

CCDP

Certified Co-Occurring Disorders Professional

Written Test Candidate Guide

“Offering competency-based
credentialing to the substance abuse
& other behavioral health professional”

PURPOSE OF THE CANDIDATE GUIDE

The Written Examination for Certified Co-Occurring Disorders Professional (CCDP) is an examination that tests knowledge and skills about co-occurring disorders. This exam has been developed by the PA Certification Board (PCB) and a panel of content experts from the alcohol and other drug abuse field and the mental health field from across the Commonwealth. The exam is based on current practice in the field.

The purpose of the Candidate Guide is to provide you with guidance for the CCDP written examination process. By providing you with background information on examination domains and sample questions, your preparation for the exam can be enhanced.

EXAMINATION CONTENT

The 2004 PCB Role Delineation Study for Co-Occurring Disorders Professionals identified seven performance domains. Within each performance domain there are several identified task statements, knowledge, and skill areas that provide the basis for questions in the examination. This Candidate Guide contains detailed information on the domains, tasks, knowledge, and skill areas. The following is a list of the performance domains for the examination and the number of test questions in each.

CCDP DOMAINS	NUMBER OF QUESTIONS
Screening & Assessment	23
Crisis Management	20
Treatment Planning	19
Counseling	36
Case Management	21
Person, Family & Community Education	14
Professional Responsibility	17

SCREENING AND ASSESSMENT

Task 1 – Engage client and establish rapport.

Knowledge of:

1. Stages of change and recovery process.
2. Empathetic and active listening.
3. Interview process including objectives and techniques (e.g., motivational interviewing).
4. Federal, state, and local laws related to confidentiality in substance abuse and mental health.
5. Ethical principles of human services.
6. Institutional, class, culture, language, and other culturally based considerations in

order to better facilitate access and service utilization.

7. Theories and principles concerning human behavior, development, and biopsychosocial approaches as they relate to diverse cultural and ethnic groups.

Skill in:

1. Sharing compassion, empathy, respect, flexibility, and hope to all individuals, regardless of their degree of impairment, stage of (non)recovery, or level of acceptance in the treatment and recovery process.
2. Maintaining professional boundaries through objective, empathic detachment and managing personal biases with a non-judgmental, non-punitive demeanor and approach.
3. Demonstrating sensitivity to, and respect for, persons with different disorders, characteristics, and cultural backgrounds (e.g., ethnic, racial, gender, sexual orientation, and socio-economic class).
4. Matching the communication styles of persons from different cultural backgrounds using a variety of verbal and non-verbal responses and strategies.
5. Facilitating the participation of support persons, family members, and other service providers and to welcome them as collaborators.
6. Demonstrating a desire and willingness to elicit the individual's viewpoint and to recognize and validate the daily courage needed to survive the changes of multiple no-fault persistent and relapsing disorders.
7. Demonstrating patience, persistence, and optimism in helping to establish and maintain the individual's motivation.
8. Communicating clearly and concisely, both verbally and in writing.
9. Engaging and establishing rapport with individuals from different cultural groups, using socially and culturally appropriate conventions.
10. Communicating and applying confidentiality rules and regulations.

Task 2 – Gather and document client information.

Knowledge of:

1. Risk assessment process.
2. Appropriate intervention strategies including emergency procedures.
3. Obtaining accurate information and biopsychosocial history including collateral information.
4. Psychosocial stressors and traumas particular to different ethnic, cultural, and other groups.

Skill in:

1. Identifying and understanding non-verbal behaviors.
2. Discerning the relevance of information obtained from the client, family, and other collateral sources.
3. Organizing and summarizing client data and clinical impressions including cultural strengths.
4. Documenting information in an objective manner.

5. Recognizing special client needs.
6. Writing clear, concise reports and summaries.
7. Assessing risk behaviors and initiating appropriate interventions and referrals.
8. Utilizing the biopsychosocial components of assessment, including the spiritual dimension, when assessing both psychiatric and substance-related disorders.

Task 3 – Recognize signs and symptoms of substance use disorders.

Knowledge of:

1. Conceptual models of addiction.
2. Current Diagnostic & Statistical Manual for Mental Health Disorders (DSM) criteria for substance-related disorders.
3. Classes of chemicals including their basic actions in the body and brain, their intoxication and withdrawal symptoms, and their potential combined interactions.
4. New psychoactive chemicals (prescription, non-prescription, and street drugs).
5. Signs and symptoms of potentially high-risk medical complications associated with detoxification.
6. The relationship between psychoactive substance use and trauma, including but not limited to physical, emotional, and sexual abuse.
7. Signs and symptoms of potentially high-risk medical complications associated with detoxification.
8. Behavioral manifestations of intoxication.
9. Legal limits of blood alcohol content.
10. Significance of diagnostic reports from laboratory tests.
11. Individual, family, and cultural belief system regarding substance use.

Skill in:

1. Identifying the various conceptual models of addiction.
2. Recognizing signs and symptoms of intoxication, tolerance, and withdrawal.
3. Assessing severity of intoxication and risk for withdrawal.
4. Utilizing laboratory data.
5. Identifying medical conditions associated with psychoactive substance use and making appropriate referrals.
6. Recognizing the cultural difference with regard to substance use among different groups.

