



CANDIDATE GUIDE

for the

IC&RC Alcohol and Drug Counselor Examination

Based on the 2022 Alcohol and Drug Counselor Job Analysis

©2022 International Certification and Reciprocity Consortium. All rights reserved. No part of this document may be reproduced in any form without written authorization from IC&RC.

T: +1 717.540.4457 • F: +1 717.773.4483 • [InternationalCredentialing.org](https://www.InternationalCredentialing.org)

Leading the World in Credentialing Prevention, Substance Use Treatment & Recovery Professionals

Contents

Purpose of the Candidate Guide	3
Professional Testing Company	3
Examination Development	3
Eligibility Requirements and Registration	3
Administration	4
Dates, Time, and Location	4
Rescheduling, Cancelling, and Missed Examinations	4
Inclement Weather	5
Rules and Security	6
Special Accommodations	6
Scoring	7
Grievances, Test Disclosure, and Retakes	9
Format and Length	10
Content	10
Reference List	15
About IC&RC	17
Sample Questions	18

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 Prometric to develop, administer, and score all examinations.

Prometric is an established, full-service testing company. Prometric 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 Prometric called ISO-Quality Testing, Inc. (PROMETRIC). PROMETRIC provides secure, user-friendly, high-quality, examination administration around the world.

More information about Prometric can be found located on 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 PROMETRIC center or use Prometric "Remote Proctoring" (which allows you test at your home) if your member board allows. A list of all PROMETRIC testing centers can be found at this link: <http://www.isoqualitytesting.com/locations.aspx?cnid=73> or by calling PROMETRIC 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>.

Remote Proctoring Exams: See instructions on your member board's website.

Dates, Time, and Location

Examinations are offered on-demand based on the availability of each testing center or remote proctoring. 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 PROMETRIC's website at www.iqttesting.com.

Complete instructions are listed below. For technical assistance, please contact PROMETRIC 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 PROMETRIC 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 family¹ within **14 calendar days** of the examination date, illness, or medical complication within **14 calendar days** prior to the examination date **OR** the scheduled examination date, and military deployment.

If one of these prevents a candidate from testing, they must contact PROMETRIC directly and provide sufficient documentation of the event that has occurred. Documentation must be submitted to PROMETRIC within **14 calendar days** of the missed examination. There will be no additional fee incurred under these circumstances. PROMETRIC 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

PROMETRIC 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, PROMETRIC will make its best effort to inform candidates. However, it is recommended that candidates contact PROMETRIC 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 PROMETRIC at +1-866-773-1114. PROMETRIC will confirm that there has been severe weather in the area and reschedule the examination.

1. The **Immediate family** is a defined group of relations, used in rules r laws to determine which members of a person’s family are affected by those rules. It includes a person’s parents, spouse, 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 (see special "remote proctoring" rules on your member boards website).

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.

Candidates with accommodations will be held to IC&RC's cancelling, rescheduling, and missed examination policies². In addition, a candidate with accommodations deemed as a "No-Show," may be responsible for any fees incurred for the coordination of their accommodations in addition to forfeiting their examination fee. Candidates will be required to pay these fees to their IC&RC member board prior to scheduling another examination.

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 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 always keeps multiple forms of each examination in circulation. 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.

² 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.

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, determine 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 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

Prometric 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.

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 IC&RC Member Boards can be found at www.internationalcredentialing.org.

