

CANDIDATE GUIDE

International Certification Examination for Clinical Supervisors

Based on the 2000 Role Delineation Study

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

Revised March 2002

©2002 International Certification and Reciprocity Consortium/Alcohol and Other Drug Abuse, Inc. (IC&RC/AODA). All rights reserved. No part of this document may be disclosed or reproduced without written authorization from IC&RC/AODA, Inc. For more information, contact IC&RC/AODA, Inc.

About IC&RC, Inc.

The International Certification and Reciprocity Consortium/Alcohol and Other Drug Abuse, Inc. (IC&RC) is a not-for-profit, voluntary membership organization whose members are alcohol and drug abuse certification boards. Incorporated in 1981, IC&RC currently consists of over 35,000 alcohol and drug abuse counselors certified by over 73 IC&RC member certification boards. IC&RC's mission is to establish, monitor, and advance reciprocal competency standards for AODA professionals and to support the member boards, which serve the public.

The purposes of IC&RC are:

- To advance international reciprocal standards in credentialing in the alcohol and other drug treatment, prevention, and clinical supervision fields.
- To provide competency-based credentialing products which promote and sustain public protection.
- To develop partnerships with other organizations, governmental agencies, and groups concerned with the quality of care/services in the AODS profession.
- To foster an international organization based upon participatory government.

Purpose of the Candidate Guide

The International Examination for Alcohol and Other Drug Abuse Clinical Supervisors is the first examination to test knowledge and skills about alcohol and other drug abuse clinical supervisors on an international level. It has been developed by IC&RC through the cooperation of the member boards and their desire to have an international test based on current practice in clinical supervision.

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

Examination Development

IC&RC has contracted with PTC to develop and score the International Certification Examination for Alcohol and Other Drug Abuse Clinical Supervisors.

The development of a valid examination for the IC&RC clinical supervisor certification process begins with a clear and concise definition of the knowledge, skills, and abilities needed for competent job performance. Using surveys and group discussions, IC&RC worked with experts in the field of alcohol and drug abuse clinical supervision to delineate critical job components. The knowledge and skill bases for the questions in the examination are derived from the actual practice of the clinical supervisor in the alcohol and other drug abuse treatment field as outlined in the 2000 IC&RC Role Delineation Study.

Examination Content

The 2000 IC&RC Role Delineation Study identified four performance domains for the clinical supervisor. Within each performance domain are several identified tasks that provide the basis for questions on the examination. Following is a brief outline of those domains and the tasks that fall under each domain.

Domain 1: Assessment and Evaluation

Number of Questions: 45

Assess the AODA supervisee's experience with and/or knowledge of the field of alcohol and other drugs of abuse, social and behavioral science, and 12-step philosophy and tradition in order to determine the AODA supervisee's strengths and limitations.

Assess AODA supervisee's temperament, leadership style, interpersonal strength/limitations, sensitivity to diverse populations, and reactions to change and stress within the work setting in order to promote AODA supervisee's growth.

Assess AODA supervisee's performance of tasks as they relate to the 12 core functions in order to identify levels of performance by interviews, observations, review of case records, and use of evaluation tools.

Determine the AODA supervisee's levels of clinical functioning by exploring his/her ability to utilize various therapeutic approaches.

Evaluate AODA supervisee's strengths and limitations through interviews, observations, and information from appropriate sources in order to assign suitable work-related tasks.

Domain 2: Counselor Development**Number of Questions: 36**

Develop a supervisory relationship for the purpose of facilitating AODA supervisee development.

Promote career development with the AODA supervisee in order to stimulate continuing personal and professional growth.

With AODA supervisee participation, develop and implement a clinical training and education program based on an assessment of the AODA supervisee's learning needs to strengthen the AODA supervisee's clinical competence.

Facilitate clinical teamwork by using observational tools, staff discussion, demonstration, reading/writing tasks, and assignment of appropriate responsibility to build a competent clinical team.

Provide direct clinical supervision to AODA supervisees using a variety of supervisory methods to build their clinical skills.

Educate AODA supervisees regarding developments in the AODA and behavioral health-care fields to maintain the best practices in consumer care.

Work with AODA supervisees to develop personal/professional boundaries and strategies for their self-improvement that promote professional effectiveness.

Domain 3: Professional Responsibility**Number of Questions: 38**

Participate in professional organizations to model and encourage professional involvement by the AODA supervisee.

