

CANDIDATE GUIDE

Case Presentation Method™ Certification Examination for Alcohol and Other Drug Abuse Counselors



Prepared by:
Columbia Assessment Services, Inc.

In Cooperation with:
IC&RC/AODA, Inc.
6402 Arlington Blvd., Ste. 1200
Falls Church, VA 22042
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About IC&RC/AODA, Inc.

The International Certification and Reciprocity Consortium/Alcohol and Other Drug Abuse, Inc. (IC&RC/AODA) 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 and prevention specialists certified by more than 67 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. Boards are located in 40 states, the District of Columbia, and include the U.S. Air Force, U.S. Army, U.S. Navy & Marines, Indian Health Services, and credentialing boards abroad.

The purposes of IC&RC are:

- to promote uniform professional standards and quality for counselors and prevention specialists and to give the professions greater visibility throughout the United States, as well as internationally.
- to negotiate reciprocity agreements for alcoholism and drug abuse counselors and prevention specialists with certification boards throughout the United States, as well as internationally.
- to provide support services, including consultation and training to all states in the area of certification, *i.e.*, establishment of standards, evaluation of competence, and establishment and training of boards and committees.
- to provide information on certification and certification activities in the United States and internationally.
- to provide international certification for counselors and prevention specialists meeting specified qualifications certified by individual member boards. ICADC applications are available from the IC&RC office or any IC&RC member certification board.

Purpose of the Candidate Guide

The Case Presentation Method is an oral examination that assesses an individual's skill and competence in the application of the Twelve Core Functions of alcohol and other drug abuse counselors. It has been developed by IC&RC/AODA through the cooperation of the member boards and their strong desire to have an international exam that is based on current practice in the field.

The purpose of this Candidate Guide is to provide you with guidance for the IC&RC/AODA CPM examination process. By providing you with background information on examination validation and sample questions, your preparation for the CPM examination for alcohol and drug counselors can be enhanced.

Admission to the Examination

Eligibility requirements are determined by the IC&RC/AODA member boards (see insert listing for the IC&RC/AODA Certifying Board serving you).

Examination Registration

For information about registration, please consult with the appropriate Certifying Board (see insert).

Examination Dates

The Case Presentation Method Examination is administered throughout the United States, as well as internationally. Please consult your Certifying Board (see insert) for the exact date, time, and location of the examination administrations in your area.

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.

CPM Examination Validation

In 2001, the IC&RC/AODA contracted with Columbia Assessment Services, Inc. (CAS) to conduct a nationally-validated Role Delineation Study of the scope of practice for alcohol and other drug abuse counselors. CAS is a full-service testing company providing licensure, certification, and specialty examinations, including practical and written simulation tests, for associations, state boards, government agencies, and corporations.

The Role Delineation Study defines the knowledge, skills, and abilities needed for competent job performance. Using interviews, surveys, observation, and group discussions, CAS worked with experts in the field of alcohol and drug abuse to delineate critical job components. These job components (tasks and skills) were evaluated and categorized according to the existing Twelve Core Functions for alcohol and other drug abuse counselors in the CPM Skills Catalog. Subject matter experts then defined a set of Global Criteria for each Core Function. The Global Criteria provide the units of evaluation of a candidate's performance. Through this validation process, the knowledge and skill bases for the questions in the examination are derived from the actual practice of the counselor in the alcohol and drug field as outlined in the 1996 IC&RC/AODA Role Delineation Study.

Examination Content

The Written Case

The written case is intended to assist in preparing for the oral examination in that it is the primary source for the specific examples that evaluators require when determining if responses are competent. Please note that not all boards require a written case to be submitted. Please consult with the appropriate Certifying Board to determine if a written case is required in your jurisdiction.

The certification authority reviews the written case and either accepts or returns it. Review of the written case follows the criteria listed below and verifies that the applicant has adhered to requirements that concern format. If the format is found to be incorrect upon review, the certification authority will return the written case to the applicant with an explanation. (At their discretion, Certification Boards may impart additional criteria to evaluate the quality of the content of the written case.)

If the format is found to be adequate upon review, the certification authority will:

1. Notify applicant of acceptance and interview,
2. Schedule preparation and interview times, and
3. Provide for selection of questions.

The written case should be prepared from an actual/typical client from your case files. The client cannot currently be in your care. The name should be fictitious; however, other information should be real unless there is a danger of violating the client's confidentiality. The written case must adhere to the following criteria:

Mechanics

1. Is the presentation typed?
2. Does the portfolio include the original and four copies?
3. Does the fact sheet contain the appropriate information and signatures?
4. Did the applicant address all sections of the format and content outline, in the proper sequence?

