



2004
Criminal Justice Addictions Professional Candidate
Handbook

Program Information and Examination Guide for
CRIMINAL JUSTICE ADDICTIONS PROFESSIONAL ® Candidates

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SECTION ONE :
INTRODUCTION

This guide was developed to provide an overview of the **CRIMINAL JUSTICE ADDICTIONS PROFESSIONAL**® (CCJP ©) examination, developed by the **International Certification and Reciprocity Consortium/Alcohol and Other Drug Abuse** (IC&RC), in cooperation with IC&RC member boards. While individual eligibility requirements may differ between member boards, all boards require a passing score on this test. (The acronym “CCJP” was adopted for use by all IC&RC member boards to standardize reference to this test and credential: “Certified criminal Justice Professional”.)

Information about the test and test content are provided here, along with administrative guidelines and sample test questions, to help you prepare for the exam. A conscious attempt was made to remove gender and cultural references. For instance, “taking” a test is a U. S. phrase; many non-American examinees “write” the test, and so both terms are used, the latter in parentheses.

IC&RC provides this test to member boards offering the CCJP credential. For particulars regarding individual board eligibility, credential renewal requirements, fee information, test registration and related information, examinees must contact the member board in their state or country.

Member board contact information is available at the IC&RC website (www.icrcaoda.org) or by contacting IC&RC.

1.1 Why the CCJP?

The right credential is essential in every profession. For those providing criminal justice addiction services, it's the CCJP, the international standard since 2002. CCJP means certified Criminal Justice Addictions Professional®—the sign of achievement uniformly recognized as quality standard in the profession, across IC&RC member boards in the U. S. and internationally, by those in the addictions field, employers, judges and attorneys, accrediting agencies, and clients. It's what IC&RC and its member boards are dedicated to promoting in the workplace. (As noted earlier, the "CCJP" acronym was adopted to standardize reference to this test and credential.)

Not surprisingly, candidates have cited multiple reasons for pursuing certification, other than, of course, the credential being required by an employer or state licensing agency. Some of the other reasons often cited are:

- Provide an objective standard of requisite professional knowledge directly underlying competent job performance
- Formally recognize those individuals found to meet the prescribed standards through CCJP credential award
- Encourage continuing professional growth
- Establish, measuring and monitoring the knowledge level and underlying knowledge, skills and abilities required for certification, and provide objective means for certification
- Assist clients, employers, healthcare providers, accrediting agencies, and other service users to identify qualified, competent professionals by providing an objective standard, the CCJP credential
- Career development and certificant marketability. Employers, clients and accrediting agencies specifically look for the CCJP as evidence of professional achievement and that the holder has met defined IC&RC standards, including having passed the challenging CCJP certification examination.

1.2 The International Certification and Reciprocity Consortium

IC&RC is a not-for-profit voluntary membership organization comprised of 73 individual drug, alcohol and related professional credentialing certifying boards across the U. S. and internationally. IC&RC does not directly certify anyone, but works through member boards that have committed to valid and mutually agreed-to certification standards, including obtaining passing score on the particular IC&RC certification examination, to enable reciprocity between member jurisdictions to:

- Advance international reciprocal standards in credentialing in the alcohol and other drug treatment, prevention, and clinical supervision fields;
- Provide competency-based credentialing products which promote and sustain public protection;
- Develop partnerships with other organizations, governmental agencies, and groups concerned with the quality of care/services professionals related to drug and alcohol counseling; and
- Foster an international organization based upon participatory government.

IC&RC certification provides worldwide recognition that the certificant has met valid and defined standards, including having passed the respective certification examination provided to the member boards offering that credential by IC&RC. IC&RC and its member boards offer five (5) reciprocal credentials:

- Alcohol and Drug Counselor
- Advanced Alcohol and Drug Counselor
- Certified Clinical Supervisor
- Certified Prevention Specialist
- Criminal Justice Addictions Professional, added in 2002 to meet requests from the field.

Certificants can then apply to IC&RC for reciprocity to practice with one or more other IC&RC member boards. The application is in Section Three.

1.2.1 A Brief History of IC&RC

The framework for what has become IC&RC came out of a 1979 meeting between the Indiana, Michigan and Wisconsin counselor certification boards. These states were trying to create a standard for Alcohol and Drug Counselors to allow for reciprocity between states for those who met common standards. Resulting from this meeting, three states agreed to grant reciprocity to each other's Certified Alcoholism Counselors, effective July, 1979. Board representatives further agreed to work toward resolving what were essentially minor differences between each state's certifications, and to adopt a uniform, consistent certification process, complete with uniform standards, by July 1, 1981.

The resulting Certification Reciprocity Commission/Alcohol and Other Drug Abuse, was incorporated in 1981. Since beginning with the three state boards a bit more than 20 years ago, IC&RC has become the leader in drug, alcohol and related certifications, now with some 75 member boards in 41 states and 10 countries, plus the U. S. Army, Navy, Air Force and Marines, and the U. S. Indian Health Services. The organization changed its name to the **International Certification Reciprocity Commission/Alcohol and Other Drug Abuse** in 1987 with acceptance of the first non-U. S. member board.

Reciprocity between IC&RC member boards is key. Applying for IC&RC membership requires the candidate board to document that their certification standards meet IC&RC requirements, and to agree to provide reciprocity in their jurisdiction to those certified through any other IC&RC board. Each member board is formally committed to recognizing and honoring IC&RC certification standards, including minimum education, experience, training, certificate renewal (recertification), and use of a standardized examination for each reciprocal credential.

1.3 For Additional Information

As noted earlier, the IC&RC member board in the examinee's venue should be the central point of contact. Access IC&RC's website (www.ircraoda.org) for board contact and related information. Individuals may contact IC&RC for general guidance, or:

- If there is no member board in your particular state or country to help identify options;
- To order a CCJP exam Study Guide for any examination, which some candidates feel helps them to better prepare for the respective exam. (Note that a study guide is not required to pass any IC&RC examination.); or
- After credential award, to apply for reciprocity in another IC&RC member board venue.

SECTION TWO:

THE CERTIFIED CRIMINAL JUSTICE ADDICTIONS PROFESSIONAL CREDENTIAL

Recognizing that addiction treatment in a criminal justice setting is a specialty field, the CCJP credential defines minimally acceptable standards for treatment professionals working in criminal justice settings.

The well-documented link between drug abuse and involvement in criminal behavior—a significant percentage of state and federal inmate committed for drug related offenses—means that CCJP certificants must be knowledgeable in the criminal justice and substance abuse treatment systems. IC&RC recently introduced this credential in direct response to this statistic (which continues to increase) to set a benchmark standard for treatment professionals who provide an array of services to drug-involved offenders in criminal justice settings.

CCJP credential development naturally began with determining just what incumbents in the job do in practice. This so-called job analysis, also known as role delineation, is the basis for later certification test development. Since aspects of the job practice covered on the examination must directly reflect tasks performed in practice. Job analysis identifies the knowledge, skills and abilities (KSAs) underlying satisfactory job performance, as well as determining, how important each task is, how frequently the tasks are performed, and how critical each task is to doing the job.

The Certification Board for Addiction Professionals of Florida conducted a job analysis in 1997 to identify and categorize these tasks. The Florida Board's goal was to establish and validate appropriate content areas for the certification examination for entry-level addictions professionals working with criminal justice populations, and so results detail just what these professionals do. Results were then reviewed and validated by a representative sample of certified addictions professionals from across the country, yielding a set of tasks from which to develop the CCJP test specifications in Section 2.4.

2.1 The Criminal Justice Addictions Professional Examination

The test consists of 150 five-option multiple-choice items assessing CCJP knowledge across six (6) content areas identified by detailed job analysis. The test is in written format, though IC&RC anticipates moving to computer-based testing in the near future. Examinees have 3½ hours to complete the CCJP exam. This test is only offered in English at this time.

IC&RC ensures that test content directly matches practitioner job requirements, including that of a changing profession, by periodically revising job analysis (also known as a role delineation). Job analysis basically identifies what practitioners do at work; naturally, it is the basis for test development and must be kept current if the exam is to properly reflect the current knowledge needed to properly perform job requirements.

