

CANDIDATE GUIDE

International Certification Examination for Alcohol, Tobacco and Other Drug Abuse Prevention Specialists

Based on the 2007 Job Task Analysis Assessment Study

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

Revised March 2008

©2008 International Certification and Reciprocity Consortium/Alcohol and Other Drug Abuse, Inc. (IC&RC). All rights reserved. No part of this document may be reproduced in any form without written authorization from IC&RC.

About IC&RC, Inc.

The International Certification and Reciprocity Consortium (IC&RC) is a not-for-profit, voluntary membership organization whose members are alcohol and drug abuse certification boards. Incorporated in 1981, IC&RC currently consists of over 37,000 alcohol and other drug abuse professionals certified by more than 73 IC&RC member certification boards. IC&RC's mission is to establish, monitor, and advance reciprocal competency standards for alcohol and other drug abuse professionals and to support the member boards, which serve the public.

The purposes of IC&RC are:

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

Purpose of the Candidate Guide

The International Examination for Alcohol, Tobacco and Other Drug (ATOD) Abuse Prevention Specialists is the first examination to test knowledge and skills about ATOD abuse prevention on an international level. It has been developed by IC&RC 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 written examination process. By providing you with background information on examination development and sample questions, your preparation for the International Examination for Alcohol, Tobacco and Other Drug Abuse Prevention Specialists can be enhanced.

Examination Development

IC&RC has contracted with SMT (Schroeder Measurement Technologies) to develop, score, and administer the International Certification Examination for Alcohol, Tobacco and Other Drug Abuse Prevention Specialists. SMT is an established full-service international testing company serving the needs of licensing boards and credentialing agencies with a wide range of test development and computer-based administration services at testing centers.

The development of a valid examination for the IC&RC 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 Job Task Analysis Assessment Study.

Examination Content

The 2007 ATOD Abuse Prevention Specialist Job Analysis Study identified five (5) performance domains for the ATOD Abuse Prevention Specialist. Within each performance domain are several identified tasks that provide the basis for questions in the examination. Following is a brief outline of the domains and the tasks that fall under each domain.

Domain 1: Planning and Evaluation

Number of Questions: 36

Use needs assessment strategies to gather relevant data for ATOD prevention planning.

Identify gaps and prioritize needs based on the assessment of community conditions.

Select prevention strategies, programs, and best practices to meet the identified needs of the community.

Develop an ATOD prevention plan based on research and theory that addresses community needs and desired outcomes.

Identify resources to sustain prevention activities.

Identify appropriate ATOD prevention program evaluation strategies.

Conduct evaluation activities to document program implementation and effectiveness.

Use evaluation findings to determine whether and how to adapt ATOD prevention.

Domain 2: Education and Skill Development

Number of Questions: 42

Develop ATOD prevention education and skill development activities based on target audience analysis.

Connect prevention theory and practice to implement effective prevention education and skill development activities.

Maintain program fidelity when implementing evidence-based programs.

Assure that ATOD education and skill activities are appropriate to the culture of the community being served.

Use appropriate instructional strategies to meet the needs of the target audience.

Ensure all ATOD prevention education and skill development programs provide accurate, relevant, timely and appropriate content information.

Identify, adapt or develop instructor and participant materials for use when implementing ATOD prevention activities.

Provide professionals in related fields with accurate, relevant, timely and appropriate ATOD prevention information.

Provide technical assistance to community members and organizations regarding ATOD prevention strategies and best practices.

Domain 3: Community Organization

Number of Questions: 26

Identify the community's demographic characteristics and core values.

Identify key community leaders to ensure diverse representation in ATOD prevention programming activities.

Build community ownership of ATOD prevention programs by collaborating with key community leaders/members when planning, implementing and evaluating prevention activities.

Provide technical assistance to community members/leaders in implementing ATOD prevention activities.

Develop capacity within the community by recruiting, training, and mentoring ATOD prevention-focused volunteers.

Assist in creating and sustaining community-based coalitions.

Domain 4: Public Policy and Environmental Change

Number of Questions: 20

Examine the community's public policies and norms to determine environmental change needs.

Make recommendations to policy makers/stakeholders that will positively influence the community's public policies and norms.

Provide technical assistance, training, and consultation that promote environmental change.

Participate in public policy development and enforcement initiatives to affect environmental change.

Use media strategies to enhance prevention efforts in the community.

Domain 5: Professional Growth and Responsibility

Number of Questions on Exam: 26

Maintain personal knowledge, skills, and abilities related to current ATOD prevention theory and practice.

Network with others to develop personal and professional relationships.

Adhere to all legal, professional, and ethical standards.

Build skills necessary for effectively working within the cultural context of the community.

Demonstrate self-care consistent with ATOD prevention messages.

