



# ACCBO

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## ACCBO CASE PRESENTATION INSTRUCTIONS

1. Submit your case file of 5-10 typed pages at least 4 weeks prior to a test date, please pay attention to posted deadlines in the ACCBO - AADACO Newsletter.
2. Indicate the date & location you wish to take the exam (Portland, Southern Oregon, Eastern Oregon).
3. Submit payment for the Oral Exam - \$125 at the time you send your case file in.
4. Your case file must reach us by the deadline (not postmarked) - so give at least 2-3 days for mailing time.

### **IMPORTANT NOTE - READ - READ - READ:**

1. On January 1, 2006 the ACCBO Board voted to disallow the use of notes during the examination, as a result of 36 other states also disallowing the use of notes during exams. It is now an industry standard.
2. Additionally, the Board also voted to discontinue the 10 min Case Summation. This part of the exam has never been a scored portion of the exam, and is redundant for both the examiners and candidates.
3. Please remember of those candidates who are currently failing, the overwhelming majority are failing in the areas of; federal confidentiality guidelines and exceptions to confidentiality, The Integrated Services and Supports Rules (formerly The Oregon Administrative Rules), client rights (especially those that are provisions of law), NAADAC/ACCBO Ethical Code, methods and purposes for utilization of clinical supervision, utilization of collateral information in the assessment process and articulation of counseling techniques/interventions and the rationale for those prescribed techniques and interventions.

If you have any questions or concerns please call Eric Martin at ACCBO (503)231-8164



# **APPLICANT'S GUIDE TO THE NAADAC ORAL EXAM**

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# INTRODUCTION

The certification of alcoholism and drug abuse counselors is a multi-step process that measures the abilities of practitioners to perform the tasks and demonstrate the skills necessary to provide appropriate services to clients. An oral exam is considered an integral part of this certification process for alcoholism and drug abuse counselors by most certification boards and agencies.

*The Development of Model Professional Standards for Counselor Credentialing*, developed by Birch & Davis Associates, Inc., under contract with the National Institute on Alcohol Abuse and Alcoholism (NAAA), continues to provide a basic framework for alcoholism and drug abuse counselor credentialing both at the national and state levels.

Its "criteria for selecting the most appropriate assessment techniques" requires consideration of the following factors:

1. "Competent counselors must possess a wide array of knowledges and skills.
2. Federal guidelines require that credentialing systems measure a representative sample of knowledges and skills.
3. Different types of knowledges and skills are most appropriately measured by different assessment techniques; no one technique will adequately measure a representative sample of knowledges and skills.
4. Therefore, a combination of assessment techniques must be used."

Within the suggested framework of evaluation techniques, these standards call for an "Oral Assessment Technique" which is represented by "exams, interviews, or presentations requiring some form of oral response by the candidate."

The standards continue to state that:

- C "The oral exam is most appropriate for measuring comprehensive and indepth knowledge of subject matter, interpretive and problem-solving skills, oral communication skills, and skill in thinking fast on one's feet. It is an important assessment technique for fields where communication skills are essential competencies.
- C The oral exam is used for licensing in a number of professions: to elicit content knowledge, to assess the candidate's characteristics and ethical principals of practice, and to assess mastery of specialized knowledge and so eliminate those who have not attained a minimum level of knowledge and skills."

Based on this recommendation and its supporting principles of implementation, NAADAC is offering the NAADAC Oral Exam as a model for use by state certification authorities. Procedures and criteria for implementing this model are provided in the following pages of these guidelines. These include development of a case-based history, evaluation formats, procedures for the oral exam interview and a training program for Examiners.

The exam should be conducted by experienced counselors who have a solid background in the field. This experience provides a critical understanding of the skills and complex interactions that are necessary in working with others. A standardized format (but not a rigid one) should be used to give each Applicant a fair and similar experience.

## GLOSSARY OF TERMS

<b>Applicant:</b>	A counselor who is applying for certification.
<b>Candidate:</b>	An individual who applies and participates in the training program to qualify as an examiner.
<b>Case History:</b>	A written case prepared by each Applicant following the prescribed format for the Oral Exam.
<b>Case History Summary Presentation:</b>	A 5-10 minute presentation by the Applicant summarizing the key points of his/her written Case History.
<b>Case Reviewer:</b>	A qualified individual assigned by the Certification Board to review Applicant's Case History.
<b>Examiner:</b>	An individual who has successfully completed the Examiner Training Program
<b>NAADAC Oral Exam:</b>	A model for conducting an oral exam.
<b>NAADAC Oral Exam Interview:</b>	A 50 minute process where the Applicant is questioned by a panel of Examiners.
<b>Site Coordinator:</b>	An individual selected to supervise all Oral Exam Interviews for a particular date and/or time.
<b>Supervising Examiner:</b>	The Examiner who is in charge of the Oral Exam for an Applicant.