The test specification document, also known as a “test blueprint” because it guides test development, was developed directly from the job analysis to match what Criminal Justice Addictions Professionals do on the job. Included are the six content areas identified for professional practice, along with respective underlying tasks and weightings (i.e., the relative importance of each). This is done to ensure content validity—that the certification test accurately reflects what it takes to do the job in practice—so the test directly matches job requirements.

For each test question, candidates are asked to choose the correct answer from among five possible answers. Each correct answer is worth one point. There is no penalty for guessing, so be sure to answer each question to maximize your chances of passing. It is better to guess than to leave a question unanswered.

Because the test is central to credential award, IC&RC and its member boards have taken every step to best ensure that the test meets psychometric and legal standards. Because demonstrated test validity is paramount—that test questions clearly match job requirements—every IC&RC test is professionally developed to objectively measure the needed knowledge and skills.

The CCJP test, naturally, measures knowledge and skills underlying competent Criminal Justice Addictions Professionals practice across each of the six defined content areas. Subject-matter experts (SMEs) from member boards working with IC&RC psychometricians (professionals who develop tests) use the test blueprint to individually develop each test question. Test questions are edited throughout the process to the extent that only a small number of test items that have been developed actually are used on the test you see.

To further ensure that the test parallels job requirements, IC&RC includes test questions at several “cognitive levels”. Criminal Justice Addictions Professionals do much more in practice with clients than simply recalling information, the lowest cognitive level. Properly doing the job also requires knowledge application and analysis, so a test purporting to reflect job requirements must assess more than simple recall (memorized facts). There are certainly recall items on the test; items measuring how well candidates can apply and analyze that information are included, as well.

What is meant by cognitive level is detailed in Section 2.1.2.

2.1.1 Test Validity

At the center of CCJP requirements is the examination. The test is demonstrably content valid, which means that it assesses knowledge that is directly related to what it takes to do the job—what knowledge and skills underlie successful Criminal Justice Addictions Professional practice—which comes from formal job analysis (role delineation). Test specifications are in [Section 2.4](#).

A second role function of job analysis is to identify the extent to which each of the identified knowledge and skills found to underlie CCJP job in practice is important to the job. In other words, professionals perform some tasks more often than other tasks at work, some of which are more important to doing the job than others. A content valid test must obviously assess job tasks, as well as assessing the relative proportion that each is needed in actual practice (task weighting).

Each test question was developed to assess a particular task identified on the test specifications, with the number of questions developed being a function of that task’s relative importance, or ‘weighting’. Thus, every item on the exam can be related back to the test specifications, and a reference can be given as the published source for that particular item.

The CCJP test then goes a step further by including questions assessing more than simple recall. A CCJP professional does much more in practice than simply recall memorized knowledge, and so the test includes questions soliciting examinee responses at different cognitive levels.

2.1.2 What is “Cognitive Level”?

Cognitive level refers to the level of test question complexity—in other words, what the examinee must do and the kind of information that s/he must process to correctly answer that question. As noted earlier, a content valid certification test must directly assess job requirements identified by job analysis, then categorized by the test specifications. Successful job performance naturally requires the incumbent to do more than just recall knowledge—application and analysis of that knowledge is also needed—and so there are test questions assessing CCJP knowledge application and analysis, as well as recall.

Simply presenting questions that only require the examinee to recall memorized information (i.e., facts) is at the lowest cognitive level (“Recall”). Because competent CCJP job performance also requires cognitive functioning at levels higher than recall (as required in most professions), questions across three cognitive levels are on the test—this, to better match the test with criminal justice addictions practice:

- **Recall.** The examinee only has to recall or recognize specific factual information, which generally does not vary relative to the situation. It’s like most of the tests we took in high school asking for names, places and facts; recall questions solicit information found in a study guide or textbook. Memory alone is needed to to correctly respond to what is being asked.

(continued)

- Application. The next higher level requiring examinee comprehension, interpretation or manipulation of data, in which the response or outcome is situationally dependent, but not overly complex (knowledge that varies based on the individual client). Recall examples include basic calculations by “applying” a formula, recognizing a pattern, and finding relationships between concepts (i.e., How does “X” relate to “Y”?), and “If “X” happens, than what would be the result (“Y”)?”.
- Analysis/Evaluation. The highest level of CCJP questions that require examinee integration or synthesis of a variety of concepts or elements to solve a specific problem (evaluating and making judgments on complex problems with many situational variables). Examinees may need to complete several steps to correctly answer the question.

2.1.3 Test Equating

To improve test security, minimize cheating and enable draft test questions to be field-tested, several different versions of the CCJP exam may be used. Each form of the test contains 150 questions, developed in accordance with the test blueprint ([Section 2.4](#)), and has a 3½ hour time limit. However, not every examinee may be taking the exact same CCJP test since different versions may contain a different set of 150 test questions.

While each CCJP test may not have the exact same items, each version is “parallel”, which means that each assesses the same content areas and tasks, and in the same weightings. While “parallel forms” of the test may be used, all forms are demonstrably valid and equivalent, so no examinee has an advantage or disadvantage because they happened to receive a test with easier or harder than another version of the test. Content is the same across forms; equalizing difficulty happens through “test equating”.

Equating is a statistical procedure used to “equalize” the difficulty between multiple versions of a test to allow IC&RC to use multiple forms for each of the credentialing tests it provides to member boards. Equating doesn’t change any items on any version of a test, but ensures that no examinee is penalized because they happened to receive a harder version of the exam simply by chance. The equating process statistically allows each version to made of equal difficulty.

It therefore doesn’t matter which particular version of the CCJP test that an examinee happens to receives—of which version of any IC&RC exam that an examinee, for that matter, since different versions of any IC&RC exam may be in use—because each test form is a demonstrably valid, fully equivalent version of the test.

It’s important to emphasize that, regardless of which version the examinee receives, number of correct test answers still determines whether the examinee has passed.

2.1.4 How Passing Score Was Established

CCJP passing score is 93, which is the minimum number of correctly answered items needed to pass the exam. Passing score was psychometrically determined using the so-called Angoff Method, an accepted passing score-setting procedure introduced in 1971 by Professor William Angoff.

In brief, the Angoff Method uses “pooled ratings” to establish passing score. Subject-matter expert (SME) judges estimate how many minimally-qualified examinees would be expected to correctly answer each question on the test, with SME ratings averaged (“pooled”) across all test questions to derive passing score. CCJP passing score is 62%, so an examinee must correctly answer at least 93 of the 150 test questions to pass.

It is a very eloquent solution to a complex problem, one that allows passing score to be objectively established psychometrically, not set arbitrarily. Examinees who do not obtain a passing score must reapply to their member board to again take (write) the test.

2.1.5 Reasonable Accommodations For Candidates With Disabilities

IC&RC and its member boards strive to accommodate those with documented disabilities, religious observances, or related mitigating factors that may necessitate modifying test administration or IC&RC testing policies and procedures.

No U. S. examinee with a documented disability covered under the Americans with Disabilities Act will be deprived of the opportunity to take the exam solely because of that disability. Candidates with visual, sensory or physical disabilities that would prevent them from testing under standard conditions may request special accommodations and arrangements from their certifying board, including providing a reader, screen magnifier or allowing more time on the test in excess of the allotted 3½ hours, as mutually-determined to be reasonable and appropriate between the disabled examinee and member board.

Reasonable accommodation is provided at no cost to the examinee.

Requests for reasonable accommodation in the U. S. must be in writing and received by the member board at least 60 days in advance of the scheduled test date. (Your board can provide guidance on what constitutes official documentation of a disability.) Upon receiving a request for reasonable accommodation, a member board representative will contact the examinee to determine whether reasonable accommodation is mandated, and, if so, to mutually agree to one or more specific accommodations.

All U. S. member board testing facilities are wheelchair accessible.

2.2 Taking (Writing) the Examination: IC&RC Administrative Policies and Procedures

This section details test administration policies across IC&RC member boards. Please contact your certifying board for particulars about test administration, including location, fees and reasonable accommodation:

- No books, papers, reference materials or other materials may be brought into the testing session. Leave them home.
- No examination materials, papers, documents or notes of any kind may be removed from the testing session by any examinee.
- The examination is offered only on the dates mutually-agreed to by IC&RC and its member boards. Advanced registration is required. There is no provision to accommodate “walk-in” candidates or any individual who has not pre-registered with, and been approved in advance by, their member board.
- A current government-issued photo ID, such as a driver’s license or passport, is required to establish positive identification prior to admittance into the testing center.
- In the event of a personal emergency or inclement weather, contact the certifying board as soon as possible. Those who were scheduled to take (write) the test, but are unable to do so for whatever reason, are subject to cancellation policies established by the individual member board.
- Once the examination begins, proctors will not answer any questions. At no time, will a proctor answer questions about any test question.
- Prior to the start of the examination, listen carefully to proctor instructions and read the directions given in the examination booklet. You may write in the exam booklet—but be sure to record your answers on the accompanying “bubble” sheet. Any answer recorded in the test booklet and not in the answer sheet will be recorded as incorrect.

