

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



# Candidate Guide

Alcohol, Tobacco, and Other Drug Abuse Prevention Specialists

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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 the more than 72 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 44 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 the alcoholism and drug abuse counseling and prevention professions and to give the profession 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 Alcohol, Tobacco, and Other Drug (ATOD) Abuse Prevention Specialist Examination is one of the first examinations to test knowledge and skills about ATOD abuse prevention on an international level. The examination 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 ATOD Abuse Prevention Specialist examination process. By providing you with background information on examination development and sample questions, your preparation for the examination can be greatly enhanced.

### **Examination Development**

The IC&RC/AODA has contracted with PTC to develop, score, and administer the International Certification Examination for ATOD Abuse Prevention Specialists.

The development of a valid examination for the IC&RC/AODA certification process begins with a clear and concise definition of the knowledge, skills, and abilities needed for competent job performance. Using interviews, surveys, observation, and group discussions, IC&RC works with experts in the field of ATOD abuse prevention to delineate critical job components. The knowledge and skill bases for the questions in the examination are derived from the actual practice of the prevention specialist as outlined in the 2007 ATOD Abuse Prevention Specialist Role Delineation Study.

## **Examination Content**

The 2007 ATOD Abuse Prevention Specialist Role Delineation Study identified five performance domains for the ATOD abuse prevention specialist. Within each performance domain are several identified tasks which provide the basis for questions in the examination. Following is a brief outline of those domains and the tasks which fall under each domain. Also included is the number of questions per domain included in the examination.

### **Domain 1: Planning and Evaluation**

**Number of Questions on Exam: 36**

- 1.1 Use needs assessment strategies to gather relevant data for ATOD prevention planning.
- 1.2 Identify gaps and prioritize needs based on the assessment of community conditions.
- 1.3 Select prevention strategies, programs, and best practices to meet the identified needs of the community.
- 1.4 Develop an ATOD prevention plan based on research and theory that addresses community needs and desired outcomes.
- 1.5 Identify resources to sustain prevention activities.
- 1.6 Identify appropriate ATOD prevention program evaluation strategies.
- 1.7 Conduct evaluation activities to document program implementation and effectiveness.
- 1.8 Use evaluation findings to determine whether and how to adapt ATOD prevention.

### **Domain 2: Education and Skill Development**

**Number of Questions on Exam: 42**

- 2.1 Develop ATOD prevention education and skill development activities based on target audience analysis.
- 2.2 Connect prevention theory and practice to implement effective prevention education and skill development activities.
- 2.3 Maintain program fidelity when implementing evidence-based programs.
- 2.4 Assure that ATOD education and skill activities are appropriate to the culture of the community being served.
- 2.5 Use appropriate instructional strategies to meet the needs of the target audience.
- 2.6 Ensure all ATOD prevention education and skill development programs provide accurate, relevant, timely and appropriate content information.
- 2.7 Identify, adapt or develop instructor and participant materials for use when implementing ATOD prevention activities.

- 2.8 Provide professionals in related fields with accurate, relevant, timely and appropriate ATOD prevention information.
- 2.9 Provide technical assistance to community members and organizations regarding ATOD prevention strategies and best practices.

**Domain 3: Community Organization**

**Number of Questions on Exam: 26**

- 3.1 Identify the community's demographic characteristics and core values.
- 3.2 Identify key community leaders to ensure diverse representation in ATOD prevention programming activities.
- 3.3 Build community ownership of ATOD prevention programs by collaborating with key community leaders/members when planning, implementing and evaluation prevention activities.
- 3.4 Provide technical assistance to community members/leaders in implementing ATOD prevention activities.
- 3.5 Develop capacity within the community by recruiting, training, and mentoring ATOD prevention-focused volunteers.
- 3.6 Assist in creating and sustaining community-based coalitions.