Format and Content

I. Substance Abuse History

1. Substances Used
2. Frequency
3. Progression
4. Severity/Amount Used
5. Onset – When Started
6. Primary Substance
7. Route of Administration
8. Effects – Blackouts, Tremors, Tolerance, DTs, Seizures, Other Medical Complications (some of these can be included in the Physical History Section)

II. Psychological Functioning

1. Mental Status – Oriented, Hallucinations*, Delusions*, Suicidal*, Homicidal* Judgment, Insight

*to include both present and past

III. Educational/Vocational/Financial

1. Educational and Work History
2. Educational Level
3. Disciplinary Action (at school or work)
4. Reasons for Termination
5. Current and Past Financial Status

IV. Legal History (associated with, or not associated with, mood altering chemicals)

1. Charges, Arrests, Convictions
2. Current Status
3. Pending

V. Social History

1. Parents
2. Siblings/Rank
3. Psychological Functioning in Family
4. Substance Use in Family
5. History of Social Functioning from Childhood to Present
6. Family Functioning – Including Physical, Sexual, and Emotional Abuse
7. Relationship History
8. Children

VI. Physical History

1. Both Alcohol and Drug, Non-alcohol and Drug Problems
2. Past and Present Major Medical Problems – i.e., Disabilities, Pregnancy and Related Issues, STD, Alcohol and Drug-Related Problems

VII. Treatment History (both alcohol and drug and psychological history)

VIII. Assessment

- Identifying and evaluating an individual's strengths, weaknesses, problems, and needs for the development of the treatment plan

IX. Treatment Plan

- Identifying and ranking problems needing resolution; establishing agreed upon immediate and long-term goals; deciding on a treatment process and the resources to be utilized

X. Course of Treatment

- Describe the counseling approaches you used, your rationale for their use and any revisions you made based on the client's unique problems and responses to treatment

XI. Discharge Summary

- Concise description of the client's overall response to treatment, including alcohol/drug status at discharge

The Oral Interview

The CPM Oral Interview is based on the Twelve Core Functions. Scores on the examination are based on the Global Criteria for each Core Function. The counselor must be able to demonstrate competence by achieving a passing score on the Global Criteria in order to be certified. Although the Core Functions may overlap, depending on the nature of the counselor's practice, each represents a specific entity. Following are definitions of the Twelve Core Functions along with the Global Criteria that pertain to each Function.

I. SCREENING: The process by which the client is determined appropriate and eligible for admission to a particular program.

Global Criteria

1. Evaluate psychological, social, and physiological signs and symptoms of alcohol and other drug use and abuse.
2. Determine the client's appropriateness for admission or referral.
3. Determine the client's eligibility for admission or referral.
4. Identify any coexisting conditions (medical, psychiatric, physical, etc.) that indicate need for additional professional assessment and/or services.
5. Adhere to applicable laws, regulations and agency policies governing alcohol and other drug abuse services.

II. INTAKE: The administrative and initial assessment procedures for admission to a program.

Global Criteria

6. Complete required documents for admission to the program.
7. Complete required documents for program eligibility and appropriateness.
8. Obtain appropriately signed consents when soliciting from or providing information to outside sources to protect client confidentiality and rights.

III. ORIENTATION: Describing to the client the following: 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 borne by the client, if any; and client rights.

Global Criteria

9. Provide an overview to the client by describing program goals and objectives for client care.
10. Provide an overview to the client by describing program rules, and client obligations and rights.

11. Provide an overview to the client of program operations.

IV. ASSESSMENT: The procedures by which a counselor/program identifies and evaluates an individual's strengths, weaknesses, problems and needs for the development of a treatment plan.

Global Criteria

12. Gather relevant history from client including but not limited to alcohol and other drug abuse using appropriate interview techniques.

13. Identify methods and procedures for obtaining corroborative information from significant secondary sources regarding clients' alcohol and other drug abuse and psycho-social history.

14. Identify appropriate assessment tools.

15. Explain to the client the rationale for the use of assessment techniques in order to facilitate understanding.

16. Develop a diagnostic evaluation of the client's substance abuse and any coexisting conditions based on the results of all assessments in order to provide an integrated approach to treatment planning based on the client's strengths, weaknesses, and identified problems and needs.