## NAADAC ORAL EXAM: POLICIES AND PROCEDURES

The Oral Exam is a method to evaluate counselors on their knowledge, understanding, and practical application of the Counselor Skill Groups: 1) Treatment Admission; 2) Clinical Assessment; 3) Ongoing Treatment Planning; 4) Counseling Services; 5) Documentation; 6) Case Management; 7) Discharge and Continuing Care; 8) and Legal, Ethical and Professional Issues.

The Oral Exam is a two-part process comprised of the development of a Case History and the Oral Exam Interview. Listed below are the steps and policies for each.

### **Part One: Development of the Case History**

1. Each certification Applicant must receive a copy of the Applicant's Guide to the NAADAC Oral Exam.
2. The Case History must be typed and attached to the Cover Sheet: Written Case History (which will be provided).
3. An original and multiple copies as determined by the Certification Board must be submitted to the Board. (Applicant should also keep a copy.)
4. The Case History must be completed according to the prescribed format. This prescribed format is complete and detailed. In other words, it will be clear in regard to the level of detail requested.
5. The Case History will be reviewed by a qualified reviewer appointed by the Certification Board, to make sure the case conforms to the prescribed format and provides the necessary information. The Case Reviewer will use the Scoring Sheet: Written Case History to assess the case (see attached)

Once the Case is accepted, an Oral Exam Interview will be scheduled with the Applicant. The date, time and location of the Exam will be provided in writing. Three (3) Examiners (including a Supervising Examiner) will be assigned to conduct the Oral Exam Interview.

If the Case History is rejected, it will be returned to the Applicant with instructions on what is needed for resubmission. The Applicant may then resubmit the Case History for review.

### **Part Two: Oral Exam Interview**

1. The length of the entire Oral Exam Interview process will be a maximum of 1 hour and 30 minutes:  

Applicant Study Period	30 minutes
Oral Case Interview	50 minutes
(Includes 5-10 minutes for Case History Summary Presentation)	
Evaluation	10 minutes
2. After reading the written Case History (mailed in advance of the Oral Exam), the assigned Supervising Examiner will have selected one question from each of the eight (8) Counselor Skill Groups, which will be given to the Applicant at the beginning of the study period. In addition, four questions from the Counselor Skill Groups, which the Examiner judges to be relevant to the Case History, will be selected, but not given to the Applicant, in advance. All questions must be from the Question Pool.
3. The Applicant will be given the eight questions at the beginning of the Study Period. During that time, the Applicant may have as many references and other resources with him/her as he/she wishes and may generate notes for each answer. The Applicant may only bring to the Oral Exam Interview a copy of the questions, his/her notes, and a copy of the Case History.

4. The Oral Exam will be administered by three (3) trained Examiners, one of whom shall serve as Supervising Examiner. An Examiner must excuse him/herself from the Oral Exam, if there is a conflict of interest or bias, which could be perceived.
5. The Applicant will be asked to summarize the key points of the Case History taking a maximum of 10 minutes. This should simulate a presentation at a treatment planning meeting. Examiners may not interrupt the applicant during this presentation. However, the Applicant will be stopped at the end of the 10 minute period.
6. The entire Oral Exam Interview, from introduction to end, must be audio taped.
7. Each Examiner will ask their four assigned questions, taken from the Question Pool, in rotation order.

The Examiner may ask for clarification and/or further information in the form of an open-ended questions, such as "Could you elaborate/tell me more/expand on...?" or "What did you mean when you said...?" The follow up question must relate directly to the original question focusing on that Counselor Skill Area. Also, the Examiner may repeat the question for the Applicant, but may not pick a new question from the Question Pool.

8. At the end of the Oral Exam Interview, the Supervising Examiner will excuse the Applicant.
9. Without any group discussion, each Examiner will complete and sign the Evaluation Form: Applicant.
10. Following completion of the evaluation forms, the Supervising Examiner will ask each Examiner for his/her score on each evaluation and an explanation supporting the score. **This is required, if the Examiner has failed an Applicant in an area.** Examiners are allowed to change their scores following the discussion.