All completed tests are forwarded to IC&RC for scoring. IC&RC then reports examinee test results to the designated certifying board, which then advises the examinee. The process takes about four weeks. Scores are returned to the examining board, which then advises each examinee of their results.

2.2.1 Hand Scoring Option

If you believe the results of your examination are wrong, you may appeal to the IC&RC. To initiate this process, you must do so within thirty (30) days of receiving your score report. PTC will hand score your examination and mail you the results for a fee of \$35.

2.2.2 Cancellation of Test Results by IC&RC

IC&RC and its member boards are responsible for the CCJP examination, and for integrity of the scores they report. On rare occasions, occurrences such as problems with test administration, the test or scoring sheet, or misconduct by a candidate, may cause a score to be suspect. IC&RC is committed to rectifying such discrepancies as expeditiously as possible in the interest of candidate fairness, and may void examination results if, upon investigation, an untended problem did occur that may have affected candidate test performance, or if a violation of IC&RC policies or regulations is discovered.

2.2.3 IC&RC Policy on Cheating

Test administration and test security standards designed to assure that all candidates are provided the same opportunity to demonstrate their abilities are maintained in accordance with strict IC&RC and member board policy. Compromising test security is a very serious offense, especially given trust placed in a CCJP professional, given the nature of the work, and that certification and the CCJP credential are in-place in the interest of public protection.

IC&RC cheating policy is one of absolute zero-tolerance.

The score of any individual found to have cheated, compromised test security in any way, or took any action to gain an unfair advantage for themselves or others—including, but is not limited to, using unapproved reference materials or notes during the test, removing any test questions from the exam center, or advising any party of examination content after the session—will be immediately invalidated. A score of “I” is reported to the examinee(s) to indicate an invalidated test score.

Any examinee found to be cheating during an examination session will be removed immediately from the session. The test fee of any such examinee will be forfeited, with that examinee receiving an “I” score report. That examinee cannot again take the test for at least 90 calendar days.

Any examinee receiving an “I” score may appeal that score to IC&RC by the process specified in the next section, Examinee Appeal.

2.2.4 Examinee Appeal

IC&RC provides the Criminal Justice Addictions Professional examination to its member boards, and is responsible for test content, scoring, and reporting examinee results back to the respective board. Examinees who do not pass the test or receive an “I” (invalidated) score, may appeal the decision to IC&RC at the address below, in writing, clearly stating the reason(s) why the examinee believes their test performance was adversely affected. Disappointment at not passing the test is not valid grounds for filing an appeal. There is no cost to file an appeal.

Any examinee that wishes to appeal their score on the CCJP test must do so by submitting a written request to IC&RC within 30 days of the postmark date on the test score report. IC&RC retains all examinee answer sheets for a one (1) year period after return by a member board. Appellants should be aware that IC&RC test security policy prohibits any examinee from having access to test questions, answer keys, IC&RC item banks, or related data determined by IC&RC to be proprietary or otherwise secure or confidential information. An examinee may have access to their answer sheet.

IC&RC staff is available to discuss examinee concerns and to provide examinee guidance on preparing and filing an appeal. The appeal must be filed by signed letter, with sending to IC&RC by traceable means and confirmed delivery (i.e., FedEx or Certified Mail) strongly suggested. Appeals cannot be handled by the examinee member board at which the exam was administered, though the appellant may choose to send a courtesy copy of their appeal to the examining board. Appeals may not be filed by fax or e-mail.

IC&RC will review the appeal and request any additional particulars, as needed, with a written decision to be returned to the appellant within 15 days from the date on which the appeal was received. Should IC&RC find that sufficient grounds exist, IC&RC may direct that retesting be provided to the examinee at no cost. Regardless of grounds, IC&RC cannot direct that an examinee who did not pass the test be given a passing score.

Appeals must be filed with IC&RC at the following address:

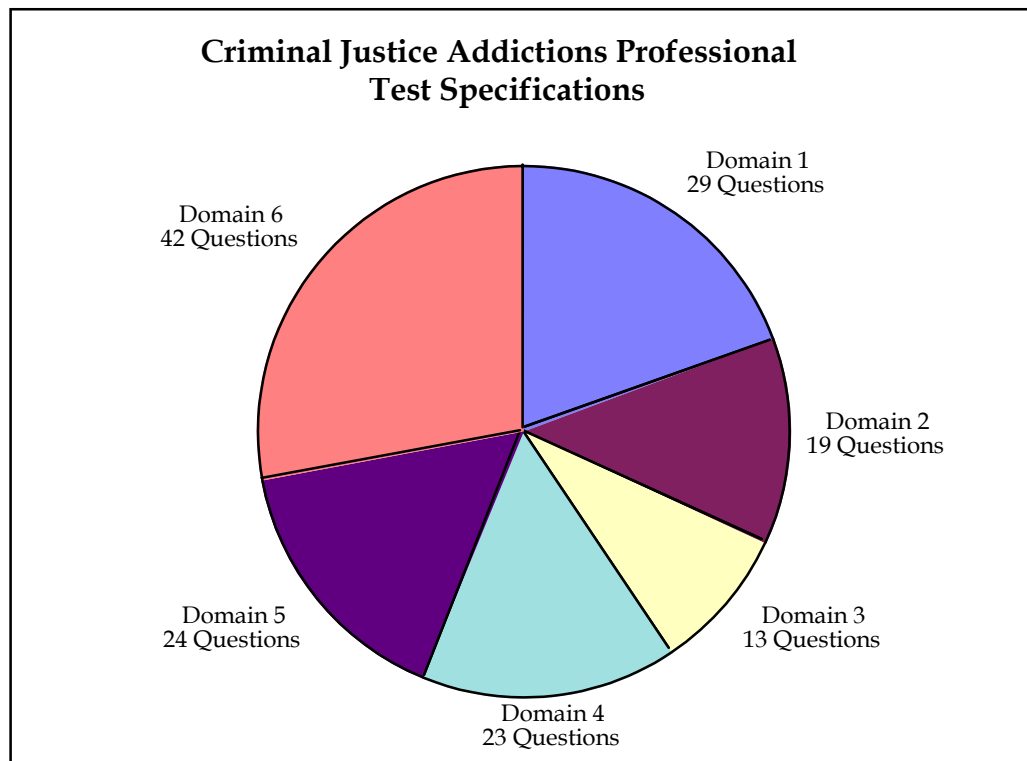
International Certification and Reciprocity Consortium
298 S. Progress Avenue
Harrisburg, PA 17109

2.3 Test Content

A goal of job analysis is to serve as the basis for developing test specifications, also known as a “test blueprint”, which details the number of items from each domain and underlying tasks needed for the test. Test specifications are developed from job analysis data by combining the overall evaluations of importance, criticality, and frequency, and converting results into percentages. These percentages are used to determine the number of questions from each content domain and task that will appear on the test. This is the test specification document given in [Section 2.4](#).

2.3.1 Content Areas

Of the 150 [Criminal Justice Addictions Professional](#) test questions, the number coming from each of the six content areas (also known as “domains”) is as follows. (The test blueprint list task weightings, that is, how many items are on the test assessing respective tasks under each domain.) The test blueprint includes the number of test questions from each task:



- **Domain 1: Dynamics of Addiction and Criminal Behavior** (29 questions)
- **Domain 2: Legal, Ethical, and Professional Responsibility** (19 questions)
- **Domain 3: Criminal Justice System and Processes** (13 questions)
- **Domain 4: Screening, Intake, and Assessment** (23 questions)
- **Domain 5: Case Management, Monitoring, and Client Supervision** (24 questions)
- **Domain 6: Counseling** (42 questions)

2.4 Test Specifications

This section details the weighting of the six CCJP domains and respective underlying tasks on the 150-question test, the basis of test development. The number of test questions from each of the six content domains is listed, along with respective underlying tasks and the knowledge and skill(s) required to perform each task. The number of test questions from each task is also noted. The CCJP test was developed using this test blueprint:

Domain I:
Dynamics of Addiction and Criminal Behavior
(29 items)

Task 1: Human Growth and Development (6 items). Apply knowledge of human growth and development in order to understand addiction and criminal behavior.