Format and Length

The questions on the examination are multiple-choice with three or 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 Exam
Domain I: Scientific Principles of Substance Use and Co-Occurring Disorders	25%
Domain II: Evidence-Based Screening and Assessment	20%
Domain III: Evidence-Based Treatment, Counseling, and Referral	30%
Domain IV: Professional, Ethical, and Legal Responsibilities	25%

DOMAIN 1: Scientific Principles of Substance Use and Co-Occurring Disorders

- A. Recognize how addiction affects the brain (e.g., disease model, reward pathways, tolerance, and cravings)
- B. Identify risk factors for developing substance use disorders (e.g., trauma, family history)
- C. Identify behavior, patterns, and progressive stages of substance use disorders
- D. Differentiate among common substances of abuse and their characteristics
 - 1. Pharmacology (e.g., drug classifications, interactions, cross-tolerance)
 - 2. Signs and symptoms of intoxication and overdose
 - 3. Stages and symptoms of withdrawal
 - 4. Physiological, psychological, and social effects
- E. Identify signs and symptoms of co-occurring mental health conditions
- F. Identify signs and symptoms of co-occurring medical conditions (e.g., cirrhosis, respiratory deficits, sexually transmitted infections)

DOMAIN 2: Evidence-Based Screening and Assessment

- A. Utilize established interviewing techniques (e.g., Motivational interviewing, probing, questioning)
- B. Utilize established screening and assessment methods and instruments (e.g., ASI, ACE, SASSI)
- C. Identify methods and interpret results from drug and alcohol testing
- E. Utilize established diagnostic criteria for evaluating substance use (i.e., DSM)
- F. Assemble a comprehensive client biopsychosocial history (e.g., health, family, employment, collateral sources)

G. Determine the course of action to meet the individual's immediate and ongoing needs

H. Determine level of care based on placement criteria

DOMAIN 3: Evidence-Based Treatment, Counseling, and Referral

A. Demonstrate practicing and responding to verbal and non-verbal communication skills

1. Learning styles

2. Communication styles (e.g., person-centered language)

B. Recognize methods and opportunities to build rapport with clients

D. Review client's patterns and methods of use

E. Recognize and respond to emergency/crisis events (e.g., de-escalation)

F. Recognize when to utilize and how to facilitate referrals for clients (e.g., case management, follow-up)

G. Identify and respond to concerns related to specific populations (e.g., LGBTQ+, pregnancy, youth, justice-involved, housing insecure)

H. Collaborate with multidisciplinary team, other professionals, and client supports (e.g., family) to determine and provide care

I. Recognize the relationship between substance use and trauma

1. Effect on client (e.g., adverse childhood experiences, domestic violence)

2. Effect on counselor (e.g., vicarious trauma, burnout)

J. Utilize methods to address client ambivalence or resistance to change

K. Utilize best practices in developing and updating a treatment plan

1. Goals and objectives

2. Strategies and interventions (e.g., relapse prevention, coping skills)

M. Identify available resources to meet client needs

N. Utilize counseling approaches specific to group sessions

1. Structured curriculum and process

2. Group dynamics and cohesiveness

O. Recognize elements of discharge planning

P. Explore multiple pathways of recovery (e.g., MAT, holistic health, support groups)

Q. Utilize methods and techniques for providing feedback (e.g., reflection, reframing, clarification)

R. Recognize when to terminate the counseling process

DOMAIN 4: Professional, Ethical and Legal Responsibilities

A. Demonstrate professional boundaries and practice self-awareness regarding:

1. Dual relationships

2. Self-disclosure

B. Develop and utilize multi-cultural perspectives throughout the counseling process

C. Recognize and respond to issues that are outside the practitioner's scope of practice

D. Demonstrate best practices in documentation

1. Record keeping

2. Storage

E. Demonstrate compliance with confidentiality and privacy laws

F. Identify and address potential conflicts of interest

G. Demonstrate compliance with informed consent guidelines

H. Identify and utilize sources of supervision and consultation

I. Recognize the grievance process and respond to client grievances

J. Identify, respond, and advocate for diversity, inclusion, and equity in care

K. Demonstrate adherence to established client/patient rights

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.

