

CANDIDATE GUIDE

Case Presentation Method
Oral Examination
for
Licensed Chemical Dependency
Counselors

Revised by:

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Changes to Oral Exam Process

Please note that the Oral Examination is still required for LCDC licensure in the state of Texas and is mandated by Texas statute. However, the Oral Examination is no longer required for IC&RC certification. Please note that by submitting an LCDC oral exam application, the applicant acknowledges that the oral exam component of this examination is no longer part of the International Certification & Reciprocity Consortium/Alcohol and Other Drug Abuse (IC&RC) standard, and IC&RC does not score or validate oral exam content. As a result, IC&RC does not endorse, certify, guarantee, or warrant the oral exam portion, and assumes no liability in relation to its administration

THE WRITTEN CASE

The written case is intended to assist in preparing for the oral examination in that it is the primary source for the specific examples that evaluators require when determining if responses are competent.

All oral exam test candidates should complete a written case presentation and submit it to their supervisor for review and approval. The written case should be prepared from an actual/typical client from your case files. The client cannot currently be in your care. The name should be fictitious; however, other information should be real unless there is a danger of violating a client's confidentiality. The written case must adhere to the following criteria:

Mechanics

1. Is the presentation typed?
2. Does the portfolio include the original and four copies?
3. Does the cover sheet contain the appropriate information and signatures?
4. Did the applicant address all sections of the format and content outline, in the proper sequence?

Format and Content

I. Substance Abuse History

1. Substances used
2. Frequency
3. Progression
4. Severity/Amount Used
5. Onset - when started
6. Primary substance
7. Route of administration
8. Effects - blackouts, tremors, tolerance, DTs, seizures, other medical complications (some of these can be included in the Physical History section)

II. Psychological Functioning

1. Mental status - oriented, hallucinations*, delusions*, suicidal*, homicidal*, judgment, insight
*to include both present and past

III. Educational/Vocational/Financial

1. Educational and work history
2. Educational level
3. Disciplinary action (at school or work)
4. Reasons for termination
5. Current and past financial status

IV. Legal History (associated with, or not associated with, mood altering chemicals)

1. Charges, arrests, convictions
2. Current status
3. Pending

V. Social History

1. Parents
2. Siblings/rank
3. Psychological functioning in family
4. Substance use in family
5. History of social functioning from childhood to present
6. Family functioning - including physical, sexual and emotional abuse
7. Relationship history
8. Children

VI. Physical History

1. Both alcohol and drug, non-alcohol and drug problems
2. Past and present major medical problems (i.e., disabilities, pregnancy and related issues, STDs, alcohol and drug related problems)

VII. Treatment History (both alcohol and drug and psychological history)

VIII. Assessment: Identifying and evaluating an individual's strengths, weaknesses, problems, and needs for the development of the treatment plan

IX. Treatment Plan: Identifying and ranking problems needing resolution; establishing agreed upon immediate and long-term goals; deciding on a treatment process and the resources to be utilized.

X. Course of Treatment: Describe the counseling approaches you used, your rationale for their use and any revisions you made based on the client's unique problems and responses to treatment.

XI. Discharge Summary: Concise description of the client's overall response to treatment, including alcohol/drug status at discharge.

THE ORAL INTERVIEW

The CPM Oral Interview is based on the Twelve Core Functions. Scores on the examination are based on the Global Criteria for each Core Function. The counselor must be able to demonstrate competence by achieving a passing score on the Global Criteria in order to be certified. Although the Core Functions may overlap, depending on the nature of the counselor's practice, each represents a specific entity. Following are definitions of the Twelve Core Functions along with the Global Criteria that pertain to each Function.

I. Screening: The process by which the client is determined appropriate and eligible for admission to a particular program.