**Important Note:** In order to pass the Oral Exam, the Applicant must get a passing score on every Counselor Skill Group from a majority (at least two) of the Examiners. Applicants will not be evaluated on the Case History Presentation.

11. At the conclusion of the discussion, the Supervising Examiner will collect the Examiner Evaluation Forms and summarize the results on the Summary Feedback Form. He/she will also collect all copies of the Case History and the audio tape. These will be delivered, in person, to the Site Coordinator. These materials will be maintained by the Certification Board to insure their safety and confidentiality.
12. The Certification Board will notify the Applicant of the decision, in writing, as soon as possible.

## APPEALS PROCEDURE

If an Applicant is not satisfied with the outcome of the Oral Exam Interview, he/she may pursue an appeal following this procedure:

1. The Applicant must submit an appeal in writing within 30 days of notification of the outcome of the Oral Exam Interview to the official address of the Certification Board.

2. The Certification Board will acknowledge receipt of the appeal within 10 days of receipt.

3. The Certification Board must act on the appeal within thirty (30) days of receipt of appeal.

4. **Step One: Appeals Review**

The audio tape of the Oral Exam Interview will be reviewed by three (3) independent Examiners. These Examiners must not be employed by the same program and it is preferable that they not be acquainted with the Applicant.

Following the review of the Case History, the assigned questions, and the full tape, the Examiners will each complete an Examiner Evaluation Form. (Examiners may not look at the original Examiner Evaluation Forms at this time.) Following the same evaluation process, the Examiners will then share their scores and compare them to the Original Examiner Evaluation Forms. A Summary Evaluation Form will then be completed rendering a pass/fail decision of the Applicant.

The Supervising Examiner will deliver to the Certification Board all Evaluation Forms and review materials. The Certification Board will notify the Applicant of the decision no later than ten (10) days from the date of the Appeal Review.

5. **Step Two: Appeals Hearing**

If the Applicant objects to the decision of the Appeal Review, he/she will have a right to a formal hearing before an Appeals Committee (could be the Certification Board or a subcommittee of the Certification Board). The Applicant will be notified in writing of the time and location of the hearing as well as the names of the individuals hearing the appeal, 10 days prior to the hearing. Any Board member with a potential conflict of interest with an Applicant will not be appointed to the Appeals Committee. Also, no Appeals Committee member may be a former examiner of that same case. There shall be no discussion of the hearing between the Applicant and members of the Appeals Committee before the hearing.

The Applicant will have the opportunity to present information in support of their NAADAC Oral Exam Interview. Appeals Committee members will have the opportunity to question the Applicant on any issue requiring clarification and/or further information.

Failure of the Applicant to appear at the hearing will result in an automatic dismissal of the appeal. Applicants will receive in writing notification of such action.

Following the hearing the Appeals Committee will excuse the Applicant and discuss the Applicant's exam. At that time, the Committee may wish to review the audio tape and/or evaluations to reach its decision.

The Appeals Committee will issue its decision in writing to the Certification Board no later than three (3) days from the date of the hearing.

The Certification Board will then inform the Applicant in writing of the decision no later than ten (10) days from the date of the hearing. Results of the Appeals Committee are final.

These documents will be provided to the Certification Board which will then inform the Applicant in writing of the decision.

\*Certification Boards may decide to institute a refundable fee to schedule an Appeals Hearing.

## CASE HISTORY CRITERIA\*

Each Applicant will submit a Case History describing an actual but former case providing the following information as prescribed in this format:

### **Part One: Background Information on Client**

Briefly provide the most relevant facts to the following areas:

1.     **General Information**  
Name (fictional), age, sex, marital status, ethnicity, education, occupation, residence, and referral source.
2.     **Mental Status**  
Cognitive functioning, appearance, dress, mood, orientation, contact with reality, affect.
3.     **Chief Complaint/Presenting Problem**  
As described by the client why he/she is seeking help, how he/she got here, and whether he/she has a problem.  
Conditions and situation precipitating admission/visit.
4.     **History of Presenting Problem and Treatment Episodes**  
History of first alcohol or drug usage, first experience of intoxication, symptoms of alcohol or drug problems. First drugs used, kinds of drugs, frequency and quantity, tolerance change, withdrawal problems.  
  