IC&RC Alcohol and Drug Counselor (ADC) Reference list

Revised July 2022

1. Abadinsky, H. (2018). *Drug Use and Abuse* (9th ed.). Cengage Learning.
2. American Psychiatric Association. (2013). *Diagnostic and Statistical Manual of Mental Disorders* (5th ed.). Washington, DC: American Psychiatric Association
3. Corey, G. (2020). *Theory and Practice of Counseling and Psychotherapy, Updated* (10th ed.). Brooks/Cole, Cengage Learning.
4. Corey, G., Corey, M.S. & Corey, C. (2019). *Issues and Ethics in the Helping Professions*. (10th ed.). Brooks/Cole, Cengage Learning.
5. Corey, M. S., Corey, G., & Corey, C. (2017). *Groups: Process and Practice* (10th ed.). Belmont: Brooks/Cole.
6. Coughlin, G., Kimbrough, S. S., & Kimbrough, L. L. (2008). *Patient Records and Addiction Treatment* (4th ed.). Port Townsend: Lanstat Incorporated.
7. Davis, S. R., & Meier, S. T. (2019). *Elements of Counseling* (8th ed.). Waveland Press, Inc.
8. Doweiko, H. (2015). *Concepts of Chemical Dependency* (9th ed.). Belmont: Brooks/Cole.
9. Geppert, S. & Weiss Roberts, L. (2008). *The Book of Ethics: Expert Guidance for Professionals Who Treat Addiction*. Center City: Hazelden.
10. Hart, C. L., & Ksir, C. (2018). *Drugs, Society and Human Behavior* (17th ed.). New York: McGraw-Hill.
11. Inaba, D. S., & Cohen, W. E. (2014). *Uppers, Downers, All Arounders* (8th ed.). Medford: CNS Productions, Inc.
12. Kinney, J. (2020). *Loosening the Grip* (12th ed.). Outskirts Press.
13. McKillip, Rhonda. (2004). *The Basics: A Curriculum for Co-Occurring Psychiatric and Substance Disorders* (2nd ed.). Volumes I & II. Rhonda McKillip: Rhonda McKillip and Associates.
14. Mee-Lee, D. (2013). *The ASAM Criteria: Treatment Criteria for Addictive, Substance- Related, and*

Co-Occurring Conditions. Carson City: The Change Company.

15. Miller, W. R., & Rollnick, S. (2012). *Motivational Interviewing* (3rd ed.). New York: The Guilford Press.
16. Remley, T. P. & Herlihy, B. (2020) *Ethical, Legal, and Professional Issues in Counseling*. (6th ed.). Columbus: Merrill Prentice Hall.
17. 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 <https://www.samhsa.gov/resource/ebp/tip-59-improving-cultural-competence>
18. Substance Abuse and Mental Health Services Administration. (2021). *Medication-Assisted Treatment for Opioid use disorder*. Treatment Improvement Protocol (TIP) Series 63. HHS Publication. Rockville, MD: Substance Abuse and Mental Health Services Administration.
19. <https://store.samhsa.gov/product/TIP-63-Medications-for-Opioid-Use-Disorder-Full-Documents/PEP21-02-01-002>
20. Substance Abuse and Mental Health Services Administration. (2020). *Substance Abuse Treatment for Persons with Co-Occurring Disorders*. Treatment Improvement Protocol (TIP) Series, No. 42. Rockville, MD: Substance Abuse and Mental Health Services Administration. Retrieved from
21. <https://www.samhsa.gov/resource/ebp/tip-42-substance-abuse-treatment-persons-co-occurring-disorders>
22. Substance Abuse and Mental Health Services Administration. (2014). *Trauma-Informed Care in Behavioral Health Services*. Treatment Improvement Protocol (TIP) Series 57. HHS Publication No. (SMA) 13-4801. Rockville, MD: Substance Abuse and Mental Health Services Administration. Retrieved from <https://store.samhsa.gov/product/TIP-57-Trauma-Informed-Care-in-Behavioral-Health-Services/SMA14-4816>
23. Substance Abuse and Mental Health Services Administration. (2020). *Substance Abuse Treatment and Family Therapy*. Treatment Improvement Protocol (TIP) 39. HHS Publication No. (SMA) 05-4006. Rockville, MD: Substance Abuse and Mental Health Services Administration. Retrieved from <https://store.samhsa.gov/product/treatment-improvement-protocol-tip-39-substance-use-disorder-treatment-and-family-therapy/PEP20-02-02-012>
24. Taleff, M. (2009). *Advanced Ethics for Addiction Professionals*. New York: Springer Publishing Company.
25. Van Wormer, K., & Davis, D. R. (2018). *Addiction Treatment: A Strengths Perspective* (4th.). Belmont: Brooks/Cole.
26. *Global Criteria: The 12 Core Functions of the Substance Abuse Counselor* (Seventh Edition) by John Herdman