Global Criteria

1. **Evaluate** psychological, social, and physiological signs and **symptoms** of alcohol and other drug use and abuse.
2. Determine the client's **appropriateness** for admission or referral.
3. Determine the client's **eligibility** for admission or referral.
4. Identify any **coexisting conditions** (medical, psychiatric, physical, etc.) that indicate need for **additional** professional **assessment** and/or services.
5. **Adhere** to applicable **laws**, regulations, and agency policies governing alcohol and other drug abuse services.

II. Intake: The administrative and initial assessment procedures for admission to a program.

Global Criteria

6. **Complete** required **documents** for **admission** to the program.
7. **Complete** required **documents** for program **eligibility** and **appropriateness**.
8. **Obtain** appropriately **signed consents** when soliciting from or providing information to outside sources to protect client confidentiality and rights.

III. Orientation: Describing to the client the following: general nature and goals of the program; rules governing client conduct and infractions that can lead to disciplinary action or discharge from the program; in a non-residential program, the hours during which services are available; treatment costs to be borne by the client, if any; and client rights.

Global Criteria

9. Provide an overview to the client by describing **program goals** and **objectives** for client care.
10. Provide an overview to the client by describing **program rules**, and **client obligations** and **rights**.
11. Provide an overview to the client of **program operations**.

IV. Assessment: The procedures by which a counselor/program identifies and evaluates an individual's strengths, weaknesses, problems and needs for the development of a treatment plan.

Global Criteria

12. **Gather** relevant **history** from client including but **not limited** to alcohol and other drug abuse using appropriate interview techniques.
13. Identify **methods** and **procedures** for obtaining **corroborative information** from significant secondary sources regarding client's alcohol and other drug abuse and psycho-social history.
14. Identify appropriate **assessment tools**.
15. **Explain** to the client the **rationale** for the use of assessment **techniques** in order to facilitate understanding.
16. Develop a **diagnostic evaluation** of the client's substance abuse and any coexisting conditions based on the results of all assessments in order to provide an integrated approach to treatment planning based on the client's strengths, weaknesses, and identified problems and needs.

V. Treatment Planning: Process by which the counselor and the client identify and rank problems needing resolution; establish agreed upon immediate and long-term goals; and decide upon a treatment process and the resources to be utilized.

Global Criteria

17. **Explain** assessment **results** to the client in an understandable manner.
18. **Identify** and **rank** problems based on individual client needs in the written treatment plan.
19. Formulate **agreed** upon **immediate** and **long-term goals** using **behavioral** terms in the written treatment plan.
20. Identify the treatment **methods** and **resources** to be utilized as appropriate for the individual client.

VI. Counseling (Individual, Group, and Significant Others): The utilization of special skills to assist individuals, families or groups in achieving objectives through exploration of a problem and its ramifications; examination of attitudes and feelings; consideration of alternative solutions; and decision-making.

Global Criteria

21. Select the counseling **theory(ies)** that apply(ies).
22. Apply **technique(s)** to assist the client, group, and/or family in exploring **problems** and ramifications.
23. Apply **technique(s)** to assist the client, group, and/or family in examining the client's **behavior**, **attitudes**, and/or **feeling** if appropriate in the treatment setting.
24. **Individualize** counseling in accordance with cultural, gender, and lifestyle **differences**.
25. **Interact** with the client in an appropriate **therapeutic** manner.
26. Elicit **solutions** and decisions from the **client**.
27. **Implement** the treatment plan.

VII. Case Management: Activities which bring services, agencies, resources, or people together within a planned framework of action toward the achievement of established goals. It may involve liaison activities and collateral contacts.

Global Criteria

28. **Coordinate Services** for client care.
29. **Explain** the **rationale** of case management activities to the client.

VIII. Crisis Intervention: Those services which respond to an alcohol and/or other drug abuser's needs during acute emotional and/or physical distress.

Global Criteria

30. **Recognize** the elements of the client **crisis**.
31. Implement an **immediate** course of **action** appropriate to the crisis.
32. **Enhance** overall **treatment** by utilizing crisis events.

IX. Client Education: Provision of information to individuals and groups concerning alcohol and other drug abuse and the available services and resources.