Knowledge of:

- Accepted theories of human growth and development (e.g., Piaget, Maslow, Satir and Bettelheim).

Skill in:

- Applying theories of human growth and development throughout the treatment process.

Task 2: Theories of Criminal Behavior (7 items). Apply knowledge of criminal behavior, including sociological, psychological, biological, and biochemical theories in order to provide appropriate addiction treatment services.

Knowledge of:

- Accepted theories of criminality (e.g., Samenow, Benthan, Timmons and environmental).

Skill in:

- Applying theories of criminality in hypothetical situations.
- Applying theories of criminality with actual clients with proper supervision.
- Applying theories of criminality in independent interactions with clients.

Task 3: Addiction and Related Theories (9 items). Apply knowledge of addiction, including sociological, psychological, biological, and biochemical theories in order to provide appropriate addiction treatment services.

Knowledge of:

- Accepted theories of addiction (e.g., disease concept, biochemical theory, adaptive model, environmental model, psycho-spiritual model, 12-step model and family system).
- Developmental models (e.g., Gorsky, relapse).
- Relapse (e.g., cues, triggers, post-acute withdrawal).
- Drug-induced brain damage (e.g., Wernike, Korsakoff).

Skill in:

- Applying the developmental model to clients in all stages of the treatment process (early, middle, late, etc.)
- Communicating the 12-step model and assisting clients in understanding the process of recovery.
- Educating clients on the dynamics of family systems and assist clients in modifying their behavior and understanding family patterns and improving relationships.
- Interpreting clients' behavior using the adaptive model.
- Communicating the components of the disease concept which includes genetic predisposition, tolerance, progress, physiological effects, symptomology, and maintenance requirements.
- Communicating to the client the effects of early and adult environmental factors on addiction and assisting them in planning behavior modification.
- Applying psycho-spiritual dynamics to address religious conversion and its relationship to addiction.
- Applying theories of addiction to special populations.

Task 4: Pharmacology (7 items). Understand the effects of drugs on the brain and body in order to deliver appropriate addiction treatment services.

Knowledge of:

- Methods of ATOD administration.
- Physiological, psychological, and behavioral effects of the classifications of drugs (depressants, stimulants, hallucinogens, etc.).
- Drug interactions (synergism, polydrug use, etc).
- Withdrawal and detoxification.
- Retention times.
- Progression.
- Tolerance.
- Pharmacology as it relates to special populations.
- Effects of ATOD on mentally chemically addicted clients.
- Signs of ATOD stages (use, abuse and dependence).
- Symptoms (confusion, memory problems, etc.)
- Pharmacological interventions (methadone, Antabuse, Librium, etc.)

(No Skills were defined under this task)

Domain 2:
Legal, Ethical, and Professional Responsibility
(19 items)

Task 1: (4 items). Behave in an ethical manner by adhering to established professional codes of ethics, conduct, and standards of practice in order to promote the best interests of the client.

Knowledge of:

- Agency, state, and federal regulations which apply to substance use disorder counseling within the criminal justice system.
- Confidentiality laws.
- Client rights
- Consequences which may result from non-compliance with confidentiality regulations.
- Grievance processes.
- Common violations of client rights.
- Common violations of confidentiality.
- Legal consequences when client rights are violated.

Skill in:

- Interpreting federal, state and agency regulations regarding client confidentiality in following procedure to protect client rights.
- Explaining the rationale for decisions affecting confidentiality.
- Effective communication. and professional code of ethics.
- Translating professional codes of ethics into appropriate behavior.
- Effective communication.

Task 2: (3 items). Adhere to federal, state, local, and agency regulations in order to protect client rights and the public.

Knowledge of:

- Agency, state and federal regulations which apply to addictions counseling in a criminal justice setting.
- Confidentiality laws.

Client rights in a criminal justice setting.

- Consequences which may result from non-compliance with confidentiality regulations.
- Grievance processes within criminal justice system.
- Common violations of client rights within the criminal justice system.
- Common violations of confidentiality.
- Legal consequences when client rights are violated.

Skill in:

- Interpreting federal, state, and agency regulations regarding client confidentiality in following procedure to protect client rights.
- Explaining the rationale for decisions affecting confidentiality.
- Effective communication.

Task 3: (3 items). Advise the client of the specific nature of treatment, confidentiality rights, and the requirements for treatment within the criminal justice system in order to obtain informed consent.

Knowledge of:

- Treatment planning process.
- Agency, State, Federal requirements of confidentiality.
- Clients rights.

Skill in:

- Interpreting federal, state, and agency regulations regarding client confidentiality in following procedure to protect client rights.
- Explaining the rationale for decisions affecting confidentiality.
- Effective communication.
- Proper documentation in the client records.

Task 4: (2 items). Engage in appropriate professional development by obtaining continuing education, reading professional literature, etc., in order to promote the quality of professional services and assure continuing competence.

Knowledge of:

- The value of assessing personal training needs.
- Education and training methods which promote personal/professional growth.
- The value of consultation to enhance personal and professional growth.
- Certification or credentialing requirements.
- Various methods used in assessing one's own training needs.
- Current professional literature on addictions, addictions treatment, and treatment specific to the criminal justice system.
- Sources to secure appropriate information on current trends in the addictions and criminal justice field.
- Professional associations.
- Professional competency criteria.

Skill in:

- Selecting and participating in appropriate training programs.
- Assessing personal training needs.
- Utilizing consultants and supervisors effectively.
- Applying both practical and technical knowledge to the counseling process.
- Reading and interpreting professional literature.
- Applying professional knowledge to client- specific situations.
- Accessing and utilizing current professional literature.

Task 5: (2 items). Obtain regular clinical and administrative supervision and consultation in order to facilitate proficiency.

Knowledge of:

- The importance of regular assessment of professional skills and development.
- The value of consultation to enhance personal and professional growth.
- Strengths and limitations of one's own work setting.
- How to present client cases to supervisors or other professionals.
- How to identify needs for clinical or technical assistance.
- Interpersonal dynamics and needs.
- Quality assurance and outcome research methods.
- Record-keeping and documentation procedures and requirements.

Skill in:

- Identifying one's own professional progress and limitations.
- Openly communicating the need for assistance.
- Organizing client information for presentations to others.
- Focusing on current, relevant issues.
- Accepting both constructive criticism and positive feedback.
- Soliciting feedback from others.
- Communicating effectively.

Task 6: (3 items). Recognize personal biases, feelings, concerns, and other issues using a range of options in order to prevent these variables from interfering with the treatment and criminal justice process.

Knowledge of:

- Common obstacles in the counselor/client relationship.
- Transference and counter-transference.
- Appropriate resources for exploration of professional concerns which impact the counseling relationship.
- Problem-solving techniques.
- Ways to manage counselor/client conflict.
- The process and impact of client reassignment.
- Unique needs of the client due to cultural, ethnicity, age, gender physical needs, sexual orientation, religion, etc.
- The stages of human development.
- Human needs and motivation.
- Phases of treatment and client responses (i.e., crises, impasses, plateaus and resistance).

Skill in:

- Exploring personal feelings and concerns about clients.
- Communicating personal feelings openly.
- Organizing thoughts and feedback about concerns into a plan for resolution or improvement.
- Mediating counselor/client conflict.
- Identifying overt and covert feelings and their impact on the counseling relationship.

Task 7: (2 items). Participate in quality improvement and evaluation activities by gathering data and identifying areas that need improvement in order to offer effective services.

Knowledge of:

- Models of evaluation, quality improvement
- Data gathering techniques
- The use of data in assisting in organizational change

Skill in:

- Accurately completing forms and documentation in the treatment process.
- Accurately completing forms and documentation for facility administration.

Domain 3:
Criminal Justice System and Processes
(13 items)

Task 1: **Legal Overview** (3 items). Apply knowledge of relevant constitutional law and federal confidentiality regulations (42 CFR, Part 2).

