

International Certification Reciprocity Consortium/Alcohol and Other Drug Abuse, Inc.

Review Dates: January 1995 and June 1998

Effective Dates: January 1995–Present

Organization Description: The International Certification Reciprocity Consortium/Alcohol and Other Drug Abuse, Inc. (ICRC/AODA) is a not-for-profit voluntary membership organization whose members are alcohol and drug abuse certification boards. Incorporated in 1981, the forty-four ICRC certification boards have certified more than 20,000 alcohol and drug abuse counselors. Boards are located in thirty-seven states, the District of Columbia, Canada, Germany, and Sweden and include the U.S. Army, Air Force, Navy, and Marine Corps.

ICRC provides international certification to counselors, promotes uniform professional standards and quality for the alcoholism and drug abuse counseling profession, gives the profession greater visibility, provides reciprocity for counselors when they relocate, and offers support services to the profession.

The examination was developed from a 1991 role delineation study that clearly defined the tasks relevant to the alcohol and drug abuse counselor. The certification examination has two parts: (1) a three-and-one-half-hour written test consisting of 150 multiple-choice questions and (2) a forty-five-minute oral test, called the Case Presentation Method examination, consisting of twelve questions. The ICRC/AODA examination is administered four times a year throughout the United States, Canada, Germany, and Sweden. Each of the forty-four-member boards determines the eligibility requirements for taking the examination.

Organization Contact: ICRC/AODA, Inc., 120 First Flight Lane, Morrisville, NC 27580, (917) 572-6823, Fax: (917) 361-0366, www.icrcaoda.org.

Source of Official Student Records: ICRC/AODA, Inc., 120 First Flight Lane, Morrisville, NC 27580, (917) 572-6823, Fax: (917) 361-0366, www.icrcaoda.org or the College Credit Recommendation Service, American Council on Education, One Dupont Circle NW Suite 250,

Washington, DC 20036-1193, e-mail: credit@ace.nche.edu.

How Examination Results Are Reported: To pass the written examination, an examinee must answer correctly a minimum of 100 questions. The oral part of the examination requires a passing score of 76.

The International Certification Reciprocity Consortium/Alcohol and Other Drug Abuse Examination

Credit Recommendation: At the lower-division baccalaureate/associate degree level or the upper-division baccalaureate level, three semester hours in overview of addictions counseling for the written examination and three semester hours in application of addictions counseling for the Case Presentation Method oral examination are recommended.

Description: The examination has two parts: a 150-question multiple-choice knowledge test and a twelve-question Case Presentation Method oral examination.

Written Examination

The written multiple-choice examination covers the following topical areas:

- 21% Assessment** (31 questions)
- 22% Counseling** (31 questions)
- 18% Case management** (27 questions)
- 18% Education** (27 questions)
- 21% Professional responsibility** (32 questions)

Assessment

Using interview techniques, gather relevant information from the client in order to obtain current status and history.

- Gather and evaluate information from sources other than the client, utilizing client-approved interviews and/or written reports to validate client reports and to provide a more complete history.
- Observe and document psychological, social, and physiological signs and symptoms of alcohol and other drug abuse and dependence in the client to make an accurate diagnosis and formulate a treatment plan.
- Determine the client's appropriateness and eligibility for admission or referral to a range of programs by assessing the match between the client's needs and program target populations and services.
- Request from the client appropriately signed releases when soliciting and/or providing information from and providing information to outside sources to protect client confidentiality.
- Develop a written diagnostic summary based on the results of a separate assess-

ment performed by an alcohol and drug abuse counselor and/or multidisciplinary team such as a physical/chemical use/abuse history, psychological, psychiatric, social, spiritual, recreational, nutritional, educational, vocational, and legal (when indicated) evaluation to provide an integrated approach to diagnosis and treatment planning.