Client concerns regarding usage and perception of problem, complaints of others. Reports of usage by significant others.  
  
Prior treatment experience with alcohol or drug problems: where, when, length of sobriety following treatment, AA/NA attendance, sponsorship, degree of involvement.
5.     **Medical, Physical & Mental Health History**  
Major problems, conditions, diseases-past and present (chronic, sexually transmitted, etc.), HIV potential, disabilities, pregnancy. Previous suicidal behaviors, reasons for hospitalization, length of stay, number of treatment episodes, suicide attempts (where, when, how) and current ideation.
6.     **Social Assessment**
  - a.     Family of Origin:  
Client's interaction and current situation with parents, relationship to parents, and description of parents (age, occupation, health).  
ACOA Assessment:  
Age parental alcoholism began creating problems for patient.
  - b.     Marriage:  
Number of marriages, divorces (if any, cause), status of current marriage, interaction, number of children, ages, alcohol/drug problems within family, attitude of family regarding treatment, current living situation, and participation in self help groups.
  - c.     Sexual History/Development:  
Sexual development, sexual preference, degree of comfort with sexual functioning, sexually abused or abuser, risk potential for sexually transmitted diseases.
  - d.     Trauma and Losses:  
Emotional, physical (abuser or victim), behavioral, social functioning that may have preceded heavy alcohol or drug usage or which could impact client's ability to address problems in treatment. Also traumas/losses which may need special attention in treatment.

- e. Social/Peer Relations:  
Support network available to patient in recovery, degree of social involvement and ability to participate with peers in social activities.
  - f. Religion/Spiritual Orientation:  
Attitude, involvement, attendance, values, beliefs.
  - g. Financial status:  
Significant problems at this time. Impact of alcohol/drug problems.
7. **Legal Problems**  
Past and current legal history and pending charges; impact on treatment.
8. **Vocation and/or Education**  
Past and present experiences, performance, attitudes toward work; recreational areas of interest. Has alcohol/drug usage impacted jobs?
9. **Collateral Information**  
Information from third parties; i.e. family members, friends, professionals; referral source, past treatment records.

## **Part Two: Summary of Diagnosis, Treatment and Results**

Based on the data from your biopsychosocial assessment presented in Part One:

1. **Assessment Summary:** Identify and substantiate your diagnosis(es).
2. **Treatment Planning:** Describe the plan and course of treatment which was implemented including, but not limited to its short and long term goals for the client, its length and/or modifications. Also describe how the treatment plan addressed the client's motivation for treatment, the client's problems, strengths, weaknesses, and special needs based on age, gender, sexual orientation, ethnic origin, physical, emotional, behavioral, or social limitations. Also, indicate how the client was involved in the development of the treatment plan.
3. **Course of Treatment:** Discuss which counseling methodologies were used and your rationale for using them; progress of client in treatment as it relates to the treatment plan, results of treatment and adjustments in treatment (if applicable).
4. **Discharge Summary:** Describe the treatment outcome (client's response to treatment) including but not limited to the client's condition at discharge, recommendations for continuing care, self help (AA, NA, etc.) participation

\* Based on information provided by the Heartview Foundation, Mandan, North Dakota.





## SCORING SHEET: WRITTEN CASE HISTORY

This should be utilized by the reviewer to assess and evaluate the written case history that is submitted by the Applicant for the Oral Exam Interview.

Applicant's Name \_\_\_\_\_

	Acceptable	Unacceptable
1. The information provided in the Case History:		
a. Followed given format	_____	_____
b. Was complete and comprehensive (covers all areas of outline)	_____	_____
c. Was clear concise and understandable	_____	_____
2. The case overall was:	_____	_____

Your written case was returned for the following reasons:

To resubmit this case history, it is suggested you do the following:

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Examiner signature    Date

---

Print name



## COUNSELOR SKILL GROUPS

The Oral Exam is designed to measure the Applicant's knowledge and competence in these Counselor Skill Groups based on tasks identified in the *Development of Model Professional Standards for Counselor Credentialing*, developed by Birch & Davis Associates, Inc.

### **I. TREATMENT ADMISSION (Screening, Intake and Orientation)**

The interaction with the client to determine suitability for alcoholism and/or drug abuse treatment. Information necessary for admission, appropriate assessment and appropriate treatment is collected; the client is oriented to the counseling process, rules, and expectations including financial responsibilities.