V. 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 utilized.

Global Criteria

17. Explain assessment results to client in an understandable manner.

18. Identify and rank problems based on individual client needs in the written treatment plan.

19. Formulate agreed upon immediate and long-term goals using behavioral terms in the written treatment plan.

20. Identify the treatment methods and resources to be utilized as appropriate for the individual client.

VI. COUNSELING : (Individual, Group, and Significant Others): The utilization 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.

Global Criteria

21. Select the counseling theory(ies) that apply(ies).

22. Apply technique(s) to assist the client, group, and/or family in exploring problems and ramifications.

23. Apply technique(s) to assist the client, group, and/or family in examining the client's behavior, attitudes, and/or feelings if appropriate in the treatment setting.
24. Individualize counseling in accordance with cultural, gender, and lifestyle differences.
25. Interact with the client in an appropriate therapeutic manner.
26. Elicit solutions and decisions from the client.
27. Implement the treatment plan.

VII. CASE MANAGEMENT: Activities which bring services, agencies, resources, or people together within a planned framework of action toward the achievement of established goals. It may involve liaison activities and collateral contacts.

Global Criteria

28. Coordinate services for client care.
29. Explain the rationale of case management activities to the client.

VIII. CRISIS INTERVENTION: Those services which respond to an alcohol and/or other drug abuser's needs during acute emotional and/or physical distress.

Global Criteria

30. Recognize the elements of the client crisis.
31. Implement an immediate course of action appropriate to the crisis.
32. Enhance overall treatment by utilizing crisis events.

IX. CLIENT EDUCATION: Provision of information to individuals and groups concerning alcohol and other drug abuse and the available services and resources.

Global Criteria

33. Present relevant alcohol and other drug use/abuse information to the client through formal and/or informal processes.
34. Present information about available alcohol and other drug services and resources.

X. REFERRAL: Identifying the needs of a client that cannot be met by the counselor or agency and assisting the client to utilize the support systems and community resources available.

Global Criteria

35. Identify need(s) and/or problem(s) that the agency and/or counselor cannot meet.
36. Explain the rationale for the referral to the client.

37. Match client needs and/or problems to appropriate resources.
38. Adhere to applicable laws, regulations and agency policies governing procedures related to the protection of the client's confidentiality.
39. Assist the client in utilizing the support systems and community resources available.

XI. REPORT AND RECORD KEEPING: Charting the results of the assessment and treatment plan, writing reports, progress notes, discharge summaries and other client-related data.

Global Criteria

40. Prepare reports and relevant records integrating available information to facilitate the continuum of care.
41. Chart pertinent ongoing information pertaining to the client.
42. Utilize relevant information from written documents for client care.

XII. CONSULTATION WITH OTHER PROFESSIONALS IN REGARD TO CLIENT TREATMENT/SERVICES: Relating with in-house staff or outside professionals to assure comprehensive, quality care for the client.

Global Criteria

43. Recognize issues that are beyond the counselor's base of knowledge and/or skill.
44. Consult with appropriate resources to ensure the provision of effective treatment services.
45. Adhere to applicable laws, regulations and agency policies governing the disclosure of client-identifying data.
46. Explain the rationale for the consultation to the client, if appropriate.

Pool of Questions

Evaluators will ask candidates to respond to one question from each of the Core Functions.

I. Screening

Describe the purpose of screening and the process used with this client.

II. Intake

Describe the elements of intake and how the intake process was completed in this case.

III. Orientation

Describe the process of orienting this client to your services.

IV. Assessment

Describe the methods and procedures used to assess this client and explain the results of those assessments.

V. Treatment Planning

Identify the components of treatment planning and describe the treatment planning process that occurred between you and the client.

VI. Counseling

Identify your counseling theories and approach(es) and thoroughly describe how you applied these to the client in this case.

VII. Case Management

Describe the purpose of case management and how it applied to this client.

VIII. Crisis Intervention

Give an example of a crisis that occurred in this case and explain how you responded to it. If no crisis occurred, give an example of a crisis using another case.

IX. Client Education

Describe client education and how you provided it in this case.

X. Referral

Describe the referral process and how it was used in this case.

XI. Reports and Record Keeping

Describe the report and record keeping process(es) and how they were used in this case.

XII. Consultation

Describe the purpose of consultation and the rationale for and results of consultations necessary in this case. If no consultation occurred, provide an example from another case.

Sample Test

The sample oral interviews provided below contain responses that have been scored by trained CPM evaluators. For the purpose of this Candidate Guide, poorly-rated responses were intentionally selected in order to assist candidates in avoiding common errors during the oral interview.