Task 4 – Recognize signs and symptoms of psychiatric disorders.

Knowledge of:

1. Conceptual models of psychiatric disorders.
2. Current DSM criteria for mental disorders.
3. Current DSM multi-axial diagnostic system.
4. Components and terminology of the mental status examination.
5. Basic tenants of psychopharmacology.
6. Differences in the thresholds of psychiatric distress and symptom expression in

persons from different cultures.

Skill in:

1. Identifying the various conceptual models of psychiatric disorders.
2. Utilizing the mental status examination.
3. Conducting a culturally appropriate assessment
4. Effectively communicating therapeutic concepts.
5. Using established DSM criteria for assessing acuity of symptoms and service intensity needs.
6. Applying information derived from the multi-axial diagnostic system.
7. Identifying various classes of basic psychotropic medication and recognizing relevant side effects.
8. Recognizing the cultural difference with regard to psychopathology among different groups.

Task 5 – Recognize interactions between co-existing mental, substance-related, and medical disorders.

Knowledge of:

1. Physical, mental, and cultural issues that may complicate the identification of substance use disorders.
2. Physical, mental, and substance use disorders that may require more extensive evaluation.
3. The potential interactions between substance use and other mental disorders.
4. The relationship between substance use and physical, emotional, and sexual trauma throughout the life cycle.
5. Cultural influences on medical, psychiatric, and substance use disorders.
6. The interaction between general medical disorders, prescribed medications, and substances of abuse.

Skill in:

1. Accurately assessing substance use in the presence of symptoms of co-occurring physical and/or mental disorders within the person's cultural context.
2. Accurately assessing mental disorders in the presence of symptoms of co-occurring substance use or medical problems within the person's cultural context.
3. Identifying conditions that present high-risk for harmful behaviors or physical deterioration and facilitating appropriate referrals.
4. Responding to cultural influences on substance use and mental disorders and their treatment.
5. Exploring and identifying interactions between general medical disorders, prescribed medications, and substances of abuse.
6. Addressing issues related to traumatic experiences in a sensitive and informed manner.

Task 6 – Utilize relevant assessment instruments.

Knowledge of:

1. Valid and reliable screening and assessment tools.
2. Applications and limitations of screening and assessment tools.
3. Screening and assessment tools with persons from different ethnic and cultural backgrounds.
4. Standardized level of care placement criteria instruments.

Skill in:

1. Selecting and applying appropriate assessment instruments.
2. Explaining the rationale for the use of specific assessment and placement tools.
3. Interpreting the results of substance and mental disorders instruments.
4. Explaining the results of substance and mental disorders instruments to clients and others.

Task 7 – Develop diagnostic impressions and communicate results.

Knowledge of:

1. A holistic perspective of the biopsychosocial-spiritual dimensions of any disorder.
2. Culturally normative patterns of behaviors to be differentiated from psychopathology.
3. Interactions between substance use, mental, and other physical disorders.
4. DSM criteria and rule-out procedures for the presenting symptoms.
5. Techniques for synthesizing assessment data and formulating diagnostic impressions.

Skill in:

1. Organizing and summarizing relevant client data and clinical impressions.
2. Writing clear, concise, objective reports and summaries.
3. Formulating diagnostic impressions that reflect the individual's needs and circumstances.
4. Identifying culturally normative behaviors that may be misinterpreted as psychopathology.
5. Recognizing special client needs (e.g., learning disabilities, developmental disabilities and mental retardation, physical limitations, etc.).

CRISIS MANAGEMENT

Task 1 - Conduct an immediate risk assessment to determine the existence of an emergency or crisis situation.

Knowledge of:

1. Indicators of serious threat of harm to self or others.
2. Signs and symptoms of delirium and other serious medical conditions.

3. DSM Decision Trees for identifying medical, substance use, psychiatric, environmental, and cultural stressors.
4. Signs and symptoms of potentially high-risk medical complications (e.g., withdrawal, lithium toxicity, heroin overdose, etc.).
5. Individual and cultural differences that can contribute to adverse drug reactions and crisis situations.
6. High risk for suicide and violence in persons with combined mental and substance-related disorders.

Skill in:

1. Gathering relevant information using all available resources.
2. Assessing acute levels of dangerousness.
3. Engaging and communicating clearly and concisely with the person/significant others.
4. Applying the DSM Decision Trees to determine the presence and extent of an emergency or crisis situation.

Task 2 - Evaluate the nature and level of risk in a client's crisis situation by analyzing the elements of the crisis in order to implement and provide an appropriate intervention.

Knowledge of:

1. The effects on functioning and degree of disability related to mental and substance-related disorders, both separately and combined.
2. The classes of psychotropic medications, their actions, medical risks' side effects, possible interactions with other substances, and addictive potential.
3. Potential differences and the way in which different ethnic, cultural, gender, and age groups respond to substances including psychotropic medications.
4. Current DSM Axis IV coding for stressors.
5. Specific risk assessments instruments.
6. Relapse symptoms and stages for both mental and substance-related disorders and their implications for current functioning.
7. One's own personal and cultural biases and professional limitations in assessing a crisis situation.