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.

Sample Questions

1. Family members of alcoholics are more vulnerable to physical illnesses, such as
 - (A) broken legs.
 - (B) arthritis.
 - (C) cancer.
 - (D) gastrointestinal problems.

2. A client is referred to a substance abuse counselor because of minor legal issues. The client disagrees with the referral because they don't see their drug use, which they consider minimal, to be a problem requiring counseling. Using Prochaska's Stages of Change, this client is in the
 - (A) Action Stage.
 - (B) Pre-contemplation Stage.
 - (C) Maintenance Stage.
 - (D) Contemplation Stage.

An after-care counselor receives a referral for a 32-year-old, single, male client with a history of multiple alcohol related offenses. Upon interviewing, the counselor learns the client has recently completed a 3-month, court-mandated inpatient program and is currently residing in a sober living environment. The client mentions that he has been estranged from his family, but he is in the process of reconnecting post-incarceration. He is the oldest of two brothers and one sister. Both parents are Mexican-American. His mother has no known substance use history and his father is a recovering alcoholic with 15 years of sobriety.

The client reports first use of alcohol at the age of 11, when his father would have him get beers from the refrigerator and he would sneak a few sips. The client also states that he began drinking more to avoid the pain from his father's abuse. He reports that alcohol seemed to help him cope with the stress of seeing his father beat his mother and siblings as well. His drinking increased to the point that he began experiencing problems at school and he dropped out in the tenth grade.

The client's criminal history began at the age of 13 when he was arrested for petty theft, stealing alcohol from a local convenience store. After several other alcohol-related arrests during his adolescence, he was mandated to a juvenile facility at the age of 16. His next criminal offense was in the form of a Driving Under the Influence (DUI) charge at the age of 19. He received a stiff fine and was placed on court supervision (probation). The client's court supervision was revoked after he was involved in an alcohol-related traffic collision resulting in serious injuries. The client was incarcerated for a period of 4 years and immediately relapsed upon release. At that point, as an alternative to incarceration, the client was court-ordered into a program with inpatient alcohol use treatment.

The client comes to the intake with 3 months sobriety. He complains that not having a high school diploma and having criminal status only offers him a minimum wage dishwashing job at a local restaurant. His goals include reconnecting with his family, obtaining gainful employment, attending college, and remaining substance-free. His strengths include his motivation to remain substance-free, communication skills, adaptability, and strong work ethic. His weaknesses are lack of familial and social supports, impulsivity, and he is easily frustrated.

3. The client reports that a promotion at the restaurant where he works went to another dishwasher who had only been there for a month. This resulted in the client having a verbal altercation with his manager. The counselor should

- (A) refer the client to anger management.
- (B) work with the client on resentment issues.
- (C) call the client's manager to discuss the incident.
- (D) contact the client's family to find out about past violent behaviors.

An after-care counselor receives a referral for a 32-year-old, single, male client with a history of multiple alcohol related offenses. Upon interviewing, the counselor learns the client has recently completed a 3-month, court-mandated inpatient program and is currently residing in a sober living environment. The client mentions that he has been estranged from his family, but he is in the process of reconnecting post-incarceration. He is the oldest of two brothers and one sister. Both parents are Mexican-American. His mother has no known substance use history and his father is a recovering alcoholic with 15 years of sobriety.