#### **Tasks: Treatment Admission**

1. Recognize psychological and physiological signs and symptoms of alcoholism and other drug dependencies.
2. Assess match between client's needs and program target population and services.
3. Gather relevant information from client on current AODA status and history.
4. Collect information on all facets of the clients life: Fiscal, Legal, Medical, Physical, Employment, Psychological, Social, Spiritual, Intellectual, Family / Support Systems.
5. Assess client's expectation of self and the program.
6. Explain program policies, procedures and rules.
7. Advise client of his/her rights, including confidentiality.
8. Ensure client's understanding of confidentiality safeguards, including use and importance of information release consent forms.
11. Contract with client through verbal or written agreement for adherence to program policies, procedures, and rules.
12. Discuss the role and responsibilities of both the counselor and client in the treatment process.
13. Make decision (or participate in decision-making process) to admit client for treatment or to refer client to another program.

### **II. CLINICAL ASSESSMENT**

To synthesize and interpret the data collected during the treatment admission in order to determine the client's immediate problems, internal/external resources that may facilitate or inhibit the treatment process. This assessment forms the basis for the treatment goals and program established for the client.

#### **Tasks: Assessment**

1. Determine need and make referrals for further psychological and physiological assessment.
2. Review admission data to determine client needs, resources and limitations.
3. Assess degree of client's internal/external motivation for change.
4. Assess degree of client's understanding of own alcoholism and other drug dependencies.
5. Assess degree of client's internal/external motivation for change.

6. Assess degree of client's understanding of own alcoholism and other drug dependencies.
7. Determine the sufficiency of client's internal/external resources Fiscal, Legal, Medical, Physical, Employment, Psychological, Social, Spiritual, Intellectual, Family / Support System.

### **III. ONGOING TREATMENT PLANNING**

A specific, individualized plan that addresses the therapeutic needs of the client and places him/her in the appropriate placement on the continuum of care. The client's strengths and weaknesses must be considered in setting priorities for long and short term goals and treatment. This plan must ultimately be formulated with the client.

#### **Tasks: Treatment Planning**

1. Review assessment data to determine client needs, resources and limitation.
2. Work with client in defining problems to be addressed in treatment.
3. Work with client to set priorities on short and long term goals that are acceptable to both the counselor and client
4. Work with client to identify new behaviors leading to desired change.
5. Select a treatment approach that is sensitive to client needs, economic situation, lifestyle, and cultural values.
6. Identify and/or involve formal and informal support groups, significant others, and other resources in treatment plan or planning process.
7. Compare progress notes and existing treatment plan to assess progress toward goals.
8. Assess whether client's current goals are realistic and attainable.
9. Help client evaluate own progress.
10. If treatment mode is ineffective, work with client to select other treatment.

\* *Treatment placement criteria such as the ASAM Placement Criteria*, should be used in Clinical Assessment and continuous treatment plan phases. These standardized approaches to evaluating the client will provide baseline data for appropriate placement.

### **IV. COUNSELING SERVICES: (Individual, Group, Family, Crisis Intervention, Client Education)**

The interactive process of providing assistance to a client to help him/her change and maintain attitudes, beliefs and behaviors that are more constructive. The counselor must determine the most appropriate type of assistance and the counseling intervention to facilitate the change in behaviors, attitudes and beliefs. Counseling services include individual, family, group and crisis intervention counseling.

#### **Tasks: Individual and Family Counseling and Client Education**

1. Establish rapport with the client.
2. Encourage and facilitate client self-exploration of the consequences of alcoholism and other drug dependencies.
3. Assist client in identifying and understanding defense mechanisms, especially denial.
4. Assist client in becoming aware of, identifying, clarifying, and expressing feelings.