Skill in:

1. Recognizing established indicators for assessing acuity of symptoms and service intensity needs.
2. Using risk assessment procedures and instruments appropriate to the type of crisis.
3. Conveying empathy, respect, and hope to all individuals, regardless of their degree of impairment, stage of (non)recovery, or level of cooperation, managing personal biases, and maintaining a non-judgmental, non-punitive demeanor and approach.
4. Displaying sensitivity to, and respect for, persons with different disorders, characteristics, and cultural backgrounds (e.g., ethnic, racial, gender, sexual

- orientation, and socio-economic class).
5. Engaging individuals, family members, and traditional/alternative service providers from diverse backgrounds and welcoming them as collaborators.
 6. Seeking supervision and consultation when necessary.

Task 3 - Implement an immediate course of action appropriate to the crisis.

Knowledge of:

1. Duty to warn/protect rulings, related regulations, and policies.
2. Community resources including ethnic and cultural resources that can aid in resolving a person's crisis.
3. Current crisis resolution theory and techniques.
4. Current theories of motivational enhancement.

Skill in:

1. Prioritizing immediate needs and identifying existing strengths and resources.
2. Taking immediate action regarding duty to warn/protect while maintaining engagement with person/family.
3. Identifying other immediately needed clinical/medical supports.
4. Developing culturally relevant and appropriate goals based on a person's choices.
5. Involving the person and families in active choices, goal setting, use of therapeutic contracting, and other activities, which support the person's capacity to envision a positive personal future.
6. Developing, writing, communicating, and monitoring a crisis plan in collaboration with client and other involved parties.
7. Negotiating, advocating, and acquiring needed clinical and community resources and services while integrating the client's natural support system.
8. Using current intervention techniques (e.g., motivational enhancements, behavioral contracting, empathic confrontation, cognitive-behavioral approaches, and culturally specific enhancements).

Task 4 - Conduct a postvention debriefing with all parties involved in the crisis.

Knowledge of:

1. Rationale and methods for facilitating a postvention debriefing process.
2. Determining the effectiveness of the crisis intervention.
3. The need for and content of crisis documentation.
4. Crisis situations as potential opportunities for acquiring new knowledge and skills.

Skill in:

1. Determining how, when, and with whom to conduct a postvention session.
2. Identifying and evaluating the causes of and solution to the crisis situation.
3. Developing proactive strategies for avoiding similar crises in the future.
4. Maintaining engagement with and soliciting feedback from client, family

- members, service providers, and others as collaborators.
5. Documenting the nature of the crisis, interventions used, and outcomes.

Task 5 - Develop and implement an individualized follow-up plan.

Knowledge of:

1. Client's current strengths, resources, diagnoses, clinical support, and needs.
2. Peer support and empowerment groups, both those aimed at dual recovery and those that support the person in a specific acute area of need (e.g., drop-in centers, clubhouses, Alcoholics Anonymous/Narcotics Anonymous/Dual Recovery groups).
3. Various individual and family supports compatible with different cultures.
4. Integrated relapse prevention strategies.
5. The interrelationship between the postvention debriefing results and the comprehensive individual treatment plan.
6. The need for timely verbal and written data to the referral source.

Skill in:

1. Identifying and accessing a full range of treatment and support services, including peer supports and those in the natural support system.
2. Engaging family members and offer various supports on an individual and group basis (e.g., education, peer support, referrals for needed social services, family psychoeducation or therapy) where indicated and desired.
3. Referring to external supports (e.g., PA Recovery Organizations Alliance, PA Mental Health Consumers' Association, National Alliance for the Mentally Ill including its family education and support group affiliates).
4. Identifying and integrating the results of the postvention debriefing process into a comprehensive individual treatment plan.
5. Advocating for needed services and supports.

TREATMENT PLANNING

Task 1 – Interpret and evaluate clinically relevant data received from individual, significant others, assessments, and prior treatment sources to determine treatment needs.

Knowledge of:

1. The application of diagnostic reports (e.g., laboratory tests, neuropsychological evaluations, etc.).
2. Mental health and drug and alcohol symptomology, a comprehensive understanding of their inter-relationship, and their effects on functioning and degree of disability.
3. Categories within, and application of, the current edition of the DSM as a means of reviewing diagnostic criteria and related features.
4. Integrated models of assessment, intervention, and recovery for persons having both substance-related and other mental disorders.

5. The effects of culture on the individual's beliefs and choices related to treatment.

Skill in:

1. Synthesizing data to determine treatment needs.
2. Consulting with other professionals to interpret findings.
3. Organizing and summarizing relevant client data and clinical impressions to determine treatment needs.

Task 2 – Engage the individual and others in a comprehensive treatment planning process.

Knowledge of:

1. Confidentiality and other ethical issues.
2. Cross-cultural family structures, dynamics, communication styles, and techniques.
3. Social supports and networks for individuals using services.
4. Methods of engagement and maintaining relationships.
5. Stages of Change Theory and motivational interviewing.