The client reports first use of alcohol at the age of 11, when his father would have him get beers from the refrigerator and he would sneak a few sips. The client also states that he began drinking more to avoid the pain from his father's abuse. He reports that alcohol seemed to help him cope with the stress of seeing his father beat his mother and siblings as well. His drinking increased to the point that he began experiencing problems at school and he dropped out in the tenth grade.

The client's criminal history began at the age of 13 when he was arrested for petty theft, stealing alcohol from a local convenience store. After several other alcohol-related arrests during his adolescence, he was mandated to a juvenile facility at the age of 16. His next criminal offense was in the form of a Driving Under the Influence (DUI) charge at the age of 19. He received a stiff fine and was placed on court supervision (probation). The client's court supervision was revoked after he was involved in an alcohol-related traffic collision resulting in serious injuries. The client was incarcerated for a period of 4 years and immediately relapsed upon release. At that point, as an alternative to incarceration, the client was court-ordered into a program with inpatient alcohol use treatment.

The client comes to the intake with 3 months sobriety. He complains that not having a high school diploma and having criminal status only offers him a minimum wage dishwashing job at a local restaurant. His goals include reconnecting with his family, obtaining gainful employment, attending college, and remaining substance-free. His strengths include his motivation to remain substance-free,

communication skills, adaptability, and strong work ethic. His weaknesses are lack of familial and social supports, impulsivity, and he is easily frustrated.

4. The client comes for an unscheduled visit. He stated he was visiting a friend but left when the friend started smoking marijuana. What MUST be documented?

- (A) The client's unscheduled visit
- (B) The client is demonstrating transference
- (C) The client avoided conflict
- (D) The client's potential marijuana use

Client is a 42-year-old married male who reported a pattern of alcohol use including beer and mixed drinks, primarily after work and on weekends, with occasional drinks during work if he had lunch at a restaurant. He would drink up to six beers or six mixed drinks per occasion, with more on weekends depending on his mood. He was referred to the intensive outpatient clinic by his employer due to excessive absences, especially on Monday mornings, occasionally returning to work from lunch with alcohol on his breath, and a drop in his productivity. He stated that his wife had complained about his drinking, because he had promised to cut back, but quickly returned to his pattern of "a few drinks" after work and regularly drinking on weekends.

The client was asked if he ever cut down on his drinking, ever drank first thing in the morning to steady his nerves or get rid of a hangover, ever felt annoyed by someone criticizing his drinking, or felt sad or guilty about his drinking.

He reported a "normal" childhood, stating that both his parents enjoyed beer or mixed drinks as a regular part of their lives. He completed the twelfth grade, obtained employment, and married his childhood sweetheart at age 22. The couple has a son age 12 and a daughter age 9. He reports married life as positive, but his wife is "always on his case" about his drinking.

He has worked in his current position for the past ten years as a warehouse foreman. He reports he likes his work and that other than the current referral to treatment he has no employment problems. The client has no medical problems, and has never been in counseling for alcohol or other problems.

The client signed his consent for treatment and a release of confidentiality for his wife and insurance carrier. He was introduced to his primary counselor and was given a handout on group therapy rules and program goals. He was also given a handbook that explained his rights and program operations and the grievance process.

The counselor compiled the treatment plan based on findings included in the assessment and presented it to the client. The client's first problem was identified as a lack of knowledge of the disease of addiction and the process of recovery. He needed information on the physical and mental effects of alcohol, recovery support groups, and relapse prevention. The second problem was that his wife had complained about his drinking. She also lacked information on the disease of alcoholism, recovery, and the family illness. His goals would be to abstain from alcohol, learn about the disease concept, attend Alcoholics Anonymous (AA) meetings, and complete his relapse prevention workbook. His wife would attend family information night and learn about the family disease.