Knowledge of:

- General criminal constitutional law (e.g., search and seizure and Miranda).
- Federal confidentiality regulations and their exclusions.

Skill in:

- Locating current and applicable changes in law.
- Applying relevant laws and regulations.
- Applying regulatory standards.

Task 2: **Court Roles** (2 items). Apply knowledge of the roles in court played by participants (i.e., judge, prosecutor, defense counsel, probation, advocates, and guardian *ad litem*).

Knowledge of:

- Courtroom participants and their roles.
- Powers, duties, responsibilities, and discretions of each courtroom role.

Skill in:

- Practicing good courtroom demeanor.
- Providing accurate and concise testimony.
- Preparing and presenting courtroom documents.
- Articulating treatment processes and goals to court and criminal justice personnel.

Task 3: **Juvenile and Criminal Justice Continuum** (1 item). Apply knowledge of processes such as arrest/detainment, bond hearing, pretrial, post-conviction or post-adjudication, and how they can differ between the juvenile and criminal justice systems.

Knowledge of:

- Adult criminal justice system.
- Juvenile criminal justice system.

(No Skills were defined under this task)

Task 4: **Overview of Correctional Settings** (1 item). Apply knowledge of correctional options such as jail, prison, boot camp, community-based corrections, and day reporting centers.

Knowledge of:

- Various correctional settings.

(No Skills were defined under this task)

Task 5: Criminal Justice Theories (2 items). Apply knowledge of criminal justice theories, such as punishment, rehabilitation, restorative justice, deterrence, and of the theories of crime and punishment.

Knowledge of:

- Theories of corrections.

Task 6: Models of Addictions Treatment Settings (2 items). Apply knowledge of addictions treatment settings such as drug courts, therapeutic communities, intensive probation models, boot camps, and community-based programs in the juvenile and criminal justice systems.

Knowledge of:

- Levels of treatment in the adult criminal justice system.
- Levels of treatment in the juvenile criminal justice system.

(No Skills were defined under this task)

Task 7: Supervision (2 items). Apply knowledge of modes of criminal justice supervision such as probation, parole, work release, community control, house arrest, and electronic monitoring.

Knowledge of:

- Probation.
- Parole.
- Work release.
- Community control.
- House arrest.
- Electronic monitoring.

(No Skills were defined under this task)

Domain 4:
Screening, Intake, and Assessment
(23 items)

Task 1: (3 items). Motivate the client to give accurate and complete information by explaining to the client the purpose of the assessment in order to make valid decisions and increase the probability of compliance (x items).

Knowledge of:

- The purpose of the assessment process in determining client needs.
- Client resistance encountered during the assessment process.
- Criteria for evaluating psychoactive substance use.
- Behavior patterns and progressive stages of substance use disorders.
- Implications/impact of client participation in the assessment process will impact criminal justice status.
- How criminal justice status may effect the level and nature of client participation in the assessment process.
- Criteria for evaluating criminal risk.

Skill in:

- Building trust and establishing rapport with the client.
- Eliciting feedback to assure understanding of information given
- Communicating effectively.
- Reducing client resistance to entering the assessment process.
- Presenting technical information in a manner appropriate to the client.
- Communicating with appropriate criminal justice and treatment personnel to clearly understand legal status, intent of the court or other supervising authority.

Task 2: (3 items). Conduct a comprehensive assessment by collecting and evaluating information on the client's bio-psychosocial status and criminality using standardized instruments, interviews, and other methods, in order to formulate a comprehensive case plan

Knowledge of:

- Criteria for evaluating substance use disorders
- Behavior patterns and progressive stages of substance use disorders.
- States of intoxication, withdrawal, and long-term psychological and physical effects of psychoactive substance.
- Adverse effects of combining various types of psychoactive substances.
- Patterns and methods of misuse and abuse of prescribed and over-the-counter medications.
- Potential for poly-substance dependence.
- Current commonly used drugs.
- How blood alcohol content affects behavior
- Legal limits of blood alcohol content.

(continued)

- Significance of diagnostic reports from laboratory tests.
- Sexual functions.
- Relationships with significant/concerned others
- Social functioning and behavior
- Vocational development
- Spiritual development
- Legal consequences.
- Physical conditions.
- Ethical deterioration
- Educational development
- The relationship between psychoactive substance use and recreational/leisure activities.
- Psychoactive substance use and compulsive behavior.
- Addiction substitution
- The relationship between psychoactive substance use and other mental and emotional disorders
- Signs and symptoms of psychological disorders
- The normal range of affects.
- Signs, symptoms and patterns of domestic violence
- Signs, symptoms and patterns of compulsive behavior
- Requirements regarding “Duty to warn”
- The interview processes, including objectives and techniques
- Requirements regarding the mandatory reporting regulations for child abuse.
- Risk factors that relate to potential suicide, homicide, family violence, self injury and other violent and aggressive behaviors.
- Methods of responding to a client in crisis
- Federal state and local laws related to psychoactive substance use.
- When and how to conduct an interview with an interpreter.
- Testing instrument used for assessments within the criminal justice system (e.g., criminal risk assessments, classification instruments and models)
- Policies, procedures and technical aspects of urine drug screening and alcohol breath testing
- Behavior patterns and factors associated with criminal behavior, and risk and consequences of criminal behavior

Skill in:

- Discerning client needs which result from culture, lifestyle, age, gender, HIV status, sexual orientation, physically challenging conditions, socioeconomic status and values.
- Utilizing interview techniques.
- Gathering and assessing information and summarizing all the data.
- Assessing client motivating for treatment.’
- Assessing and determine the severity of client psychoactive substance use.
- Building trust and establishing rapport with clients.
- Recognizing and understanding nonverbal behaviors.
- Using and interpreting risk assessment and other criminal justice evaluation tools

Task 3: (2 items). Obtain and evaluate information from sources other than the client in order to validate and provide more complete data using interviews and/or review of existing records.

Knowledge of:

- The significance of diagnostic reports from laboratory tests.
- How peer influence encourages or discourages psychoactive substance use, abuse or dependence.
- The relationship psychoactive substance use and sexual function.
- Signs and symptoms of mental and psychological disorders.
- Normal range of affect.
- The referral rationale for group counseling and individual counseling
- The treatment planning process.
- Information sources in the criminal justice system (e.g., pre-sentence investigations, police reports, violation/conduct reports, progress summaries)
- Criminal justice agency confidentiality policies and procedures
- Legal and constitutional rights of accused and convicted clients
- The possible effects of criminal justice system involvement on the validity of information provided
- Procedures for protecting information sources from adverse consequences
- Family, social and peer influences/patterns in criminal behavior
- Impact of educational and vocational achievement and employment and financial status on criminal behavior

Skill in:

- Identifying and understanding non-verbal behavior
- Building trust and establishing rapport.
- Gathering and assessing information and summarizing all data.
- Identifying discrepancies in information given by client and/or concerned others.
- Determining the importance of the relationship between the client and concerned others.
- Assessing the appropriateness of involving concerned others in the assessment process.
- Recognizing a need for more in-depth information from other professionals.
- Discerning client needs which results from culture, lifestyle, age, gender, HIV status, sexual orientation, physically challenging conditions, socioeconomic status, and values.
- Utilizing interview techniques.
- Developing rapport with potentially hostile, resistant individuals
- Detecting obvious and subtle deception or inconsistencies in information provided

Task 4: (3 items). Recognize the signs and symptoms of intoxication and withdrawal by interpreting observable behavior, laboratory data, and results of interviews and testing in order to determine the most appropriate level of care and legal response.

Knowledge of:

- Current commonly used drugs, street names and pharmacological name.
- How blood alcohol content affects behavior
- Legal limits of blood alcohol content.
- Significance of diagnostic reports from laboratory tests.
- The relationship between psychoactive substance use and other mental and emotional disorders.
- Risk factors that relate to potential suicide, homicide, family violence, self injury, and other violent and aggressive behaviors.
- Effects of using psychoactive substances.
- Normal range of affects.
- Detoxification protocol and procedures.
- Interactions of psychoactive substances.
- Pharmacokinetics.
- Withdrawal syndromes of psychoactive substances.
- Treatment continuum.
- Behavioral management of the intoxicated person.
- Behavior patterns and progressive stages of substance abuse disorders.
- Emergency procedures associated with overdose and acute withdrawal syndrome.