The most common error in the oral interview is lack of examples/specifics and parroting. Parroting is simply restating or paraphrasing the Global Criteria, and it is unacceptable. During the oral interview, candidates must address all Global Criteria for each Core Function, regardless of the question, and must be specific and use examples whenever possible.

Sample 1

SCREENING: The process by which the client is determined appropriate and eligible for admission to a particular program.

Global Criteria:

1. Evaluate psychological, social, and physiological signs and symptoms of alcohol and other drug use and abuse.
2. Determine the client's appropriateness for admission or referral.
3. Determine the client's eligibility for admission or referral.
4. Identify any coexisting conditions (medical, psychiatric, physical, etc.) that indicate need for additional professional assessment and/or services.
5. Adhere to applicable laws, regulations and agency policies governing alcohol and other drug abuse services.

Question: Describe the purpose of screening and the process used with this client.

Response: Our treatment center makes the counselor complete a very thorough assessment during the initial appointment with a client. The assessment determines the chronicity of the substance abuse problem, the status of the family situation, the employment situation, the medical history, the mental health issues, the financial status and condition of the client. During the initial appointment, we also have a lot of releases of information signed like to the employer, the family physician, the sponsor (if there is one). Gathering this type of information on the initial appointment helps us determine the client's diagnosis and assists with developing the treatment plan.

Rating Scale:

No = Incompetent Response

Yes = Competent Response

Evaluators' Scores:

Global

Criteria 1: **Rating = No**

No examples or specifics given. The applicant talked about obtaining various information, but never mentioned the results of the information received. GC1 requires applicants to evaluate the psychological, social and physical signs and symptoms of the client's alcohol and drug use and abuse.

Global

Criteria 2: **Rating = No**

Again, the applicant gave no information on what makes a client appropriate for his/her agency. Does the agency require that the client have a substance abuse problem in order to receive services? Can the client have a psychiatric disorder requiring medication? Does the client need detox, and does the facility handle this? These are examples of factors that determine appropriateness for services which need to be addressed in order to demonstrate competence in this Global Criterion.

Global

Criteria 3: **Rating = No**

No examples or specifics given to determine whether the client was eligible for the program. Does this program take both males and females? Does it limit treatment to individuals from a particular catchment area? These are examples of a number of factors which determine a client's eligibility for services and which need to be specifically addressed in order to demonstrate competence in this Global Criterion.

Global

Criteria 4: **Rating = No**

The applicant gave no indication whether or not this client had a coexisting condition (i.e., medical or psychiatric) that may have needed additional professional services or assessment.

Global

Criteria 5: **Rating = No**

Applicant makes no reference of recognition of laws/policies/regulations; therefore doesn't demonstrate skill in that area. Release of information is not sufficient alone – this indicates that she doesn't know what applies to screening.

Sample 2

CRISIS INTERVENTION: Those services which respond to an alcohol and/or other drug abuser's needs during acute emotional and/or physical distress.

Global Criteria

30. Recognize the elements of the client crisis.
31. Implement an immediate course of action appropriate to the crisis.
32. Enhance overall treatment by utilizing crisis events.

Question: Give an example of a crisis that occurred in this case and explain how you responded to it. If no crisis occurred, give an example of a crisis using another case.

Response: If a client attempts suicide what we need to do first of all is to get them up to the hospital and get them medically cleared. If a client is in my office and is threatening suicide, what we look at is what do they believe is the reason that they want to take their life. From there I try to get them to look at the reasons that they should not do this and possibly look at all the positives that have happened in their lives prior to this point. Often times I have found that clients feel suicidal after a particular situation has happened, and what I try to get them to realize is that no matter what the situation is, it will eventually pass. If they happen to be involved in the AA or NA program, what we usually recommend is that they contact someone from the program, particularly their sponsor, and then be around people who can be a support for them while they are going through this difficult time.

Rating Scale:

No = Incompetent Response
Yes = Competent Response

Evaluators' Scores:

Global

Criteria 30: Rating = No
The applicant failed to recognize the elements which constituted the crisis. Instead he presented suicidal behavior as an empirical crisis, without explanation. There was no assessment of lethality or of immediacy.