The counselor chose to use Reality Therapy during the first part of treatment due to the client's initial belief that he did not have a serious problem with alcohol. Initially, the client did not believe abstinence was an appropriate goal for himself as "everyone drinks." He wanted to be able to reduce the amount he drank in order to satisfy his wife's complaints. He reluctantly agreed to abstain for the duration of the outpatient program "for the benefit of the rest of the folks in the program." He could see that some of the others in the program had "real problems." During the first week he reported to his counselor individually, "I don't belong here. These folks are much worse off than I am, and one of them asked me for money." He wanted to leave the program, and began to refuse to attend group, spending his group time in the coffee lounge. The counselor decided to call in the patient's wife for a couple's session to confront his refusal and to motivate his recovery.

An intervention resulted in the patient agreeing to comply with the program. At this stage, the counselor began to implement Cognitive Behavior Therapy through exploring the client's beliefs about drinking, as well as how problems at work and at home were intertwined with his drinking.

By the third week of treatment, the client began to learn about his addiction, the effects of alcohol on the body, relapse, and self-help groups, through the lectures, videos, and homework assignments. This resulted in his admission to having blackouts.

He asked the counselor for an individual session in which he broke down in tears and reported that his daughter told him he had come into her bed several times and scared her. He insisted the counselor keep this a secret, as he was very ashamed and feared his wife would divorce him if she found out. The counselor decided to document the incident but kept the documentation locked in his desk in order to give the client unconditional positive regard and build rapport and trust.

The client and his wife continued their conflict so the counselor attempted to repair the marriage by conducting couples counseling. He used several self-help books with the couple, as he had no formal training in marriage counseling and the client had refused a referral.

After completing the treatment, the client was discharged with a diagnosis of alcohol use disorder, early sustained remission, and encouraged to seek marriage counseling within the community if

conflict would erupt again.

5. With respect to the client's relationship problems, what is the MOST ethical course of action for the counselor?

- (A) To continue working with this client because he has previously read several self-help books with the couple.
- (B) To inform the client that he could work with the client's addiction and must refer out for marriage counseling.
- (C) To force him to see a marriage therapist by facilitating an intervention with the client's wife.
- (D) To continue couples counseling with consent of the client, his wife, and the counselor.

6. Cross-tolerance develops between alcohol and

- (A) cannabis.
- (B) amphetamines.
- (C) benzodiazepines.
- (D) opiates.

A 29-year-old male came to an inpatient detoxification and treatment facility seeking admission for substance dependence. He reported drinking 12–24 beers a day and headaches and hand tremors when he does not drink. He stated that he last drank on the way to the facility. He also admitted to occasional use of cocaine through intravenous injection. When asked, he admitted to sharing needles with his friends.

During the interview he was alert and oriented to time, place, and person. He denied hallucinations or delusions. He also denied suicidal and homicidal thoughts. His judgment was somewhat impaired, as evidenced by his use of shared needles. His insight was good in that he recognized that his substance use had become a problem affecting many areas of his life.

He is employed as a forklift driver, although he stated that he is currently on probation at work due to excessive absences. His wife is not employed, and their financial situation is strained with considerable credit card debt. He is planning to file for bankruptcy. The couple lives in a rented house approximately 20 minutes away from the treatment facility. He received his high school diploma when he was 22 years old as a term of his court-ordered supervision following his only conviction for driving under the influence of alcohol. He has three years remaining in his supervision term. He denied any other legal issues.

According to the client, his wife is threatening to file for divorce if he does not complete treatment and stay in recovery. He stated that she is unaware of the intravenous drug use, and he fears that she will leave him if she finds out. The client has one child, a daughter, age four. The marital relationship is seriously strained, and the client admitted that he and his wife often fight in front of their daughter.

The client was admitted with a diagnosis of substance dependence and given a tour of the facility. He was given information about the daily schedule and when counselors would be available to him. He was told that he had a right to be treated with dignity and respect at all times and that he had the right to limited confidentiality of his records. The counselor also explained how to file a grievance against the facility or a staff person.