Global Criteria

33. Present **relevant alcohol and other drug use/abuse information** to the client through formal and/or informal processes.
34. Present information about available alcohol and other drug **services** and **resources**.

X. Referral: Identifying the needs of a client that cannot be met by the counselor or agency and assisting the client to utilize the support systems and community resources available.

Global Criteria

35. Identify **need(s)** and/or **problem(s)** that the agency and/or counselor **cannot meet**.
36. **Explain** the **rationale** for the referral to the client.
37. **Match** client **needs** and/or problems to appropriate **resources**.
38. Adhere to applicable laws, regulations and agency policies governing procedures related to the protection of the client's **confidentiality**.
39. Assist the client in **utilizing** the support **systems** and community **resources** available.

XI. Report and record keeping: Charting the results of the assessment and treatment plan, writing reports, progress notes, discharge summaries and other client-related data.

Global Criteria

40. **Prepare reports** and relevant **records** integrating available information to facilitate the continuum of care.
41. **Chart** pertinent **ongoing information** pertaining to the client.
42. **Utilize** relevant **information** from written documents for client care.

XII. Consultation with other professional in regard to client treatment/services: Relating with in-house staff or outside professionals to assure comprehensive, quality care for the client.

Global Criteria

43. **Recognize issues** that are **beyond** the counselor's base of knowledge and/or skill.
44. **Consult** with appropriate **resources** to ensure the provision of effective treatment services.
45. **Adhere** to applicable **laws**, regulations and agency policies governing the **disclosure** of client-identifying data.
46. **Explain** the rationale for the consultation **to the client**, if appropriate.

POOL OF QUESTIONS

Evaluators will ask candidates to respond to one question from each of the Core Functions.

1. **Screening:** Describe the purpose of screening and the process used with this client.
2. **Intake:** Describe the elements of intake and how the intake process was completed in this case.
3. **Orientation:** Describe the process of orienting this client to your services.
4. **Assessment:** Describe the methods and procedures used to assess this client and explain the results of those assessments.
5. **Treatment Planning:** Identify the components of treatment planning and describe the treatment planning process that occurred between you and the client.
6. **Counseling:** Identify your counseling theories and approach(es) and thoroughly describe how you applied these to the client in this case.
7. **Case Management:** Describe the purpose of case management and how it applied to this client.
8. **Crisis Intervention:** Give an example of a crisis that occurred in this case and explain how you responded to it. If no crisis occurred, give an example of a crisis using another case.
9. **Client Education:** Describe client education and how you provided it in this case.
10. **Referral:** Describe the referral process and how it was used in this case.
11. **Reports and Record Keeping:** Describe the report and record keeping process(es) and how they were used in this case.
12. **Consultation:** Describe the purpose of consultation and the rationale for and results of consultations necessary in this case. If no consultation occurred, provide an example from another case.

SAMPLE TEST

The sample oral interviews provided below contain responses that have been scored by trained CPM evaluators. For the purposes of this Candidate Guide, poorly-rated responses were intentionally selected in order to assist candidates in avoiding common errors during the oral interview.

The most common error in the oral interview is lack of examples/specifics and parroting. Parroting is simply restating or paraphrasing the Global Criteria, and it is unacceptable. During the oral interview, candidates must address all Global Criteria for each Core Function, regardless of the question, and must be specific and use examples whenever possible.

SAMPLE #1

1. Screening: The process by which the client is determined appropriate and eligible for admission to a particular program.

1. **Evaluate** psychological, social, and physiological signs and **symptoms** of alcohol and other drug use and abuse.
2. Determine the client's **appropriateness** for admission or referral.
3. Determine the client's **eligibility** for admission or referral.
4. Identify any **coexisting conditions** (medical, psychiatric, physical, etc.) that indicate need for **additional professional assessment** and/or services.
5. **Adhere** to applicable **laws**, regulations, and agency policies governing alcohol and other drug abuse services.