5. Assist client in recognizing his/her own strengths and limitations.
6. Support and assist the client in establishing and maintaining constructive changes in behavior and attitudes.
7. Assist client in exploring and defining problems in concrete, objective terms.
8. Facilitate problem solving and development of alternatives.
9. Help client prepare for and work through critical periods in the recovery process (for example, changes in self-image, potential or actual relapse, post acute withdrawal).
10. Identify and respond to special issues that arise in counseling.
11. Provide current and accurate information/education to client, family members and others on the disease of alcoholism/drug dependency treatment and the unique role of each in the recovery process.
12. Acknowledge cultural diversity and alternative lifestyles as they relate to the therapeutic process.
13. Prepare client for termination.
14. Inform significant others about and encourage participation in appropriate self-help groups.
15. Assist significant others (parents, spouse, employer) in identifying and understanding their attitudes and behavior in relation to alcoholism/drug dependency.
16. Help significant others identify and understand their role(s) in the alcoholism/drug dependency system.
17. Organize an intervention involving family members and/or significant others affected by alcoholism/drug dependency of client.
18. Provide counseling to family members/significant others with client participating.
19. Provide counseling to individual(s) who are affected by their past or current association with alcoholic or drug dependent persons.
20. Describe how self-help groups complement alcoholism/drug dependency treatment and the unique role of each in the recovery process.

**Tasks: Group Counseling**

1. Determine need and purpose for group counseling.
2. Plan experiences or exercises for group counseling sessions.
3. Assess behavior, interactions and verbal or non-verbal communication of individual group participants.
4. Observe and listen to group for verbal and non-verbal cues (to determine group mood and level of group functioning).
5. Facilitate trust, acceptance and airing of conflicts.
6. Lead group through the various stages of group development.
7. Use planned and unplanned departures of individuals and termination of the group as opportunities for growth.

**Tasks: Crisis Intervention Counseling**

1. Assess risk to client and others.

2. Interview client to gain information for determining the nature and severity of crisis.
3. Recognize medical crisis situations and take appropriate action.
4. Recognize psychological crisis situation and take appropriate action.
5. When indicated, continue talking with client in crisis until the symptom is reduced.
6. Coordinate client access to appropriate care providers if symptoms of physical or psychological crisis continue.
7. Initiate and facilitate crisis interventions with persons affected by another's alcoholism and who are in crisis (family, friends, employer.)

## **V. DOCUMENTATION**

This encompasses maintaining and recording the results of the treatment process accurately, descriptively and in a timely fashion. The legal document describes treatment including forms, release and consent forms and records.

### **Tasks: Documentation**

1. Maintain complete, current client records in the format prescribed by current laws, regulations, treatment standards and organizational policy.
2. Complete and forward, as necessary, all insurance or other forms that are required for the client's treatment in a timely manner.
3. Record and update changes in treatment plan or goals for client.
4. Update any changes in the client's status in health, employment, legal status, family, lifestyle, etc.
5. Maintain files in a standardized format that provide the necessary information without jeopardizing any legal regulations, violating confidentiality laws, and/or potential liability for the organization.

## **VI. CASE MANAGEMENT**

This encompasses case consultation, and interfacing with other agencies and professionals to provide the services needed by the client in order to achieve the treatment goals. Consultation and case review by a clinical supervisor is a vital component of managing the counseling process and providing quality care.

### **Tasks: Case Management**

1. Observe client for side effects of any medication or other medical problems.
2. Consult with supervisor, other counselor, and/or other professionals as appropriate on your own cases.
3. Provide consultation to other staff members on their cases.
4. Evaluate appropriateness of other programs' services for meeting needs of own client.
5. Establish contact and maintain ongoing professional relationships with other service providers.
6. Match community resources with client needs, giving particular attention to cultural and lifestyle characteristics of clients.
7. Inform client about other available resources.
8. Advocate client's interests with the courts, employer, etc., and negotiate follow-up plans in client's interest.

9. Develop ongoing relationships with major community systems (for example, business and industry, schools, social and medical services, courts and other components of the legal system, religious).
10. Provide training and/or technical assistance to other agencies, programs, and staff to help recognize alcohol/drug-related dysfunction and identify likely referrals.
11. Provide culturally relevant and lifestyle-specific outreach services.
12. Confer with supervisors and colleagues about new ideas, procedures, or techniques for improving existing services.
13. Explore personal feelings and concerns about clients with professional colleagues when these may be interfering with the counseling process.
14. Assess own performance (self-awareness, strengths, limitations) in light of ethical and professional standards.
15. Seek out and utilize supervision/consultation for your own clinical and administrative growth and development.

## **VII. DISCHARGE AND CONTINUING CARE**

Discharge involves the reinforcement of the changed attitudes, beliefs and behavior(s), assessment that there are no other pressing needs, following up on the client's status, making appropriate referrals for continuing services if necessary, and assessing the adequacy of support systems. Information on relapse prevention, continuation of self help programs and other support mechanisms should be provided to the client as a part of the termination process.