Skill in:

- Recognizing signs and symptoms of intoxication and withdrawal.
- Utilizing interview techniques.
- Assessing severity of intoxication and risk for withdrawal.
- Interpreting laboratory data.
- Interpreting testing data.
- Assessing verbal and non-verbal behavior.
- Referring to appropriate medical personnel.
- Performing appropriate first aid and cardiopulmonary resuscitation (CPR).

Task 5: (3 items). Identify signs and symptoms of co-existing disorders and conditions in order to determine appropriate interventions by reviewing records, interpreting observable behavior, laboratory data and the results of interviews and testing.

Knowledge of:

- Physical and mental health problems whose symptomatology may distort or complicate the identification of psychoactive substance abuse disorders and knowledge of those physical and mental/health problems which may require more extensive evaluation.
- The relationship between psychoactive substance use and other mental and emotional disorders.
- The relationship between psychoactive substance use and childhood trauma, including but not limited to physical, emotional, and sexual abuse.
- Anxiety disorders.
- Affective disorders.
- Personality disorders.
- Interview techniques.
- Standard psychological testing instruments.
- Theories of personality.
- Cultural influence on manifestations of psychiatric disorders.
- The effect of psychoactive substances on affective states.

Skill in:

- Interpreting laboratory data.
- Psychological testing results.
- Interviewing
- Identifying medical conditions associated with psychoactive substance use.
- Reporting information regarding co-existing conditions.

Task 6: (3 items). Assess the client's treatment and supervision needs by collecting information in order to determine eligibility and appropriateness for placement in programs or services.

Knowledge of:

- The continuum of care
- The relationship between symptoms and responsiveness to varying levels of care
- A variety of programs and therapy models.
- Interview Processes, including objectives and techniques.
- The use and method of feedback to the client.
- Human needs and motivation.
- Theories of family development and dynamics.
- A client's financial circumstances.
- The services available to clients in the areas of child care and parenting, especially as they affect access to treatment and other services.

(continued)

- Counseling approaches used in overcoming clients resistance.
- The appropriateness for use of family, group, and individual counseling.
- Various criteria for placement, continuing care, and discharge.
- Relevant facility/community/agency policies and procedures concerning assignment of individuals to various levels of custody and/or supervision (e.g., intensive supervision, home electronic monitoring, levels of institutional security)
- Program eligibility/exclusion criteria relative to criminal justice status and offense history
- Various levels of client motivation

Skill in:

- Analyzing client information to determine nature of needs.
- Formulating clinical impressions.
- Establishing and maintaining a positive relationship with referral network.
- Recognizing client problems which require services of other professionals.
- Assessing client's financial resources.
- Determining client's level of motivation for change

Task 7: (3 items). Prepare a written summary based on the results of a comprehensive assessment in order to develop an integrated case plan and define the level of service.

Knowledge of:

- Criteria for evaluating substance use disorders
- Behavior patterns and progressive stages of substance use disorders
- Historical and generational influences on psychoactive substance use.
- The relationship between psychoactive substance use and other physical, mental and emotional disorders
- The dynamics of relapse
- Client defense mechanisms
- The relationship between psychoactive substance use and all areas of life functioning including relationships with concerned others, social functioning, vocational functioning, legal consequences, educational development, recreational/leisure activities.
- Reporting policies and procedures for criminal justice agencies
- Confidentiality in the criminal justice system

Skill in:

- Organizing and summarizing client data, reports from other professionals and clinical impressions.
- Written communication.

Task 8: (3 items). Review the results of a comprehensive assessment with the client in order to promote understanding and compliance with recommended services in a manner consistent with the client's cognitive, emotional and cultural characteristics.

Knowledge of:

- Criteria for evaluating substance use disorders
- Behavior patterns and progressive stages of substance use disorders
- Historical and generational influences on psychoactive substance use.
- The relationship between psychoactive substance use and other physical, mental and emotional disorders
- The dynamics of relapse
- Client defense mechanisms of active substance use and all areas of life functioning including relationships with concerned others, social functioning, vocational functioning, legal consequences, educational development, recreational/leisure activities
- Reporting policies and procedures for criminal justice agencies
- Confidentiality in the criminal justice system
- How values, lifestyle, age, gender, sexual orientation, etc. affect psychoactive substance abuse and criminality and communication patterns

Skill in:

- Potential adverse client reactions to assessment findings and recommendations
- Appropriate responses to client adverse reactions
- Monitoring client response to assessment findings and recommendations

Domain 5:
Case Management, Monitoring, and Client Supervision.
(24 items)

Task 1: (3 items). Integrate clinical care and criminal justice supervision through continuous communication between the treatment and criminal justice systems to ensure accountability and desired outcomes (x items).

Knowledge of:

- How to implement agency policies and applicable federal, state and local regulations.
- Case management models
- Treatment drug court models
- Client rights in treatment and criminal justice.
- Format and structure of commonly requested court reports, investigations, classification reports and other common court/corrections documents.
- TASC case management model.

Skill in:

- Communicating rationale of case management activities to the client.
- Communicating rationale for referrals to the client.
- Participate as a member of a clinical team.
- Participate as a member of a judicial team
- Participate as a member of a correctional team.
- Protecting and communicating client rights.
- Developing and maintaining referral relationships.
- Interpreting federal, state and agency regulations regarding client confidentiality.

Task 2: (3 items). Organize an array of services for the client's benefit by identifying and prioritizing appropriate resources in order to comply with court orders and clinical requirements.

Knowledge of:

- Methods of assessing client problems.
- Case management models
- Treatment drug court models
- Continuum of addictions treatment and the characteristics of clients most likely to benefit from each.
- Continuum of correctional sanctions and incentives and the characteristics of clients most likely to benefit from each.
- Community resources which address common client problems.
- Urinalysis chain of custody procedures.
- Urinalysis screening and confirmation tests.
- Medicaid eligibility and services available.
- Health Maintenance Organizations
- Managed Care Organizations.

Skill in:

- Coordinating services for client care
- Determining client needs resulting from culture, lifestyle, sexual orientation, age and gender.
- Assessing client motivation for treatment.
- Assessing severity of client AOD problem.
- Classifying severity of criminal behavior.
- Assessing client needs and matching them to available resources.
- Identifying significant others who must be involved in the case plan.
- Protecting and communicating client rights.
- Developing and maintaining referral relationships.
- Interpreting federal, state and agency regulations regarding client confidentiality.
- Organizing information.
- Developing an overall case plan for each client with provisions for day, evening and night linkages to needed services.
- Referring or transferring individuals to all required internal and external services.

Task 3: (4 items). Decrease drug use and illegal behavior by developing and implementing a range of incentives and sanctions in order to ensure client accountability and public safety.

Knowledge of:

- Case management models
- Treatment drug court models
- Continuum of addictions treatment and the characteristics of clients most likely to benefit from each.
- Continuum of correctional sanctions and incentives and the characteristics of clients most likely to benefit from each.
- Community resources which address common client problems.
- Urinalysis chain of custody procedures.
- Urinalysis screening and confirmation tests.
- Medicaid eligibility and services available.
- Health Maintenance Organizations
- Managed Care Organizations.

Skill in:

- Coordinating services for client care
- Determining client needs resulting from culture, lifestyle, sexual orientation, age and gender.
- Assessing client motivation for treatment.
- Assessing severity of client AOD problem.
- Classifying severity of criminal behavior.
- Assessing client needs and matching them to available resources.
- Developing and maintaining referral relationships.
- Developing an overall case plan for each client with provisions for day, evening and night linkages to needed services.
- Referring or transferring individuals to all required internal and external services.

Task 4: (3 items). Assist the client by advocating for services and related resources which address problem areas identified in supervision and case plans in order to achieve desired outcomes.

Knowledge of:

- Case management models
- Treatment drug court models
- Community resources which address common client problems.
- Medicaid eligibility and services available.
- Health Maintenance Organizations
- Managed Care Organizations.

Skill in:

- Coordinating services for client care
- Communicating rationale of case management activities to the client.
- Communicating rationale for referrals to the client.
- Determining client needs resulting from culture, lifestyle, sexual orientation, age and gender.
- Assessing client motivation for treatment.
- Assessing severity of client AOD problem.
- Classifying severity of criminal behavior.
- Assessing client needs and matching them to available resources.
- Identifying inconsistencies and conflicts in information given by client and/or significant others.
- Identifying significant others who must be involved in the case plan.
- Protecting and communicating client rights.
- Developing and maintaining referral relationships.
- Clear and concise written and verbal communication.
- Referring or transferring individuals to all required internal and external services.
- Advocating on behalf of the client.