- Recognizing signs and symptoms that indicate a need to refer the client for additional professional assessment services when such assessment is outside the areas of the counselor's expertise.
- Document ongoing treatment needs identified by regular assessments performed throughout the continuum of care and negotiate adjustments to the treatment plans to ensure that new treatment needs are addressed.
- Formulate mutually agreed upon goals, objectives, and treatment methods based upon assessment findings of the client's strengths, weaknesses, needs, and problems of the purpose of directing a course of treatment.
- Select, administer, score, and interpret to clients the results of AODA assessment instruments in order to provide accurate, standardized measurements of data relating to the clients' problems.
- Explain to the client the purpose, rationale, and methods associated with the assessment process to ensure understanding and compliance.* Establish rapport and trust with the client, family members, and related systems by providing a safe environment in order to facilitate self-exploration, disclosure, problem solving and interaction.

Counseling

- In the initial counseling session, provide specific information to the client regarding the structure, expectations, and limitations of the counseling process in order to promote a trusting relationship, and assist the client in decision making regarding the treatment process.
- Assist the client, family members, and significant others in identification, clarification, and expression of feelings by teaching, modeling, and interacting in order to improve relationships, self-esteem, and feeling recognition.
- Provide individual therapy, using relevant and current client data with an appropriate therapeutic approach to meet the client's needs, problems,

strengths, and weaknesses to promote a quality recovery process.

- Provide family therapy with client and/or significant others within a setting conducive to promoting individual and system growth.
- Provide group therapy by modeling, directing, and facilitating developmental stages within the group in order to promote growth.
- Identify group, purpose, rules, goals, and membership criteria for group members through formal and informal means to facilitate interaction and communication.
- Assist clients, family members, and significant others in establishing and maintaining new behaviors or changes in behavior through teaching, modeling and other counseling techniques in order to minimize relapse.
- Intervene in life crisis situations with client or significant others in order to prevent or cope with that crisis by utilizing needed resources and identifying and teaching new skills.
- Provide care and follow-up utilizing a variety of approaches appropriate to the client's needs after the initial treatment phase is complete.
- Assess ongoing issues and related progress with clients, family, and significant others in order to promote growth through periodic review of goals and accomplishments.
- Provide current and accurate information and education to client, family members, and significant others through written materials and other educational forums in order to prevent initiation or progression of the disease of alcoholism and drug dependency.

Case Management

- Obtain and maintain information about community resources and services by establishing contact with other service providers in order to evaluate the appropriateness of referring the client.
- Match community resources with client needs in order to improve the effectiveness of treatment by paying particular attention to cultural and lifestyle characteristics of clients.
- Verbally explain to the client the necessity for referral in order to ease the transition to other service providers.
- Demonstrate proficiency in maintaining client records in accordance with prescribed standards to ensure thorough documentation.

- Consult with supervisors, counselors, professionals, and/or other service providers by discussing one's own case to ensure comprehensive, quality care for the client.
- Present cases to other treatment team members by using a written or an oral method in order to facilitate decision making and planning.
- Assist other treatment team members by providing alternative input on their cases in order to develop comprehensive, quality care for the client.

Verbally explain to the client the need for consultation, and obtain written consent in order to involve others in the client's treatment.

- Provide a program overview to the client by describing goals, objectives, rules, and obligations in order to agree upon mutual expectations.
 - Provide appropriate information to the client about self-help groups in order to encourage participation.
 - Advocate client's interests with appropriate systems by negotiating plans in order to help resolve client's problems.
 - Provide information by maintaining comprehensive client records for outside agencies in order to ensure adequate funding for services provided.
- Maintain through regular communication a network of community resources in order to enhance client's treatment.
- Ascertain client impairment by collecting and interpreting basic test results in order to determine the course of treatment.
 - Obtain an evaluation through consultation with supervisors and peers in order to assess case management techniques.