### **Tasks: Discharge & Continuing Care**

1. Review case documentation to assess and verify client readiness for discharge or client's lack of benefit from treatment.
2. Provide client with information about available aftercare and community resources (recognizing cultural and lifestyle characteristics of client).
3. Assist client in planning aftercare activities and selecting resources to be used.
4. Provide support and encouragement to client.
5. If appropriate, encourage client to return to program as an active client or accept referral to another program.
6. Motivate client to continue or reenter treatment through persuasion or external leverage (for example, advocacy with courts, employers).
7. Reduce client anxiety & fears regarding continuing or reentering treatment.
8. Inform client about available resources (nature of services and location).
9. Match community resources with client needs, giving particular attention to cultural and lifestyle characteristics of the client.
10. Establish client contact on a scheduled basis to assess the client's progress with the aftercare plan.
11. Encourage continued participation in self help groups.

12. Encourage involvement of significant others in aftercare plan.

### **VIII. LEGAL, ETHICAL AND PROFESSIONAL GROWTH ISSUES**

This skill group includes the Federal or state legislation governing the counselor/client relationship, adherence to the Code of Ethics for AODA counselors are expected to follow in their practice and areas of continuing self education and growth. The dynamic nature of the therapeutic process demands continual self evaluation, monitoring and self-awareness.

#### **Tasks: Legal, Ethical and Professional Growth Issues**

1. Adhere to professional code of ethics.
2. Observe federal and state regulations and agency policies regarding client confidentiality.
3. Provide client information when authorized.
4. Explore personal feelings and concerns about clients with professional colleagues when these may be interfering with the counseling process.
5. Assess own performance in light of ethical and professional standards.
6. Assess own training needs.
7. Identify and implement a plan to improve job performance.
8. Take steps necessary to safeguard one's own physical and mental health.
9. Continue to be informed about current trends and developments in alcoholism, drug dependency, the counseling profession and related fields.
10. Take steps to gain knowledge about other cultures and lifestyles.
11. Enhance counseling skills on a continuing basis through attendance at related educational opportunities, literature review, case consultations or other informational means.

## **NAADAC CERTIFICATION COMMISSION ORAL EXAM QUESTION POOL \***

### **I. Treatment Admission**

1. What was the process you or your program took with this client when he/she was first presented for admission? Why?
2. What specifically do you explain to a client in regard to the admission and treatment process?
3. What did you tell the client about his/her rights and responsibilities regarding treatment?
4. Describe how you explain your role as the counselor in the counseling process.
5. What data did you use to determine the client's suitability for treatment?
6. What psychological and physiological signs and symptoms of alcoholism and drug dependencies were evidenced by the client?
7. Describe the process you use to get the history and necessary admission information from a client.
8. What factors did you consider in admitting the client to treatment including any special client needs?

### **II. Clinical Assessment**

9. What factors determine a client's motivation for change and what are their significance for treatment?
10. What factors made you decide (or would make you decide) to refer the client for further psychological or physiological assessment?
11. What did you do to determine the client's awareness or lack of awareness of his/her alcoholism or drug dependencies?
12. What would you do if a client does not meet the scope of services provided?
13. What factors did or would you review to determine the client's risk for withdrawal?
14. What recovery environment circumstances did you consider in making the level of care placement decision?
15. Describe the patient placement criteria used in admitting your client to this level of care.
16. Describe the diagnostic criteria used in determining the client's substance abuse related disorder.
17. How did you use the results from diagnostic tools to determine this client's diagnosis and treatment?
18. Describe the specific issues of relapse potential that were used in determining the level of care.

### **III. Ongoing Treatment Planning**

19. What factors particular to this client effected the treatment plan? How did you address them?
20. Describe the process you used to identify and prioritize the problems your client needed to address during treatment.
21. Describe the process you used to establish and update treatment goals, objectives, and methods.

22. What criteria did you use to justify continued stay at this level of care?
23. What criteria did you consider in making a continued stay determination for this level of care and what was your discharge criteria for this level of care?