QUESTION: Describe the purpose of screening and the process used with this client.

RESPONSE: *Our treatment center makes the counselor complete a very thorough assessment during the initial appointment with the client. The assessment determines the chronicity of the substance abuse problem, the status of the family situation, the employment situation, the medical history, the mental health issues, the financial status and condition of the client. During the initial appointment, we also have a lot of releases of information signed like to the employer, the family physician, the sponsor (if there is one). Gathering this type of information on the initial appointment helps us determine the client's diagnosis and assists with developing a treatment plan.*

Rating Scale: No = Incompetent Response. Yes = Competent Response

Evaluators' Scores:

Global Criteria 1: Rating = No

No examples or specifics given. The applicant talked about obtaining various information, but never mentioned results of the information received. Global Criteria 1 requires applicants to evaluate the psychological, social and physical signs and symptoms of the client's alcohol and drug use and abuse.

Global Criteria 2: Rating = No

Again, the applicant gave no information on what makes a client appropriate for his/her agency. Does the agency require that the client have a substance abuse problem in order to receive services? Can the client have a psychiatric disorder requiring medication? Does the client need detox, and does the facility handle this? These are examples of factors that determine appropriateness for services which need to be addressed in order to demonstrate competence in this Global Criterion.

Global Criteria 3: Rating = No

No examples or specifics were given to determine whether the client was eligible for the program. Does this program take both males and females? Does it limit treatment to individuals from a particular cachement area? These are examples of a number of factors which determine a client's eligibility for services and which need to be specifically addressed in order to demonstrate competence in this Global Criterion.

Global Criteria 4: Rating = No

The applicant gave no indication whether or not this client had a coexisting condition (i.e., medical or psychiatric) that may have needed additional professional services or assessment.

Global Criterion 5: Rating = No

Applicant makes no reference of recognition of laws/policies/regulations; therefore, doesn't demonstrate skill in that area. Release of information is not sufficient alone—this indicates that she doesn't know what applies to screening.

SAMPLE #2

8. Crisis Intervention: Those services which respond to an alcohol and/or other drug abuser's needs during acute emotional and/or physical distress.

30. **Recognize** the elements of the client **crisis**.
31. Implement an **immediate** course of **action** appropriate to the crisis.
32. **Enhance** overall **treatment** by utilizing crisis events.

QUESTION: Give an example of a crisis that occurred in this case and explain how you responded to it. If no crisis occurred, give an example of a crisis using another case.

RESPONSE: *If a client attempts suicide what we need to do first of all is to get them up to the hospital and get them medically cleared. If a client is in my office and is threatening suicide, what we look at is what do they believe is the reason that they want to take their life. From there I try to get them to look at the reasons that they should not do this and possibly look at all the positives that have happened in their lives prior to this point. Often times I have found that clients feel suicidal after a particular situation has happened, and what I try to get them to realize is that no matter what the situation is, it will eventually pass. If they happen to be involved in the AA or NA program, what we usually recommend is that they contact someone from the program, particularly their sponsor, and then be around people who can be a support for them while they are going through this difficult time.*

Rating Scale: No = Incompetent Response. Yes = Competent Response

Evaluators' Scores:

Global Criteria 30: Rating = No

The applicant failed to recognize the elements which constitute the crisis. Instead he presented suicidal behavior as an empirical crisis, without explanation. There was no assessment of lethality or of immediacy.

Global Criteria 31: Rating = No

The applicant did not assess or address the immediate safety needs of the client. There was no exploration of alternatives, resources and supports available to the client, or of the willingness of the client to utilize those resources. There was no evidence of steps taken to implement a safety plan for the client (I.e., family or friend care, voluntary or involuntary hospitalization). Trying to talk a client out of committing suicide is not sufficient evidence of competence in dealing with the immediate needs of the suicidal client.

Global Criteria 32: Rating = No

The applicant did not address how he could help the client learn from the crisis experience so as to strengthen coping skills in the future.