Skill in:

1. Communicating and applying laws, regulations, and ethical principles including professional boundaries.
2. Facilitating cross-cultural communication while engaging diverse individuals, families, and social networks.
3. Demonstrating sensitivity to, and respect for, individual differences.
4. Creating and integrating collaborative relationships.
5. Matching interviewing techniques to an individual's stage of change.

Task 3 – Review data with the individual and others to collaboratively identify and prioritize treatment needs.

Knowledge of:

1. Strategies for clearly and effectively presenting the assessment data.
2. The relevance of specific tests and assessments in evaluating symptom severity.
3. Means of managing feelings and other responses to the data.
4. Negotiation techniques, needs, and priorities consensus.

Skill in:

1. Presenting assessment data clearly and sensitively.
2. Evaluating the comprehension and level of acceptance of the data presented.
3. Communicating, both verbally and non-verbally, with diverse populations.
4. Negotiating to identify and prioritize needs.

Task 4 – Develop integrated treatment goals and measurable objectives with the individual and others.

Knowledge of:

1. Models of assessment, intervention, and recovery for individuals having both substance-related and other mental disorders.
2. Interventions and other services that address needs and stages of change.
3. The treatment plan as a working contract between all parties.
4. Existing resources and barriers to service integration.

Skill in:

1. Collaboratively developing an integrated treatment plan.
2. Recruiting and collaborating with community groups, individuals in recovery, and other natural support groups in the development and design of recovery and self-help service models.
3. Building consensus.
4. Identifying resources for, and overcoming barriers to, achieve the goals.

Task 5 – Identify specific and measurable steps to achieve goals, utilizing the individual's strengths and resources.

Knowledge of:

1. Methods of task analysis.
2. Strengths-based approach.
3. Individual strengths and needs related to a specific goal.
4. Resources available.
5. Therapeutic contracting.

Skill in:

1. Formulating tasks in a clearly understandable and logical sequence.
2. Facilitating active choice in setting goals and selecting steps for achievement.
3. Identifying and matching strengths to goals and steps.
4. Accessing resources needed to accomplish the steps.
5. Writing clearly and concisely, using client-centered language.
6. Negotiating a contract that encourages movement toward the goal.
7. Identifying responsibilities and timelines for achievement of steps.

Task 6 – Monitor and document individual's progress in achieving treatment goals, and modifying the treatment plan as necessary.

Knowledge of:

1. Review strategies as part of the treatment plan.
2. Progress note format, rationale, and regulations.
3. Treatment plan revision procedures and format.
4. The stages of change and phases of treatment.
5. Internal and external contributors to relapse.
6. Circumstances that may necessitate a change in the course of treatment.
7. Assessment as an ongoing process.

Skill in:

1. Conducting regular assessments of treatment interventions in order to evaluate effectiveness.
2. Negotiating adjustments to the treatment plan.
3. Writing clear, brief notes that track individual's progress.

COUNSELING

Task 1 - Provide a safe, empathic environment in order to facilitate a collaborative relationship with the person and significant other(s).

Knowledge of:

1. Communication styles, strategies, and supports that facilitate rapport with persons from different cultural backgrounds.
2. Environmental factors that support or inhibit the collaborative relationship.

Skill in:

1. Involving persons and family members as collaborators.
2. Demonstrating sensitivity to, and respect for, persons with multiple disorders.
3. Building rapport across different cultural backgrounds.
4. Identifying and addressing intrapersonal attitudes, values, and beliefs that may impede the development of a collaborative relationship.

Task 2 - Develop an ongoing therapeutic alliance.

Knowledge of:

1. Boundary issues.
2. The importance of relationship skills.
3. The effects on functioning and degree of disability related to mental and substance use disorders.
4. The importance of monitoring the person's perception of the relationship.

Skill in:

1. Maintaining one's professional boundaries with objectivity and empathic detachment.
2. Demonstrating compassion, empathy, respect, flexibility, and hope to all individuals.
3. Communicating with integrity and honesty.
4. Establishing and maintaining the person's motivation to remain engaged in the therapeutic process.
5. Interacting with persons displaying symptoms of multiple disorders.

Task 3 - Utilize appropriate integrated counseling strategies and techniques.

Knowledge of:

1. Integrated models of assessment, intervention, and recovery.
2. The interactive effects of multiple disorders.
3. Counseling theories and techniques.
4. Change theory, motivational strategies, and strengths-based practice.

Skill in:

1. Using assessment results to individualize strategies.
2. Matching integrative strategies and theoretical approaches to the person's strengths, needs, cultural background, and motivational level.
3. Matching interventions to the person's level of involvement and responsibility.
4. Using Stage of Change theory and strengths-based interviewing.

Task 4 - Evaluate the effectiveness of counseling interventions and strategies.

Knowledge of:

1. Program and individual outcomes.
2. Performance measures that demonstrate movement toward goals.
3. Implications of relapse on the counseling process.
4. Those involved in the counseling process having varying and/or different perceptions.

Skill in:

1. Renegotiating goals and/or action steps.
2. Adapting integrative approaches to the person's diagnoses, cognitive abilities, and stages of recovery.
3. Adjusting strategies based on information obtained from various sources.
4. Documenting progress in reference to the treatment plan for ongoing review with the person and others.