#### **IV. Counseling Services**

24. Describe your choice of counseling techniques with this client and their effectiveness.
25. Describe how you established rapport with the client.
26. Describe what you did to assist the client in identifying and overcoming defense mechanisms.
27. What techniques did you use to assist the client in identifying, clarifying, and expressing feelings?
28. How did you assist the client in establishing and maintaining constructive changes in behavior, beliefs, and attitudes?
29. When and how do you include the client's family, significant others, or a support system in the treatment?
30. How did you determine the appropriateness of group counseling?
31. Describe the client's responses during various stages of individual and group development including termination.
32. Describe the intervention you employed to assist this client during crisis.
33. What type of interventions/methods did you use to address the issues of this client's family or significant others?
34. Describe the educational techniques and content you used in treating this client.
35. Describe how you assisted this client in establishing a support system.

#### **V. Documentation**

36. Describe the clinical and legal importance of maintaining the client's records.
37. Describe the function of the progress notes and how they relate to your client's total record.
38. What regulations and laws affected how you documented this case?
39. How do you maintain accurate and complete records while respecting client privacy?

#### **VI. Case Management**

40. Describe how you utilized consultation from your supervisor or treatment team in your cases.
41. Give examples of resources used outside your agency with this client and why they were selected.
42. How did you facilitate the client's use of outside resources?
43. What aspects of this case caused you to feel the need to obtain consultation?
44. What is the importance of case consultation? Give examples of when and how to use case consultation.

45. Describe the importance of providing educational services to community agencies and organizations.
46. What would you do if your client used drugs or alcohol during treatment?

## **VII. Discharge and Continuing Care**

47. How did you determine that the client was ready for discharge?
48. What resources and aftercare activities did you plan for the client?
49. Following treatment, how did you track the client's progress and for how long?
50. What did you consider the most important aspects of this client's continuum of care?
51. Describe the discharge planning process and the rationale used for this client.
52. How do you prepare the client for relapse prevention?
53. On what basis do you decide to refer to another agency? How did this apply to this client?
54. How do you handle informing the client about the possibility of returning to treatment if necessary?
55. How did you monitor this client's progress in continuum of care activities?
56. What do you do in the case of relapse?

## **VIII. Legal, Ethical, and Professional Growth Issues**

57. What confidentiality regulations, including exceptions, apply to this client?
58. Describe the importance (give 2 examples) of the NAADAC Code of Ethics in dealing with clients.
59. Give an example of how the NAADAC Code of Ethics governed your conduct in regard to dealings with this client?
60. Tell us about the ethical codes that govern your conduct as a professional chemical dependence counselor.
61. How do you assess your professional strengths and weaknesses in dealing with this client?
62. What areas of your professional growth do you want to enhance based on working with this client?
63. Tell us the Federal and state regulations that govern your conduct as a counselor.
64. What type of client do you find difficult, and how you deal with issues regarding this individual?
65. What would you do if you became aware that you were working with an impaired colleague?

\* The NAADAC Certification Commission gratefully acknowledges the work and substantive input of NAADAC membership affiliates and certification entities in the states of Kansas and Montana which materially assisted in the revision of these questions.

**NAADAC ORAL EXAM  
CASE HISTORY SUMMARY PRESENTATION**

The Oral Exam Interview will begin with a Case History Summary Presentation by the Applicant which should last 5-10 minutes.

This Presentation is an integral part of the oral exam process. It is an opportunity for the Applicant to demonstrate essential competencies in communications and an ability to simulate a treatment planning presentation. The examiners may not interrupt the Applicant during the presentation.

The initial presentation is to set the stage for the candidate's response to the 12 questions they will be asked (8 which have been given to the Applicant in the Study Period and 4 which have not).

The Applicant must provide brief and factual information of the Case in the order outlined below.

- C General Information/Demographics
- C Presenting Problem
- C Mental Status
- C Chemical Dependency History
- C Medical and Mental Health History
- C Social Assessment
- C Other Pertinent History (Legal, Vocational)

**APPLICANT CHECKLIST  
FOR THE ORAL EXAM INTERVIEW**

1. Remember to bring with you the following materials which may be referred to during the Oral Exam Interview:
  - a. a copy of your Case History.
  - b. a copy of the Question Pool.

You may also want to bring a copy of the Counselor Skill Groups to review during the 30 minute study period. However, you may not refer to the information during the Oral Exam Interview.

2. Remember that the Oral Exam Interview will follow this schedule:
  - a. Applicant Study Period 30 minutes
  - b. Oral Case Interview comprised of: 50 minutes
    - i. 2-3 minute orientation by Supervising Examiner
    - ii. 5-10 minute Summary Presentation of your Case History
    - iii. 12 Questions from Examiners