Education

- Provide relevant education to the client through formal and informal processes to introduce specific knowledge to help achieve and maintain recovery.
- Provide relevant education to family members and significant others through formal and informal processes to introduce specific knowledge to help support the recovery process.
- Provide alcohol and drug education to schools, service clubs, business, industry and labor, media representatives, political and community leaders, and other significant persons to raise awareness and enhance community support.
- Provide drug and alcohol education and information to colleagues and other professionals via lectures, discus-

sions, and meetings to enhance holistic approach and ensure continuum of care for the client.

Professional Responsibility

- Demonstrate clinical behaviors by adhering to ICRC professional codes of ethics to maintain professional standards and safeguard the best interests of the client.
- Adhere to federal, state, and agency regulations regarding client confidentiality by following appropriate procedures to protect client rights.
- Interpret and apply information from current counseling and alcohol and other drug abuse literature to improve client care and enhance professional growth.
- Recognize the importance of client diversity by gaining knowledge about cultures and lifestyles that influence client behavior to provide services that are culturally sensitive.
- Develop and utilize a range of options to explore and discuss personal feelings and concerns about clients when these concerns may be interfering with the counseling relationship
- Conduct self-evaluations of professional performance applying ethical, legal, and professional standards to enhance self-awareness and performance by identifying strengths and limitations.
- Obtain appropriate continuing professional education by assessing one's own training needs to promote professional growth.
- Access and participate in regular supervision and consultation sessions to facilitate clinical and administrative growth.
- Develop and utilize strategies to maintain personal physical and mental health to ensure professional effectiveness.
- Establish and maintain good relations with civic groups, other professionals, government entities, and the community in general through open communication and supportive involvement to expand community resources.

Case Presentation Method Oral Examination:

The oral examination assesses an individual's skill and competence in the application of twelve core functions of alcohol and drug abuse counselors, with one interview question per area. The examinee is asked to write a case study from an actual/typical client in the examinee's case files. The case study assists evaluators in choosing questions that will be asked in the forty-five-minute oral examina-

tion. The certification group reads the case study and either accepts it or returns it with comments. If the case study is accepted, the certification group notifies the applicant of its acceptance, schedules an interview time, and provides a selection of questions. The applicant receives twelve questions one hour before the oral examination and may use any materials to prepare for the examination.

Forty-six global criteria for the twelve core functions serve as the unit of evaluation in the examination scoring. Both the core functions and criteria are weighted so that their importance, criticality, and relevance in counseling are reflected in the scoring formula. The twelve core functions and their definitions are explained below.

Screening—process by which the client is determined appropriate and eligible for admission to a particular program

Intake—administrative and initial assessment procedures for admission to a program

Orientation—a description to the client of the general nature and goals of the program; rules governing client conduct and infractions that can lead to disciplinary action or discharge from the program; in a nonresidential program, the hours during which services are available; treatment costs to be handled by the client, if any; and client rights

Assessment—procedures by which a counselor/program identifies and evaluates an individual's strengths, weaknesses, problems, and needs for the development of a treatment plan

Treatment planning—process by which the counselor and the client identify and rank problems needing resolution, establish agreed-upon immediate and long-term goals, and decide upon a treatment process and the resources to be used

Counseling—use of special skills to assist individuals, families, or groups in achieving objectives through exploration of a problem and its ramifications, examination of attitudes and feelings, consideration of alternative solutions, and decision making

Case management—activities that bring services, agencies, resources, or people together within a planned framework of action toward the achievement of established goals (This may involve liaison activities and collateral contacts.)

Crisis intervention—those services that respond to an alcohol and/or other drug abuser's needs during acute emotional and/or physical distress

Client education—provision of information to individuals and groups concerning alcohol and other drug abuse and the available services and resources

Referral—identification of client needs that cannot be met by the counselor or agency and the process of assisting the client in using available support systems and community resources

Reports and recordkeeping—charting the results of the assessment and treatment plan and writing reports, progress notes, discharge summaries, and other client-related data

Consultation with other professionals regarding client treatment and services—communication with in-house staff or outside professionals to ensure comprehensive, quality care for the client