Task 5 – Develop integrative discharge and aftercare plans.

Knowledge of:

1. The discharge planning process.
2. The full range of entitlement programs, natural community, cultural supports, and other services.
3. The legalities and confidentiality requirements related to the referral process.
4. Relapse prevention theories related to mental and substance use disorders.
5. The need to advocate and negotiate.

Skill in:

1. Evaluating a person's relapse triggers, their strengths and supports for managing recovery, and barriers to recovery.
2. Identifying and accessing services and supports to meet the person's specific needs.

3. Advocating and negotiating for needed services and supports.
4. Obtaining and documenting the necessary releases of information.

CASE MANAGEMENT

Task 1 – Collaborate with the individual and others to identify and prioritize strengths and needs and match to appropriate services.

Knowledge of:

1. Array of available services.
2. Variety of integrative programs and therapeutic models.
3. Strengths-based and motivational approaches.
4. Factors relevant to level of care determinations.
5. Various criteria utilized for matching service needs and/or need for additional evaluation.
6. Culturally-based strengths and resources.

Skill in:

1. Applying placement criteria.
2. Helping individuals recognize and use personal strengths and resources.
3. Recognizing current needs and capabilities and matching to appropriate services.
4. Involving the person in active choices, goal setting, use of therapeutic contracting, and other activities.
5. Using a person's personal and cultural strengths and resources to support the recovery process.

Task 2 – Develop treatment and service options in a collaborative manner.

Knowledge of:

1. Available treatment and support services in the integrated and discrete mental health/alcohol and other drug abuse systems.
2. The full range of entitlement programs, existing services, and community and cultural supports for individual and significant others.
3. Principles of recovery from both substance use and mental health disorders.
4. The empowerment model as it relates to the individual's responsibility in directing his/her own recovery.

Skill in:

1. Demonstrating the ability to use engagement and motivational techniques.
2. Demonstrating the ability to use culturally competent interventions.
3. Explaining options and promoting the person's choice.

Task 3 – Access, coordinate, and facilitate referrals, community, peer, and natural support systems to maximize treatment and recovery opportunities as identified in the comprehensive, integrated treatment plan.

Knowledge of:

1. Agency referral processes.
2. Funding sources and entitlements and procedures for accessing them.
3. Continuity of care principles.
4. The need to negotiate and advocate to overcome barriers to treatment.
5. Peer support, empowerment groups (e.g., clubhouses, drop-in centers, self-help groups) and natural support systems.
6. The need to coordinate services with multiple systems including family, education, rehabilitation, criminal and juvenile justice, medical and other social services.

Skill in:

1. Negotiating, coordinating, and advocating for client to obtain needed services.
2. Advocating against discriminatory practices identified throughout the service continuum.
3. Developing and maintaining positive working relationships.
4. Managing service transitions in a manner that ensures continuity of care.
5. Identifying and navigating barriers to treatment.

Task 4 – Monitor and evaluate the delivery and coordination of services.

Knowledge of:

1. Expected outcomes related to treatment service provisions.
2. Current confidentiality laws and regulations including transmission of information.
3. Strengths, limitations, and protocols for information exchange with service providers.
4. Person's response to treatment and available alternatives.
5. The need for active follow-up strategies especially for persons at higher risk of relapse.

Skill in:

1. Using monitoring and evaluation techniques for assessing outcome focused services.
2. Complying with current confidentiality laws and regulations.
3. Communicating relevant information from/to current providers.
4. Utilizing new information to facilitate the modification of the treatment plan.
5. Developing an individualized follow-up strategy to ensure continuity of care whenever possible.

PERSON, FAMILY & COMMUNITY EDUCATION

Task 1 - Educate the person and family about the symptoms of specific disorders, their interactive effects, and the relationship between symptoms and stressors.

Knowledge of:

1. DSM.
2. Substance use and mental health disorders as primary co-occurring disorders.
3. Health issues associated with substance abuse and mental health disorders.
4. Effects of co-occurring disorders on the person and family.
5. Drug types, actions, interactions, and side effects.
6. Major life stressors, their impact, and management.
7. Psychoeducational approaches that are appropriately matched to families from different ethnic, cultural, and socioeconomic backgrounds.

Skill in:

1. Using applicable learning theories and teaching techniques.
2. Tailoring the education to the person and family.
3. Accessing and utilizing educational resources.
4. Promoting hope and self-efficacy.
5. Teaching stress management.

Task 2 - Educate the person and family about the recovery process.

Knowledge of:

1. Recovery models related to substance use disorders
2. Recovery models related to mental health disorders.
3. Integrated recovery models related to co-occurring disorders.

Skill in:

1. Outlining the recovery process.
2. Engaging the person and family in the recovery process.
3. Promoting hope and self-efficacy.

Task 3 - Educate the person and family about self-help and peer groups in the recovery process.

Knowledge of:

1. Support and recovery groups in the local community.
2. Alternative support resources.
3. The history, value, and philosophy of specific self-help and peer groups.

Skill in:

1. Communicating, active listening, and negotiating.
2. Describing the group, their norms, and their purposes.
3. Reviewing the potential benefits and risks of available groups.
4. Assisting in the selection of a group(s) that best meets their needs.
5. Teaching behaviors for effective group participation.

