (2013). *Diagnostic and Statistical Manual of Mental Disorders (5ᵗʰ ed.)*. Washington, DC: American Psychiatric Association.

3. Bernard, J., & Goodyear, R. (2014). *Fundamentals of Clinical Supervision (5th ed.)*. Upper Saddle River: Pearson Education, Inc.

4. Center for Substance Abuse Treatment. (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. Retrieved from http://store.samhsa.gov/product/TIP-52-Clinical-Supervision-and-Professional-Development-of-the-Substance-Abuse-Counselor/SMA14-4435.

5. Corey, G. (2013). *Theory and Practice of Counseling and Psychotherapy (9th ed.)*. Belmont: Brooks/Cole.

6. Corey, G., Corey, M.S. & Callahan, P. (2015). *Issues and Ethics in the Helping Professions. (9th ed.)*. Belmont: Brooks/Cole.

7. Corey, G., Haynes, R., & Moulton, P. (2010). *Clinical Supervision in the Helping Professions: A Practical Guide (2ⁿᵈ ed.)*. Pacific Grove: Thomson Brooks/Cole.

8. Doweiko, H. (2015). *Concepts of Chemical Dependency (9th ed.)*. Belmont: Brooks/Cole.

9. Falendar, C., Shafranske, E. & Falicov, C. (2014). *Multiculturalism and Diversity in Clinical Supervision: A Competency-Based Approach*. Washington, DC: American Psychiatric Association

10. Falender, C., & Shafranske, E. (2008). *Clinical Supervision: A Competency-Based Approach*. Washington DC: American Psychological Association.

11. Falvey, J. E. (2002). *Managing Clinical Supervision: Ethical Practice and Legal Risk Management*. Pacific Grove: Brooks/Cole.

12. Geppert, S. & Weiss Roberts, L. (2008). *The Book of Ethics: Expert Guidance for Professionals Who Treat Addiction*. Center City: Hazelden.

13. Hart, C. L., & Ksir, C. (2015). *Drugs, Society and Human Behavior (16th ed.).* New York: McGraw-Hill.

14. Inaba, D. S., & Cohen, W. E. (2014). *Uppers, Downers, All Arounders (8th ed.).* Medford: CNS Productions, Inc.

15. Kinney, J. (2015). *Loosening the Grip (11th ed.).* New York: McGraw-Hill.

16. Miller, W. R., & Rollnick, S. (2012). *Motivational Interviewing (3rd ed.).* New York: The Guilford Press.

17. Powell, D., & Archie, B. (2004). *Clinical Supervision in Alcohol and Drug Abuse.* San Francisco: Jossey-Bass.

18. Remley, T. P. & Herlihy, B. (2015) *Ethical, Legal, and Professional Issues in Counseling. (5th ed.).* Columbus: Merrill Prentice Hall.

19. Substance Abuse and Mental Health Services Administration. (2014). *Improving Cultural Competence. Treatment Improvement Protocol (TIP) Series 59.* HHS Publication No. (SMA) 12-4214. Rockville, MD: Substance Abuse and Mental Health Services Administration. Retrieved from http://store.samhsa.gov/product/TIP-59-Improving-Cultural-Competence/SMA15-4849.

About IC&RC

IC&RC promotes public protection by setting standards and developing examinations for credentialing substance use disorder prevention, treatment, and recovery professionals. Organized in 1981, it has a worldwide network of over 50,000 professionals.

Quality and integrity are the foundation of IC&RC's work. IC&RC's credentials use the latest research on evidence-based practices, and they are updated regularly to stay relevant to changes in the field. Examinations are subjected to an extensive process of peer review, written by Subject Matter Experts, and supported by current references.

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