**Domain 4: Public Policy and Environmental Change**

**Number of Questions on Exam: 20**

- 4.1 Examine the community's public policies and norms to determine environmental change needs.
- 4.2 Make recommendations to policy makers/stakeholders that will positively influence the community's public policies and norms.
- 4.3 Provide technical assistance, training, and consultation that promote environmental change.
- 4.4 Participate in public policy development and enforcement initiatives to affect environmental change.
- 4.5 Use media strategies to enhance prevention efforts in the community.

**Domain 5: Professional Growth and Responsibility**

**Number of Questions on Exam: 26**

- 5.1 Maintain personal knowledge, skills, and abilities related to current ATOD prevention theory and practice.
- 5.2 Network with others to develop personal and professional relationships.
- 5.3 Adhere to all legal, professional, and ethical standards.

- 5.4 Build skills necessary for effectively working within the cultural context of the community.
- 5.5 Demonstrate self-care consistent with ATOD prevention messages.

### Sample Questions

The questions on the ATOD Abuse Prevention Specialist Certification Examination were developed from the tasks identified in the 2007 Role Delineation Study. Multiple sources were utilized in the development of examination questions. Each question is linked to one of the role delineation task statements as well as the knowledge and skills identified for each task statement. A brief summary of the tasks are listed in this brochure under Examination Content. For a complete list of tasks and their related knowledge and skills, please see the 2007 ATOD Abuse Prevention Role Delineation Study.

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 four choices: A, B, C, and D. 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.*

The sample examination questions appear on the following pages.

1. If ATOD abuse prevention specialists want to measure attitudes, values, decision making, community coordination, or cultural identification, they would use a:
  - A. Family system research and assessment instrument.
  - B. Psychiatric research and assessment instrument.
  - C. Group social psychological research instrument.
  - D. Social Work research and assessment instrument.
2. Inhalant use seems to be the major ATOD abuse problem among young:
  - A. Hispanic Americans/Latinos.
  - B. Caucasians.
  - C. African Americans.
  - D. Asian Americans.
3. Focus Groups are used to:
  - A. Bring together people with common characteristics for implementing programs.
  - B. Bring together people from diverse backgrounds to discuss a wide variety of topics.
  - C. Bring people together to evaluate the type of program materials that are proposed.
  - D. Bring together people with common characteristics for needs assessment.

4. Health Information Strategies for ATOD abuse prevention have been:
  - A. Effective when the focus is on affective education.
  - B. Effective when the focus includes moral suasion and fear arousal.
  - C. Effective only when combining moral suasion, fear arousal, and affective components.
  - D. Disappointing and largely ineffective.
5. Key informants are:
  - A. People used by law enforcement to provide essential information for arrests.
  - B. People who are used by program evaluators to monitor program implementation covertly.
  - C. People who go undercover to provide school officials with tips on drug traffic.
  - D. People who are essential information sources in needs assessments.
6. One of the goals of prevention is to learn about long-term effects on our culture. The type of assessment needed to measure these effects is called:
  - A. Outcome Assessment.
  - B. Cultural Diversity Assessment.
  - C. Process Assessment.
  - D. Long-Term Assessment.
7. The greatest optimism in the development of ATOD abuse prevention activities has come from:
  - A. Individualized prevention efforts.
  - B. Large-scale prevention programming studies.
  - C. Targeted prevention programs.
  - D. Health education efforts.
8. Targeted Programs are:
  - A. High-impact, highly focused programs for risk reduction.
  - B. Low-impact, broadly publicized programs for interdiction.
  - C. High-impact, broadly publicized programs for intervention.
  - D. Programs funded for a short time to serve a specific group.
9. Your argument that your program is effective may be strengthened considerably if self-reported change is:
  - A. Matched with demographic data.
  - B. Recorded on tape.
  - C. Substantiated by a psychologist.
  - D. Supplemented by measures collected independently of the program.
10. Which of the following is an example of a Genetic Protective Factor?
  - A. The child is primarily of Northern European ancestry.
  - B. The child is primarily of Asian parental heritage.
  - C. The child is primarily of Eskimo parental heritage.
  - D. The child is primarily of Native American ancestry.