Task 4 - Educate the person and family about self-advocacy.

Knowledge of:

1. Personal rights and responsibilities.
2. Pertinent laws and regulations.
3. Negotiation strategies.
4. Assertiveness training techniques.
5. Barriers and discriminatory practices related to the recovery process.
6. Service systems and resources.

Skill in:

1. Role-playing and skills teaching.
2. Connecting people with resources and navigating systems.
3. Encouraging empowerment.
4. Promoting confidence and self-efficacy.

Task 5 - Educate the community about co-occurring disorders, the impact on the individual, family, and community, and the efficacy of treatment.

Knowledge of:

1. Psychological, physiological, social, and emotional effects of discrimination on individuals.
2. Stigma and discrimination related to co-occurring disorders.
3. Co-occurring disorders and integrated treatment.
4. Value and effectiveness of treatment.
5. Cost analysis of treatment delivery.
6. Current research regarding treatment efficacy.
7. Prevailing community and political structure.

Skill in:

1. Assessing and synthesizing current literature and research.
2. Organizing and presenting materials.
3. Communicating effectively and persuasively with the community.
4. Mediation and negotiation.

PROFESSIONAL RESPONSIBILITY

Task 1 - Behave in an ethical manner by adhering to multi-disciplinary codes of ethics and standards of practice.

Knowledge of:

1. Professional codes of ethics pertaining to agency, discipline, and/or scope of practice.
2. Client rights and consequences of violations.
3. Consequences of violating codes of ethics.
4. Professional standards of practice.

5. Cross-cultural competencies for mental health and substance abuse providers.
6. Overt and subtle forms of discrimination.

Skill in:

1. Translating professional codes of ethics into appropriate behavior.
2. Effective written and oral communication.
3. Applying professional standards of practice in a culturally competent manner.
4. Assessing personal and system bias.

Task 2 - Follow appropriate policies and procedures by adhering to federal, state, and agency regulations regarding substance use and mental health treatment as they relate to integrated care.

Knowledge of:

1. Mandatory reporting requirements.
2. Statutory and regulatory legalities.
3. State and federal confidentiality regulations and consequences of non-compliance.
4. Grievance processes.
5. Anti-discrimination guidelines.

Skill in:

1. Interpreting and integrating policies, procedures, and regulations.
2. Applying confidentiality regulations.
3. Communicating relevant statutes, regulations, and grievance procedures to the client.
4. Applying anti-discrimination guidelines.

Task 3 - Recognize and maintain professional and personal boundaries.

Knowledge of:

1. Personal and professional strengths and limitations.
2. Transference/countertransference.
3. The importance of utilizing supervision and peer feedback.

Skill in:

1. Identifying, evaluating, and managing boundary issues.
2. Eliciting and utilizing feedback from supervisors and peers.

Task 4 - Engage in continuing professional development based on an ongoing assessment of needs.

Knowledge of:

1. Methods for evaluating personal training needs.
2. Certification and credentialing requirements.
3. Current professional literature and resources on substance use, mental health, and

- co-occurring disorders.
4. Resources for education and training in substance use, mental health, and integrated treatment.

Skill in:

1. Assessing training needs.
2. Selecting and accessing training programs.
3. Interpreting professional literature.
4. Applying practical and professional knowledge and experience.

Task 5 - Participate in clinical and administrative supervision and consultation.

Knowledge of:

1. The importance of ongoing assessment of professional skills and development.
2. Professional competency in substance use, mental health, and co-occurring disorders.
3. Resources for clinical supervision and consultation.
4. The function and need for clinical consultation and technical assistance.

Skill in:

1. Recognizing one's own professional capabilities and limitations in providing integrated treatment.
2. Recognizing and communicating the need for consultation and supervision.
3. Reviewing and consulting on client cases.
4. Using both constructive criticism and positive feedback.

Task 6 - Advocate for public policy and resource development in support of quality services.

Knowledge of:

1. Public relation techniques and their value.
2. Community organizations.
3. The importance of interagency and community collaboration.
4. Government entities and political leaders.

Skill in:

1. Communicating effectively.
2. Effective public relations techniques.
3. Identifying common interests and areas of potential conflict between stakeholders.

CLINICAL SUPERVISION

Task 1: Establish a supervisory relationship with supervisee that promotes professionalism and personal satisfaction.

Knowledge of:

1. Power and authority issues.
2. Effective listening and communication techniques.
3. Management techniques.
4. Conflict resolution strategies.
5. Personality styles.
6. Ethnicity and diversity issues.
7. Empowerment strategies.
8. Boundary and ethical issues.
9. Stress management techniques.

Skill in:

1. Providing constructive feedback.
2. Respecting individual differences.
3. Mediating and negotiating.
4. Delegating authority and responsibility.
5. Applying a strengths-based approach to supervision.
6. Maintaining professional boundaries and ethics.
7. Applying stress management techniques.

Task 2: Assess the strengths and needs of a supervisee as related to their provision of integrated clinical services.