Educate, reinforce, and promote AODA supervisee's adherence to established codes of ethics in order to maintain standards of professional conduct.

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

Recognize the uniqueness of the individual AODA supervisee by gaining knowledge about the personality, culture, lifestyle, values and attitudes, and other factors in order to influence the AODA supervisee in the process of his/her development and practice as an AODA professional.

Domain 4: Management and Administration

Number of Questions: 31

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

Monitor compliance with regulatory standards and quality improvement mechanisms to protect AODA supervisee's rights and client's rights.

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

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

Orient and educate AODA supervisees about program and professional responsibilities required to meet performance standards.

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

Recommend, in accordance with policies and procedures, the employment, discipline, and/or termination of clinical staff.

Document, in accordance with policies and procedures, all activities related to the provision of clinical and supervisory services to provide a continuous record of supervisory tasks.

Sample Questions

The questions on the International Certification Examination for Clinical Supervisors were developed from the tasks identified in the 2000 IC&RC Role Delineation Study for the Clinical Supervisor. Multiple sources were used in the development of questions for the international exam. Each question is linked to one of the role delineation task statements as well as to the knowledge and skills identified for each task statement. A brief summary of the tasks is listed in this brochure under Examination Content. For a complete list of tasks and their related knowledge and skills, please see the 2000 Role Delineation Study for the Clinical Supervisor.

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

The questions in the examination are multiple-choice with five (5) choices: A, B, C, D, and E. There is only one correct choice for each question. Carefully read each question and all the choices before making a selection. Choose the single best answer. Mark only one answer for each question. You will not be given credit for any question for which you indicate more than one answer. It is advisable to answer every question, since your final score will be determined by the number of questions answered correctly. There is no penalty for guessing.

Following are sample questions that are similar to those you will find in the certification exam.

1. The Standards and Criteria for Drug and Alcohol Services is used by certifying bodies for the development of:
 - A. Employee handbooks.
 - B. Insurance health care planning.
 - C. Agency policies and procedures.
 - D. State welfare regulations.
 - E. Juvenile justice codes.

2. You notice that a supervisee is beginning to appear fatigued and complains of being tired. After discussions with the supervisee regarding possible causes, which of the following would you be **MOST** inclined to do as a first course of action?
 - A. Develop a fitness and nutrition program.
 - B. Instruct the supervisee to take three days off.
 - C. Recommend more "meetings" because you suspect an impending relapse.
 - D. Refer for an assessment of emotional instability.
 - E. Referral to employee assistance program.

3. In developing a personalized clinical training and educational program for a supervisee, the **PRIMARY** focus should be his/her:
 - A. Clinical responsibilities.
 - B. Professional certification requirements.
 - C. Problem areas as identified by his/her employee evaluations.
 - D. Learning needs.
 - E. Training needs as required under regulatory compliance standards.

4. What is the **MOST** effective means for monitoring agency compliance with accreditation standards?
 - A. Develop a form with which to audit the agency's compliance and use it on a regular basis.
 - B. Question employees about their understanding of accreditation standards.
 - C. Do in-service training on accreditation standards.
 - D. Make staff read and initial the accreditation standards.
 - E. Give written warnings to staff who are not in compliance.

5. Which statement is most applicable when a clinical supervisor sets career development goals for counselors?
 - A. Goal setting is not a continuous process since the most accurate goals are based on an initial assessment of the counselor's skill level.
 - B. It is important to sequence goals since they can be addressed most effectively one at a time.
 - C. Goals should be prioritized since they may address different developmental stages for the counselor.
 - D. Goal setting is most accurate when the counselor is not involved because the counselor may bias the process.
 - E. It is important to separate goal setting with a supervisee from goal setting with a client since a counselor may inappropriately model this process with a client.

6. As supervisor, you have asked your clinical staff to meet as a team to begin developing a clinical training and educational program. The **FIRST** task your staff should perform is to:
 - A. Develop a resource list, by training area, of all trainers from whom they would like to receive training.
 - B. Identify training topics based on a discussion of clinical services provided by your program.
 - C. Share and discuss each member's self-assessment of needs for training and education.
 - D. Share information on academic and professional training opportunities that are available in the region.