Global

Criteria 31: Rating = No
The applicant did not assess or address the immediate safety needs of the client. There was no exploration of alternatives, resources and supports available to the

client, or of the willingness of the client to utilize those resources. There was no evidence of steps taken to implement a safety plan for the client (i.e., family or friend care, voluntary or involuntary hospitalization). Trying to talk a client out of committing suicide is not sufficient evidence of competence in dealing with the immediate needs of a suicidal client.

Global

Criteria 32: Rating = No

The applicant did not address how he could help the client learn from the crisis experience so as to strengthen coping skills in the future.

Examination Rules

Upon acceptance of the written case, candidates will receive the following information concerning their oral interview: the date, the exact time of the preparation period and interview, and the location.

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

Preparation Period Procedures

1. The applicant receives the twelve (12) questions exactly one (1) hour before the scheduled interview. The candidate signs his or her name to the Preparation Period Materials Form.

"I received at the site of my oral interview the following materials: a copy of my written case, the pool of questions, the definitions of the core functions, and the listing of global criteria. I agree not to write notes on any of the materials other than the written case. At the conclusion of my interview I will complete the Post-Interview Assessment Form."

2. Applicants will not be allowed to bring any materials with them into the study period. Each applicant will be given a copy of his or her prepared written case, the pool of questions, the definition of the core functions, and the listing of the global criteria.
3. Applicants may not talk with anyone other than the proctor during the preparation period.
4. Applicants may make notes **ONLY** on the written case for use before the interview. Notes may not be taken into the oral interview room.
5. At the discretion of the Certification Board, applicants may smoke and/or have refreshments during the preparation period.

Oral Interview Procedures

1. Applicants will be given copies of the Pool of Questions sheet, Core Functions definitions, and Global Criteria list for their use during the interview. No other materials brought or provided are allowed. The case presentation is not allowed to be brought into the exam.

2. Applicants may **not** smoke or have refreshments during the interview. Applicants will be provided with a chair and a table or desk. The room will be lighted and ventilated. Every effort will be made to select a room that is void of excessive noise or other distractions.
3. Applicants will be interviewed by three (3) trained evaluators who are counselors certified at the reciprocal level. Applicants who have a conflict of interest with their evaluators shall advise the site administrator prior to the start of their oral interview. Each evaluator will introduce himself/herself (by name only) to the candidate prior to the start of the interview.
4. Applicants will have 45 minutes during the interview to:
 - a. Demonstrate competence in the Global Criteria of the Core Functions, and
 - b. Answer selected questions completely.
5. Responses will be evaluated independently by each evaluator for demonstration of competence in each Global Criterion.
6. Applicants are advised to provide complete responses but to avoid being excessively verbal. Successful applicants supply details and examples from the written case to show that the skills required for competent performance of the Twelve Core Functions were applied appropriately.
7. The interview will be recorded on audiotape. Applicant's appearance for the interview is implied permission for recording and is noted on the Case Presentation Form.
8. Post-Interview Assessment—At the conclusion of the interview and before leaving the test site, the candidate shall complete a post-interview assessment.

Examination Scoring

Since a candidate's certification often depends on the consistency of the evaluator's opinions, the IC&RC has considered every way possible to ensure the reliability of the CPM process. Evaluators' training and retraining has been designed to ensure that the evaluators are knowledgeable, consistent and standardized in their scoring methods.

Evaluators weigh and evaluate candidates' responses based on the Global Criteria for each of the Twelve Core Functions. These Global Criteria are folded into the final score for the candidate's demonstrated skill in performing the Core Functions. Whether or not a candidate passes the CPM is determined by the overall number of points awarded. The points are weighted according to their importance, criticality, and relevance in alcohol and other drug abuse counseling. The candidate's total score is compared with the passing point for the examination.

The passing point for the CPM is a national standard that is set by a panel of experts using a criterion-referenced procedure called the Angoff Modified Technique. This technique is considered by the testing profession to be one of the most defensible criterion-referenced methods available for setting passing points. The Angoff Modified Technique is quota-free with regard to the percentage of candidates passing the test.

Score Reporting

After receiving the ratings of candidates' interview responses from the evaluators, the governing certification board will score the examinations according to the national standard. Governing certification boards will mail examination results to the candidates approximately 60 days after the oral interview.

Procedure Challenge

As a result of the procedures that are used to score the oral interview, a failing score is not an acceptable basis to request a score challenge. Improper behavior by an evaluator or violations of stated examination procedures are acceptable reasons for challenging your score. The candidate must state in writing the reason why his/her score results were affected by improper actions by the evaluators or variance from stated examination procedures. The procedure challenge must be received by the governing board by a deadline established by the board.