Knowledge of:

1. Core competencies and job responsibilities.
2. Communication strategies and techniques.
3. Performance evaluation and assessment techniques.
4. Models of clinical supervision.
5. Counseling theories and standards of clinical practice.
6. Ethnicity and diversity as it relates to supervision.

Skill in:

1. Communicating effectively
2. Thinking critically.
3. Encouraging self-assessment.
4. Assessing abilities to perform specific job responsibilities.
5. Assessing and addressing diversity in supervision.

Task 3: Design and modify a supervisee's individual development plan.

Knowledge of:

1. Career development strategies.
2. Core competencies and job responsibilities.
3. Problem solving methods.
4. Clinical supervision models.

5. Learning styles.
6. Models of evaluation techniques.
7. Agency policies and procedures and professional responsibilities.

Skill in:

1. Formulating and documenting goals and objectives.
2. Developing objective indicators toward the achievement of goals.
3. Monitoring and documenting the supervisee's development.
4. Engaging the supervisee in the process of self-assessment.
5. Adapting supervisory techniques to the supervisee's learning style.

Task 4: Provide effective individual and group supervision with ongoing educational opportunities.

Knowledge of:

1. Teaching, modeling, coaching, and counseling techniques.
2. Supervisee's essential job functions.
3. Boundary issues as they apply to supervision.
4. Clinical supervision models and techniques.
5. Appropriate continuing education opportunities.

Skill in:

1. Applying various evaluation techniques.
2. Providing constructive feedback.
3. Adapting style of supervision to meet supervisee's needs.
4. Demonstrating alternative clinical techniques and approaches.
5. Matching appropriate continuing education opportunities.
6. Maintaining professional boundaries.

Task 5: Evaluate the effectiveness of the supervisory process.

Knowledge of:

1. Self-evaluation techniques.
2. Methods of obtaining accurate feedback from various sources.
3. Boundary and ethical issues and their affect.
4. Personal biases.

Skill in:

1. Overcoming biases.
2. Eliciting accurate evaluation data.
3. Interpreting evaluation data.
4. Applying feedback for self-correction and growth.
5. Monitoring the correction of identified problems.
6. Maintaining professional boundaries and ethics.

RESEARCH DESIGN AND APPLICATION

Task 1: Review current evidence-based practices for specific disorders and for integrated treatment supported by clinical trials and/or outcomes-based research.

Knowledge of:

1. Research design and analytical methods.
2. Current practice guidelines for integrated treatment.
3. Study limitations, limits of inference, and researcher and reader bias.
4. Population disparities in studies related to subgroup diversity and ethnicity.
5. Relevant research resources, literature, and current debates.

Skill in:

1. Critically analyzing research findings.
2. Summarizing research studies, verbally and in writing.
3. Adapting current evidence-based practices for integrated treatment.
4. Recognizing bias in reporting and/or interpreting research findings.
5. Using current technology and resources to conduct literature reviews.

Task 2: Conduct clinical practice and program related studies, following accepted performance improvement procedures, in order to examine treatment outcomes.

Knowledge of:

1. Evidence-based research regarding specific disorders and integrated treatment practices.
2. Continuous quality improvement processes.
3. Research design and methodology.
4. Current technology for gathering and analyzing internal data.
5. Limits and biases affecting quality of data used in the study.

Skill in:

1. Using current technology and resources in conducting studies.
2. Developing and implementing continuous quality improvement studies.
3. Gathering and documenting study related data.

Task 3: Analyze and apply the findings of clinical research and local continuous quality improvement efforts.

Knowledge of:

1. Methods of data analysis and arriving at conclusions.
2. Data presentation strategies for informed decision-making.
3. Individual and systems change theory.
4. Community and agency priorities, operational capabilities, and limitations.

Skill in:

1. Analyzing data and arriving at conclusions.
2. Preparing data summary to communicate findings, recommendations, and limitations.
3. Selecting change strategies based on priorities, local culture, and recommendations.
4. Implementing and monitoring specific change processes.

SAMPLE QUESTIONS

The questions on the CCDP examination were developed from the domains identified in the 2004 Role Delineation Study. Multiple sources were utilized in the development of questions for these exams. Each question is linked to one of the knowledge and skill areas identified in each domain.

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 CCDP exam.

1. There have been numerous studies documenting the high prevalence of what personality disorder among substance abusers?
 - a. Antisocial personality disorder
 - b. Paranoid personality disorder
 - c. Schizoid personality disorder
 - d. Schizotypal personality disorder
2. There are seven elements in the referral process. Which of the following is **not** an example of an element of the referral process?
 - a. Arranging referrals to other professionals, agencies, or programs to meet the client's needs
 - b. Evaluating the outcome of the referral
 - c. Occasional assessment of referral services to determine appropriateness
 - d. Explaining to the client, in clear language, the necessity of the referral
3. All assessment tools listed below are multi-dimensional **except**:
 - a. RAATE.
 - b. MAST.
 - c. DUSI.