11. Theories of causation help identify why youths begin using drugs. ATOD abuse prevention program designers must determine what factors are involved. At the most basic level these factors are:
- A. Schools and communities.
  - B. Family and peer factors.
  - C. Individual and family factors.
  - D. Risk and protective factors.
12. According to Pransky, what question should be asked at the highest level of prevention evaluation?
- A. Did community-wide behaviors change?
  - B. Did participants show up?
  - C. Did program participants' behavior change?
  - D. Did participants' attitudes change/or did self esteem improve?
13. It is important to match risk and protective factors in ATOD abuse prevention programming. Which of the following statements have a good match between risk and protective factors and programming?
- I. A school-based program working on self esteem with children who live in abusive families.
  - II. A school-based program working on life skills with low-risk students.
  - III. A school-based support group program for students who have violated school ATOD policies.
- A. I only
  - B. III only
  - C. I and II only
  - D. II and III only
14. According to "Prevention Plus II," the average adolescent responds best to which type of ATOD prevention program?
- A. Knowledge-only programs
  - B. Alternative programs
  - C. Peer programs
  - D. Knowledge and affective education programs
15. Media campaigns dealing with prevention techniques impact audiences by:
- A. Educating the public.
  - B. Increasing problem awareness.
  - C. Changing attitudes toward the behavior.
  - D. Changing the behavior.

16. "Technology Transfer" as applied to prevention programs and services would be defined as:
- A. A process through which methodologies and interventions for prevention move from research to application.
  - B. A system for delivering prevention messages.
  - C. A program involving computer-based information on prevention.
  - D. Changing prevention messages according to which of the media are used to deliver the message.
17. Including demographic information for outcome program evaluation will help determine if:
- A. The program is effective for minority groups.
  - B. The program is effective for children.
  - C. The test is valid.
  - D. The program is effective for different types of participants.
18. Which ethnic group generally places the highest degree of emphasis on educational values as compared to other ethnic groups?
- A. Native Americans/Indians
  - B. Hispanic Americans/Latinos
  - C. Italian Americans
  - D. Asian Americans
19. Cirrhosis of the liver is:
- A. Caused by excessive drinking of wine only.
  - B. Not common among alcoholics.
  - C. About six times as prevalent among heavy drinkers than in the general population.
  - D. Twice as prevalent among heavy drinkers than in the general population.
20. For children growing up in an alcoholic or drug abusing family, studies suggest that they have a better chance of growing into healthy adulthood if they:
- A. Can learn to do one thing well that is valued by themselves, their families, and their community.
  - B. Do not ask for help from anyone but their teachers or social workers.
  - C. Stay out of their parents' way.
  - D. Don't live by any of the family rules or norms.

## Answers to Sample Test Questions

1. C
2. A
3. D
4. D
5. D
6. B
7. C
8. A
9. D
10. B
11. D
12. A
13. D
14. C
15. B
16. A
17. D
18. D
19. C
20. A

## **Scoring**

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

Linear equating is used to equalize the difficulty of all versions of the test. In this procedure, scores are calculated based on the number of questions answered correctly. However, there is not a one-to-one correspondence between the number of questions and the points calculated.

## **Hand Scoring**

If you believe the results of your examination are incorrect, you may appeal to the IC&RC. This process must be initiated 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. PTC will automatically hand-score the exam results of candidates who fail within 5 points of passing.

## **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 may call the appropriate Certifying Board or, on the day of the test, the examination site telephone number listed on your Admission Ticket.

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 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**

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

## **Examination Dates**

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 state.

### **Examination Registration**

For information about registration, please consult with the appropriate Certifying Board.

### **Test Disclosure**

Candidates must not disclose any information contained in the examination to anyone once they leave the examination room. Candidates should also be aware that in the case of a score appeal, IC&RC test security and item-banking procedures do not permit candidates access to test questions, answer keys, or other secure materials.

For more information, contact IC&RC/AODA at the following address:

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