Total number of examination questions: 150

Total time to complete the examination: 3 ½ hours

Sample Questions

The questions on the International Certification Examination for Alcohol, Tobacco and Other Drug Abuse Prevention Specialists were developed from the tasks identified in the 2007 ATOD Abuse Prevention Specialist Job Task Analysis Study. Multiple sources were utilized in the development of questions for the international exam. Each question is linked to one of the job task analysis statements as well as the knowledge and skills identified for each task statement. A brief summary of the tasks is listed in this document under Examination Content. For a complete list of tasks and their related knowledge and skills, please see the 2007 ATOD Abuse Prevention Specialist Job Task Analysis Study available through the IC&RC.

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 (4) 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 the number of questions answered correctly will determine your final score. There is no penalty for guessing.

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

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 bring together people:
 - A. with common characteristics for implementing programs.
 - B. from diverse backgrounds to discuss a wide variety of topics.
 - C. to evaluate the type of program materials that are proposed.
 - D. 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 people:
 - A. used by law enforcement to provide essential information for arrests.
 - B. who are used by program evaluators to monitor program implementation covertly.
 - C. who go undercover to provide school officials with tips on drug traffic.
 - D. 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 peers.
 - C. individuals and family.
 - D. risk and protective.

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 the:
- A. program is effective for minority groups.
 - B. program is effective for children.
 - C. test is valid.
 - D. 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.

Answer Key

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

Scoring

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

Beginning in March 2008, IC&RC confirmed the score reporting procedure for the International Certification Examinations. Scores are reported on a scale ranging from 200-800. The minimum scaled passing score will be set at 500 for all versions of the examinations. A candidate who scores at or above 500 on the examination will have passed the examination, while a candidate who scores below 500 will have failed the examination.

The examinations are weighted equally and each test form uses different questions. This will not make it easier or more difficult for candidates to pass any examination version. The number of questions will remain at 150. As always, a candidate's score will be based on the number of questions answered correctly. Linear equating will still be used to equalize the difficulty of all versions of the examination.

Appeals, Hand Scoring, and Test Disclosure

Candidates who wish to appeal their examination scores may do so to the IC&RC within thirty (30) days of receiving examination results. To initiate this process, contact the IC&RC for a Hand Scoring Form. SMT will hand score the examination and mail the results directly to candidates. Candidates should be aware that IC&RC exam security and item banking procedures do not permit candidates access to exam questions, answer keys, or other secure materials related to the examination.

Examination Rules

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

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

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

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 Accommodations

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 accommodation requested or religious issue. Candidates should contact their Certification Board on what constitutes official documentation. The Certification Board will offer appropriate modifications to its procedures when documentation supports the need for them.

Admission to the Examination, Examination Dates, and Registration

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

Study References

The following resources were compiled as suggested reading to assist candidates preparing for the ATOD Abuse Prevention Specialist written examination. Consulting these and other references may be beneficial to candidates. Please note that this is not a comprehensive listing of all references and that not all questions on the examination came from these references.

1. Bernard, Bonnie. *Resiliency: What We Have Learned*. WestEd, 2004.
2. Bonnie, R., and O'Connell, M.E. *Reducing Underage Drinking: A Collective Responsibility*. Institute of Medicine of The National Academies, 2003.
3. Center for the Application of Prevention Technologies (CAPT). *National CAPT Substance Abuse Prevention Specialist Training (SAPST)*. 2006.
4. Center for Substance Abuse Prevention (CSAP). *Finding the Balance: Program Fidelity and Adaptation in Substance Abuse Prevention*. 2002.
5. Center for Substance Abuse Prevention (CSAP). *Pathways to Effective Programs and Positive Outcomes*. 2003.
6. Center for Substance Abuse Prevention (CSAP). *Prevention Primer: An Encyclopedia of Alcohol, Tobacco and Other Drug Prevention Terms*. National Clearinghouse for Alcohol and Drug Information. 1993.
7. Community Anti-Drug Coalitions of America, National Community Anti-Drug Coalition Institute. *Assessment Primer: Analyzing the Community, Identifying Problems, and Setting Goals*. 2006.
8. Community Anti-Drug Coalitions of America, National Community Anti-Drug Coalition Institute. *Evaluation Primer: Setting the Context for a Drug-Free Communities Coalition Evaluation*. 2005.
9. Corey, G., Corey, M. and P. Callanan. *Issues and Ethics In The Helping Professions*, 7th Ed. Brooks/Cole, 2006.
10. Hogan, J., Gabrielsen, K., Luna, N., and Grothaus, D. *Substance Abuse Prevention: The Intersection of Science and Practice*. Allyn & Bacon, 2003.
11. McKenzie, J., Neiger, B. and Thackeray, R. *Planning, Implementing and Evaluating Health Promotion Programs*, 5th Ed. Benjamin Cummings, 2008.
12. National Institute on Drug Abuse (NIDA). *Preventing Drug Abuse Among Children and Adolescents*, 2nd Ed. US Department of Health and Human Services, National Institute of Health, 2003.

13. The Center on Alcohol Marketing and Youth. *Underage Drinking in the United States: A Status Report*. 2005.
14. White, W. and Popovits, R. *Critical Incidents: Ethical Issues in the Prevention and Treatment of Addiction*, 2nd Ed. Chestnut Health Systems, 2001.