During this process, the client received a phone call from his wife who informed him that she was filing for divorce. The client became distraught and said that perhaps he should leave the facility and try to work things out with his wife. He also restated his fear that he would lose his job and was anxious at the prospect of job hunting. The counselor listened attentively to the client and encouraged him to talk about his concerns and explore his feelings in a safe, nonthreatening environment. After talking with the counselor, the client realized that he should complete treatment before attempting to reconcile with his wife.

During the same session, the client disclosed that the real reason he sought treatment was because he hit his daughter during a blackout. The counselor later verified with the client's wife that, in fact, the client had given their daughter a black eye.

During the next individual counseling session, the client disclosed that although his wife is unaware of it, he is bisexual. He stated that he loves his wife but has been unfaithful a few times with other men. Those homosexual encounters only occurred when the client was under the influence of cocaine. The counselor was a bit surprised at the disclosure because it never occurred to him to question his client's sexual orientation. The counselor informed the client that he had no personal biases regarding sexual orientation and felt that the counseling relationship could be productive, even though the counselor had never worked with gay, lesbian, or transgender clients or received any special training in that area.

During the treatment planning process, after the counselor explained the results of the assessment to the client, they agreed on several goals for the client to accomplish. The client will abstain from alcohol and all other mind/mood-altering substances and work to improve his relationship with his wife. They also agreed that the client needs to improve his relationship with his employer in order to keep his job. After the client signed his copy of the treatment plan, the counselor gave the client an initial reading assignment and a group schedule.

The next day, the client asked to be tested for HIV. The counselor had the client sign a release of confidential information and transported him to a medical clinic for a blood test. Several days later, the client was told that he did not currently have HIV but should be tested again in six months.

The counselor held a variety of individual and group sessions in which a number of topics were discussed. The client was given information about HIV and other sexually transmitted diseases. The counselor discussed relapse prevention strategies and refusal skills. In addition, the client was taught stress-management techniques and problem-solving skills. The counselor gave lectures, showed videos, and provided literature and brief assignments.

During an individual counseling session, the client disclosed that he was sexually abused as a child. He became emotionally distraught and stated that his family would be better off if he were dead. The counselor had no experience in dealing with sexual trauma and felt that the issue was outside his area of expertise. The counselor talked with the clinical supervisor, and they decided that it would be best if the client was referred to an inpatient psychiatric hospital that had staff with the appropriate education and experience to address sexual abuse issues. The counselor set an appointment for the client and made arrangements for the client to be transferred to the local facility. Upon discharge from the hospital, the client returned home, apparently believing that he had completed treatment. The counselor did not contact the client to continue treatment because the counselor did not realize that the client had been discharged from the hospital.

7. Which of the following is a mistake made by the counselor?
 - (A) The counselor allowed the client to dictate his own preferences.
 - (B) The goals are not observable and measurable.
 - (C) The client has too many problems to address in one treatment plan.
 - (D) The client should not have been required to sign his treatment plan.

8. One of the MOST important tasks of the assessment process is to
 - (A) determine if the client is eligible for treatment.
 - (B) gather information from collateral sources.
 - (C) identify referral sources.
 - (D) rely primarily on self-reporting.

9. Which statement BEST describes the relationship between twelve-step programs and counseling?

- (A) A client should be fully engaged in counseling before initiating participation in a twelve-step program.
- (B) A client participating in a twelve-step program should always review the twelve-step work with the counselor.
- (C) Twelve-step programs can complement counseling by providing an opportunity for self-care.
- (D) Participation in a twelve-step program should not be considered relevant to participation in counseling.

10. Which of the following is the MOST appropriate statement for a counselor to make to a client in addressing the counselor’s limitations?

- (A) “I am failing as a counselor because you are highly resistant to change.”
- (B) “I can help you with this issue at a later time.”
- (C) “I do not have the information or qualifications to help you with this problem.”
- (D) “I have too many clients to devote adequate time to you.”

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