- d. ASI.
4. Counselors are at great risk to behave in a racist manner without being aware of it when they:
 - a. were raised in a family environment marked with racial bias.
 - b. lack cultural diversity in their personal life.
 - c. are representative of a majority culture and working with a client from a minority culture.
 - d. assert that color makes no difference at all in the assessment, goal setting, treatment planning, and/or client communication.
 5. The organization founded as an alternative to programs with spiritual overtones, whose publication is called the "The Small Book" is:
 - a. Secular Organization for Sobriety.
 - b. Rational Recovery.
 - c. Al-Anon.
 - d. Dual Recovery Anonymous.
 6. In order to treat dual diagnosis disorders most effectively, interventions must be adapted to client's:
 - a. stage of treatment
 - b. degree of impairment.
 - c. relapse plan.
 - d. motivation for change.
 7. According to the DSM-IV-R, to make a diagnosis of Attention Deficit/Hyperactivity Disorder, some hyperactive, impulsive, or inattentive symptoms must be present before the age of:
 - a. seven.
 - b. twenty-one.
 - c. sixteen.
 - d. eighteen.
 8. According to Carl Rogers, "Accurate Empathic Understanding" refers to the therapist's ability to:
 - a. objectively understand the dynamics of the client's behavior.
 - b. accurately diagnose the client's central problem.
 - c. sense the inner world of the client's subjective experience.
 - d. like and care for the client regardless of their behavior.
 9. In terms of treatment planning, a critical problem of dual disordered clients is that they are typically in a _____ regarding their substance abuse.
 - a. motivational state
 - b. premotivational state
 - c. high motivational state

- d. moderate motivational state
10. Crises may present useful opportunities for engaging people with service/treatment providers by first demonstrating:
 - a. their need for active substance use and mental health treatment.
 - b. that their way of managing doesn't work and that their skills are deficient.
 - c. that help with obtaining basic needs (e.g., housing, money) can be obtained from treatment providers.
 - d. that treatment providers are empathic and trustworthy.
 11. Professionals have an obligation to deal with colleagues when they suspect unethical conduct. Generally, if you suspect a violation you should begin with:
 - a. reporting to a professional board.
 - b. telling your supervisor or their supervisor.
 - c. informally dealing with the person.
 - d. bringing it up at a staff meeting.
 12. In contrast to 12-step groups, such as AA, NA, CA, Rational Recovery does **not** require:
 - a. assuming responsibility for one's own behavior.
 - b. an abstinence goal.
 - c. challenging self-defeating and irrational beliefs.
 - d. an awareness of how alcohol and drugs can interfere with achieving personal goals.
 13. The postvention debriefing of a crisis should be guided by what standards? Please identify the **most** relevant point.
 - a. Supervisee welfare
 - b. Relevant legal and ethical standards
 - c. Program and/or agency service and administrative needs
 - d. The good judgment of the debriefing leader
 14. If family members are involved when identifying goals and steps to reaching them, it is generally useful to:
 - a. avoid direct involvement/contact until a trusting relationship is established with the client.
 - b. wait until goals are identified and include family members in how they can be helpful in supporting their member to achieve the goals.
 - c. carefully assess the potential for the family's contribution to possible relapse.
 - d. engage the family early in the assessment and planning processes, working collaboratively with them, the client, and any others actively involved.

No.	Answer	Domain
1.	A	Counseling

2.	C	Case Management
3.	B	Screening & Assessment
4.	D	Professional Responsibility
5.	B	Person, Family, & Community Education
6.	D	Case Management
7.	A	Screening & Assessment
8.	C	Counseling
9.	B	Treatment Planning
10.	C	Crisis Management
11.	C	Professional Responsibility
12.	B	Person, Family, & Community Education
13.	B	Crisis Management
14.	D	Treatment Planning

TAKING THE EXAMINATION

The CCDP examination follows a 4-option multiple-choice format. Questions of this type begin with a stem, the premise statement, and are followed by four options. In answering the questions, candidates should read the stem and options carefully. They should then select the one best answer and fill in the letter on the answer sheet that corresponds to the best answer for the question.

The test measures the seven or nine major Performance Domains in co-occurring disorders. Test questions are designed to assess knowledge as well as the candidate's ability to assess typical co-occurring disorders clients and apply sound principles. Successful candidates will draw on knowledge, analysis, and application to identify the one best option.

In taking the test, you may find it helpful to eliminate obviously incorrect responses after the first reading so as to increase the probability of selecting the best response. If you determine that there are two or more reasonable options, you should select the most plausible choice. There is no penalty in the scoring formula for guessing.

1. The questions in the examination are multiple choice with four (4) choices marked A, B, C, and D. There is only one correct choice for each question. Carefully read each question and all of the choices before making a selection. Choose the single best answer. Mark your answer on the answer sheet by blackening the circle under the letter of your choice.
2. Mark only one answer for each question. You will not be given credit for any question for which you indicate more than one answer. Be certain to mark your answer on the correct line and in the correct column for the question you are working on.
3. Read each question carefully. Choose the best answer for each question. If you change your answer, make sure that you completely erase your previous answer.

4. 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.
5. You may bring a watch in order to budget your time.

REFERENCES

The following resources were used as the basis for most of the questions on the CCDP examination. Consulting these references may be beneficial to you as you prepare for the exam. Please note that not all questions on the exam came from these references.

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