Task 5: (3 items). Revise the case plan, including a recommendation for custody/supervision level, by evaluating client behavior and circumstances in order to achieve desired outcomes and conserve resources.

Knowledge of:

- Methods of assessing client problems.
- Case management models
- Treatment drug court models

Skill in:

- Coordinating services for client care
- Communicating rationale of case management activities to the client.
- Communicating rationale for referrals to the client.
- Assessing client motivation for treatment.
- Assessing severity of client AOD problem.
- Participate as a member of a clinical team.
- Participate as a member of a judicial team
- Participate as a member of a correctional team.
- Assessing client needs and matching them to available resources.
- Identifying inconsistencies and conflicts in information given by client and/or significant others.
- Identifying significant others who must be involved in the case plan.
- Developing and maintaining referral relationships.
- Monitoring client progress in community based settings.
- Evaluating the effectiveness of services provided to clients.
- Interpreting federal, state and agency regulations regarding client confidentiality.
- Organizing information.
- Continually observing a client's progress
- Reassessing and developing new plans, linkages and activities.
- Influencing and negotiating with human services and other support systems to respond to client needs.

Task 6: (4 items). Maintain a complete record of each case, using a variety of case management record keeping tools to provide a complete history of all case activities and their outcomes.

Knowledge of:

- Case management models
- Treatment drug court models
- Case documentation formats and methods.
- Format and structure of biopsychosocial history, treatment plans, progress notes, progress reports, discharge summaries and other common treatment documents.
- Format and structure of commonly requested court reports, investigations, classification reports and other common court/corrections documents.

(continued)

Skill in:

- Assisting the client in the completion of release of information authorization forms.
- Clear and concise written and verbal communication.
- Completing forms fully and accurately.
- Organizing information.

Task 7: (4 items). Report client status and compliance to the appropriate authority by providing written documentation and/or testimony in order to measure progress and facilitate decision making.

Knowledge of:

- Case management models
- Treatment drug court models
- Client rights in treatment and criminal justice.
- Format and structure of biopsychosocial history, treatment plans, progress notes, progress reports, discharge summaries and other common treatment documents.
- Format and structure of commonly requested court reports, investigations, classification reports and other common court/corrections documents.
- Urinalysis chain of custody procedures.
- Urinalysis screening and confirmation tests.

Skill in:

- Assisting the client in the completion of release of information authorization forms.
- Monitoring client progress in community based settings.
- Clear and concise written and verbal communication.
- Completing forms fully and accurately.
- Evaluating the effectiveness of services provided to clients.
- Interpreting federal, state and agency regulations regarding client confidentiality.
- Organizing information.

Domain 6:
Counseling.
(42 items)

Task 1: (4 items). Provide effective counseling services by applying knowledge of counseling theories and techniques in order to facilitate client progress.

Knowledge of:

- Counseling theories (analytical, existential, behavioral, interpersonal, developmental, family systems, etc.)
- Boundary issues (transference, countertransference, trust, safety, etc.).
- Basic psychopathology.
- Effect of chronological and psychological development on behavior.
- The influence of social, environmental, and cultural backgrounds on addiction and criminal behavior.
- Roles of different members of the criminal justice system (therapist, corrections officer, probation officers, etc.) and how they may come into the conflict.
- Principles of operant conditioning, contingency management, and cognitive behavioral therapy.
- Beliefs, attitudes, and cognitive emotional states which impact addiction and criminal behavior.

Skill in:

- Applying appropriate techniques.
- Communicating effectively (active listening, reflection, interpretation, leading, confronting, self-disclosure, summarizing, teaching).
- Projecting warmth, empathy, respect, regard, and genuineness.
- Establishing a safe and trusting environment.
- Implementing the counseling program as planned.
- Teaching, modeling, and providing practice in problem solving, coping, and anger management.

Task 2: (4 items). Create a therapeutic relationship by establishing rapport with the client and significant others in order to achieve treatment and criminal justice objectives.

Knowledge of:

- Elements of the therapeutic relationship
- Conditions associated with creating a therapeutic relationship in the criminal justice setting.

Skill in:

- Communicating effectively (active listening, reflection, interpretation, leading, confronting, self-disclosure, summarizing, teaching).
- Projecting warmth, empathy, respect, regard, and genuineness.
- Establishing a safe and trusting environment.
- Teaching, modeling, and providing practice in problem solving, coping, and anger.
- Applying elements of the therapeutic relationship.

Task 3: (3 items). Develop an individualized treatment plan with the client by reviewing assessment findings, exploring areas for change, and using strengths in order to establish attainable goals.

Knowledge of:

- Elements of a treatment plan (problem statement, goals, objectives, etc.).
- All documents pertinent to the counseling process (assessment, pre-sentencing reports, etc.).

(No Skills were defined under this task)

Task 4: (3 items). Provide appropriate counseling services based on client needs as identified in the assessment process (culture, ethnicity, age, gender, physical needs, sexual orientation, religion, etc.) in order to achieve positive treatment outcomes.

Knowledge of:

- All documents pertinent to the counseling process (assessment, pre-sentencing reports, etc.).
- Differences between or among cultures, ethnic populations, genders, and religions and the impact of physical needs and sexual orientation.
- The ways individual differences affect treatment outcomes.

Skill in:

- Matching appropriate counseling techniques to clients.

Task 5: (3 items). Facilitate individual and group counseling as necessary and appropriate based on the assessment to meet treatment goals.

Knowledge of:

- Elements of the therapeutic relationship.
- Elements of a treatment plan (problem statement, goals, objectives, etc.).
- All documents pertinent to the counseling process (assessment, pre-sentencing reports, etc.).
- Group and individual process.
- Group dynamics.
- The roles of facilitator and co-facilitator in groups.

Skill in:

- Facilitating growth and change, problem resolution, and attainment of long- and short-term goals.

Task 6: (4 items). Provide appropriate intervention for the client and/or significant others to achieve treatment and criminal justice objectives.

Knowledge of:

- The process of and need for intervention.
- Family dynamics and social, economic, and cultural status.
- A variety of intervention techniques.

Skill in:

- Applying family counseling methods.
- Applying appropriate intervention techniques.

Task 7: (4 items). Educate the client by providing information regarding addiction, criminal attitudes and behavior, life skills, community resources, and other needed services in order to achieve treatment objectives (x items).

Knowledge of:

- Information regarding addiction, criminal attitudes, and behavior.
- Life skills, problem solving, assertiveness training, anger management, etc.

Skill in:

- Providing bio-psychosocial, criminal attitudes, and behavior education.

Task 8: (4 items). Assist the client by helping to identify relapse triggers and develop coping skills/techniques in order to minimize relapse episodes and recidivism.

Knowledge of:

- Relapse, relapse prevention theory, and intervention techniques.
- Criminality and how it impacts human behavior.
- Coping skills and techniques.

Skill in:

- Helping clients to develop coping skills and techniques to prevent relapse episodes.
- Assisting clients in identifying high risk situations which precede relapse into addictive/criminal behavior.

Task 9: (3 items). Provide accurate, timely documentation using accepted record keeping procedures in order to describe services and client progress.

Knowledge of:

- Elements of documentation.
- The difference between data recording and assessment.

Skill in:

- Using clear, concise, objective language.

Task 10: (4 items). Stabilize clients in crisis through immediate intervention to ensure the safety of the client and others.

Knowledge of:

- Steps in crisis intervention.
- Types of intervention that can be used.
- Methods for assessing a crisis.
- Group process when a member has had a crisis.

Skill in:

- Applying intervention techniques.
- Documenting a crisis.
- Using appropriate counseling skills with groups and individuals.

Task 11: (3 items). Recommend appropriate referrals using a wide array of services to promote successful community functioning.

Knowledge of:

- Referrals and resources that are available in the community.
- Consultation.
- Situations that require a release of information.
- When referrals are necessary.

Skill in:

- Adhering to confidentiality requirements.
- Making referrals appropriately.
- Consulting for the client's benefit.

Task 12: (3 items). Develop a comprehensive discharge plan to include continuing care for the client by addressing ongoing needs in order to enhance recovery, reduce recidivism, and ensure public safety.