- E. Identify training needs based on clinical report writing and schedule in-service time.
7. In discussing a written performance appraisal with your supervisee, you find it necessary to add more information. You should:
- A. Add the information to the document and file it.
 - B. Forget about the additional information.
 - C. Have the supervisee come in again to discuss the new information.
 - D. Discuss the information with the supervisee over the telephone.
 - E. Write a memo containing the information for the supervisee's personnel record.
8. As supervisor, you notice that staff members are not following the posted schedule. Your **MOST** appropriate course of action is to:
- A. Meet with the staff as a group to discuss your concerns and resolve the problem.
 - B. Write a memo asking staff to correct the problem immediately.
 - C. Meet with a senior staff member and ask him/her to straighten out the problem.
 - D. Make a point of being visible during shift change in order to "shape" staff behavior.
 - E. Leave things alone since there have been no reported problems.
9. Compiling a client's history is **PRIMARILY** characteristic of which of the following core functions?
- A. Intake
 - B. Case Management
 - C. Assessment
 - D. Reports and Record Keeping
 - E. Orientation
10. Use of the therapeutic paradox is **PRIMARILY** characteristic of which school of family therapy?
- A. Structural Family Therapy
 - B. Strategic Family Therapy
 - C. Experiential Family Therapy
 - D. Communication Family Therapy
 - E. General Systems Therapy
11. As a supervisor, you are required to act with professional acumen and to conduct yourself in a reasonable, prudent manner in all of your activities. This behavior is a **PRIMARY** example of:

- A. Modeling.
 - B. Imprinting.
 - C. Compliance.
 - D. Discretion.
 - E. Surrender.
12. You have asked your supervisee to speak about your facility, staff, and services on a local radio talk show. The supervisee's presentation is an example of:
- A. Public relations.
 - B. Continuing education.
 - C. Marketing.
 - D. Referral development.
 - E. In-service training.
13. The supervisor discovers that the supervisee is **NOT** following the master treatment plan. The supervisor's **MOST** appropriate action is to:
- A. Call the supervisee in for a clinical consultation.
 - B. Call the problem to the supervisee's attention during a team meeting.
 - C. Assign the case to another counselor.
 - D. Report the supervisee to the clinical director.
 - E. Review the master treatment plan.
14. A genogram would be **MOST** helpful in identifying which family characteristic?
- A. Other addicts or alcoholics in the family
 - B. Boundary problems
 - C. Unresolved interpersonal conflicts
 - D. Transgenerational themes
 - E. Family roles

Answer Key

- | | | |
|------|-------|-------|
| 1. C | 6. C | 11. A |
| 2. E | 7. C | 12. A |
| 3. D | 8. A | 13. A |
| 4. A | 9. C | 14. D |
| 5. C | 10. B | |

Scoring

PTC will score all examinations and mail score reports to the designated Certifying Board. Scores will be broken down by category so that candidates can see areas of strength and weakness. This process takes approximately four to six weeks.

Hand Scoring

If you believe the results of your examination are wrong, you may appeal to the IC&RC. To initiate this process, you must do so within thirty (30) days of receiving your score report. PTC will hand score your examination and mail you the results for a fee of \$35.

Examination Rules

No books, papers, or other reference materials may be taken into the examination room. An area will be provided for storage of such materials.

No examination materials, documents, or memoranda of any type may be taken from the room by any candidate.

The examination will be given only on the date and time noted on the Admission Ticket. If an emergency arises and you are unable to take the examination as scheduled, you should call the appropriate Certifying Board.

Proctors will not answer questions concerning the content of the examination during the examination period. The candidate should listen carefully to the directions given by the proctor and read the directions carefully in the examination booklet.

Special Administrations

Individuals with disabilities and/or religious obligations that require modifications in test administration, may request specific procedure changes, in writing, to the relevant IC&RC member board, no fewer than 60 days prior to the scheduled test date. With the written request, the candidate must provide official documentation of the disability or religious issue. Candidates should contact their Certification Board on what constitutes official documentation. The Certification Board will offer appropriate modifications to its procedures when documentation supports the need for them.

Admission to the Examination, Examination Dates, and Registration

Eligibility requirements are determined by the IC&RC member boards. Contact your local certifying board for information. The International Certification Examination is administered throughout the United States, as well as internationally. Please consult your certifying board for the exact date, time, and location of the examination administrations in your area, as well as registration information.

Appeals and Test Disclosure

If candidates wish to appeal their scores on the written test, they must submit a written request to their Certification Board within 30 days of the postmark on the test score report. Candidates should be aware that IC&RC test security and item banking procedures do not permit candidates access to test questions, answer keys, or other secure materials.