Knowledge of:

- Discharge planning forms and processes.
- Continuing care and after care needs and community resources (e.g., medical and dental care, mental health counselors, support groups, transitional housing, self-help meetings).
- Court follow up and tracking procedures.
- Elements of a discharge plan.

Skill in:

- Assisting in the development of appropriate discharge, continuing care, and/or after care plans.
- Accessing community and referral sources.

2.5 Sample Test Questions

The following sample questions are provided as examples of the type of questions appearing on the current CCJP test. An asterisk shows the keyed (correct) answer. The Domain and Task the question is assessing (*Test Specifications, Section 2.4*) are listed in parentheses:

1. John is a recovering alcoholic. He is watching TV and a beer commercial comes on. In treatment, he has been taught that as he watches the commercial, he must think of beer as a poison and dwell on the adverse consequences he has experienced in the past as a result of using alcohol. This treatment approach is the work of which theorist?
 - a. Abraham Maslow
 - b. Carl Rogers
 - c. Stanton Samenow *
 - d. B. F. Skinner
 - e. Sigmund Freud

(Domain I, Task II)

2. Compared to those without an alcohol-dependent parent, what is the approximate ratio that children of alcoholics are considered to be susceptible for developing alcoholism?
 - a. 2:1
 - b. 4:1 *
 - c. 8:1
 - d. 15:1
 - e. 25:1

(Domain I, Task III)

3. After months of working together, a client wants to express their appreciation to the counselor. Which of the following can the counselor ethically accept from the client?
 - a. A box of homemade fudge
 - b. Thank you note *
 - c. A gift certificate for under \$25.00, such as to dinner or a show
 - d. Donation to the counselor's favorite non-profit charity
 - e. None of the above: A counselor cannot accept any kind of client thank you, even a note

(Domain II, Task I)

4. When evidence is to be presented in court, which of the following urinalysis methodologies is the most reliable?
- Thin Layer Chromolectic Spectra Analysis
 - Gas Chromatography/Mass Spectrometry *
 - Enzyme Multiplied Immunoassay Test
 - Gas Chromatography/Mass Immunoassay
 - Tine-Warner Balance Test

(Domain III, Task I)

5. MST, which uses evidence-based intervention techniques, along with more unconventional service delivery, refers to:
- Mono-Systems Therapy
 - Mandatory Substance Abuse Treatment
 - Multi-Serial Therapy
 - Multi-Systems Training
 - Multi-Systemic Therapy *

(Domain III, Task VI)

6. Motivation Enhancement Therapy (MET) has shown to be effective when used with resistant clients. Which of the following BEST characterizes the attitude of MET founders Miller and Rollnick's toward the function of resistance in the counseling relationship?
- Like motivation, resistance is a dynamic factor which can be increased or decreased. *
 - Resistance is a primary obstacle in helping clients who are in denial of the impact of alcohol and other drugs have on their life, and must be confronted.
 - Rather than focusing on the client denial and resistance, the counselor should recognize that the client is basically ignorant of the serious nature of their chemical dependency.
 - Resistance is a normal and expected phenomenon when people are confronted with the need to change a behavior or accept something about themselves they don't like.
 - Early in treatment, resistance is not associated with dropout rates.

(Domain VI, Task I)

7. Joe is in substance abuse treatment due to cocaine addiction. No other significant physical or mental health history is known. The diagnosis is cocaine dependence. Under which DSM IV axis is this diagnosis classified?
- Axis I *
 - Axis II
 - Axis III
 - Axis IV
 - Axis V

(Domain IV, Task II)

8. Which of the following best describes why it is important to consider acculturation?
- To help the counselor understand his/her own biases in an effort to prevent those biases from entering the treatment process
 - To help the counselor evaluate the cultural environment of the treatment setting which, in turn, will determine the type of counseling or counseling methods to be used
 - To assist the counselor with obtaining client social history information needed to treat a specific substance abuse issue
 - To allow the counselor to adapt the counseling relationship in a culturally appropriate manner, increasing the likelihood for positive outcome *
 - In order for the counselor to determine

(Domain VI, Task IV)

2.6 Test Dates

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

2.7 Study References

The following listing was compiled in December, 2003, by the IC&RC Criminal Justice Committee as suggested reading to assist examinees with Criminal Justice test preparation. Since test questions are drawn from a variety of published sources, including the following, it is suggested that candidates review Test Content (*Section 2.3*) and prepare accordingly:

ASAM Patient Replacement Criteria for the Treatment of Substance-related Disorders, 2nd Edition. American Society of Addiction Medicine, 2001.

Criminal Justice Treatment Planning Chart. Center for Substance Abuse Treatment, U.S. Department of Health & Human Services, 1995. *

Confidentiality: A guide to the federal law and regulations. Legal Action Center, 1995.

Counselor's Manual for Relapse Prevention with Chemically Dependent Criminal Offenders, Gorski, T.T. and J. M. Kelley. Diane Publishing Company, 1999.

Florida Certification Exam Study Guide: For all addiction professionals applying for certification. Tallahassee: Florida Alcohol & Drug Abuse Association.

Psychological Evaluations for the Courts. Melton, Gary, John Petrila, Norman Poythress and Christopher Slobogin. Guilford Publications, 1997.

Drug Use Among Racial/Ethnic Minorities. National Institute on Drug Abuse, U. S. Department of Health and Human Services, 1998. *

Inside the Criminal Mind: Revised and updated edition. Samenow, Stanton E. Crown Publishing Group, 2004.

The Criminal Personality: A Profile for Change. Samenow, Stanton E. Jason Aronson Publishers, 1976.

Criminal Personality: The Change Process, Volume 2. Samenow, Stanton E. Jason Aronson Publishers, 1995.

Substance Abuse Treatment Planning Guide and Checklist for Treatment Based Drug Courts. U. S. Department of Health & Human Services, Substance Abuse & Mental Health Administration, 1997. *

Overview of Addiction Treatment Effectiveness (SMA 97-3133). U. S. Department of Health and Human Services, Substance Abuse & Mental Health Administration, 1997. *

Crime and Justice in America: A human perspective. Territo, L and Halsted, J.B. & Bromley, M. L. Prentice Hall, 2003.

Treatment Assistance Publication (TAP) #21: Addiction Counseling Competencies: Knowledge, Skills, and Attitudes of Professional Practice. U. S. Department of Health and Human Services, Center for Substance Abuse Treatment, 1996. *

Treatment Improvement Protocol (TIP) #7: Screening and Assessment for Alcohol and Other Drug Abuse Among Adults. U. S. Department of Health and Human Services, Center for Substance Abuse Treatment, 1994. *

Treatment Improvement Protocol (TIP) #12: Combining Substance Abuse Treatment with Intermediate Sanctions for Adults in the Criminal Justice System. U. S. Department of Health and Human Services, Center for Substance Abuse Treatment, 1996. *

Treatment Improvement Protocol (TIP) #21: Combining Alcohol and Other Drug Treatment with Diversion for Juveniles in the Justice System. U. S. Department of Health & Human Services, Center for Substance Abuse Treatment, 1995. *

Treatment Improvement Protocol (TIP) #23: Treatment Drug Courts: Integrating Treatment with Legal Case Processing. U. S. Department of Health & Human Services, Center for Substance Abuse Treatment, 1996. *

Treatment Assistance Publication (TAP) #19: Counselor's Manual for Relapse Prevention with Chemically Dependent Criminal Defenders. U. S. Department of Health and Human Services, Center for Substance Abuse Treatment, 1996. *

Guideline for Drug Courts on Screening and Assessment (# NCJ 171143). U. S. Department of Justice, Office of Justice Programs, Drug Court Program Office. U. S. Department of Justice, 1998.

Drug Courts: Information a New Approach to Address Drug-related Crime. U. S. General Accounting Office. Briefing Report to the Committee on the Judiciary, U.S. Senate, and the Committee on the Judiciary, House of Representatives, 1995.

Drug Courts: Overview of Growth, Characteristics and Results. Briefing Report to the Committee on the Judiciary, U. S. Senate, and the Committee on the Judiciary, House of Representatives. U. S. General Accounting Office, 1997.

* These resources are available through the National Clearinghouse for Alcohol and Drug Information (NCADI) at www.health.org or Tel: (800) 729-6686