IC&RC Advanced Alcohol and Drug Counselor (AADC) Exam Candidate Guide

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NOTE REGARDING THE AADC REFERENCE LIST

The Reference List is now provided separately from the candidate guide and can be found on our website. Please note that to better serve exam candidates with their exam preparation, IC&RC staff are working with Subject Matter Experts to review and update the list of references for the AADC exam.

Purpose of the Exam Candidate Guide

The purpose of the AADC Exam Candidate Guide is to provide candidates with specific information about the Advanced Alcohol and Drug Counselor (AADC) exam. Candidates are encouraged to review the information contained in this guide, along with the IC&RC General Candidate Guide, to support their exam preparation.

About the Advanced Alcohol and Drug Counselor (AADC) Certification

Purpose	Recognizes a higher level of competency and expertise in the addiction counseling profession.
Areas of Focus	Clinical assessment, supervision, treatment planning, and evidence-based practices.
Target Audience	Experienced counselors with graduate-level training or licensure.

Question Breakdown and Exam Length

(refer to the General Candidate Guide for a more detailed exam overview)

AADC	
Number of Scored Questions	125
Number of Pre-test Questions	25
Total Number of Questions	150
Length of Administration	3 hours

Content Domains and Exam Blueprint

All questions on the exam will address content covered in the domains listed in the table below and expanded upon in the following pages. The "weight" of a content domain indicates the proportion of questions from that domain on the exam form relative to the other domains. Candidates can use this information for their individual exam preparation planning.

Domains	Weight on Exam
Domain I: *Screening, Assessment, and Engagement*	23%
Domain II: *Treatment Planning, Collaboration, and Referral*	24%
Domain III: *Counseling and Education*	30%
Domain IV: *Professional Responsibilities and Ethical Considerations*	24%

DOMAIN 1: Screening, Assessment, and Engagement

A. Develop rapport and promote engagement with persons served presenting at all levels of severity.

B. Discuss the purpose, and procedures associated with the screening and assessment process.

C. Assess the immediate needs and readiness for change through evaluation of relevant signs and symptoms of co-occurring substance use and/or mental health disorders.

D. Recognize the interactions between co-occurring substance use, mental health and/or other health conditions.

E. Assess for appropriateness of Medication Assisted Treatment (MAT) for substance use and/or mental health disorders.

F. Utilize screening and assessment tools that are culturally appropriate.

G. Conduct clinical interviews to obtain relevant bio/psycho/social/spiritual information.

H. Screen and assess for danger to self and/or others.

I. Formulate diagnoses based on the signs and symptoms of co-occurring substance use and/or mental health disorders.

J. Utilize placement criteria to determine the appropriate level of care.

K. Document the screening and assessment results to support diagnoses and treatment recommendations.

L. Discuss diagnostic results and recommendations.

DOMAIN 2: Treatment Planning, Collaboration, and Referral

A. Formulate mutually agreed upon goals, objectives, treatment methods, and resources.

B. Identify community resources to support ongoing treatment and/or recovery.

C. Collaborate to review and modify the treatment plan.

D. Collaborate to strengthen ongoing recovery outside of primary treatment.

E. Adapt intervention strategies to individual needs, recognizing multiple pathways of recovery.

F. Document treatment progress, outcomes, and continuing care.

G. Document collaboration, consultation and referrals.

H. Maintain a therapeutic relationship with persons served and identified supports.

DOMAIN 3: Counseling and Education

A. Evaluate the safety and potential for return to use.

B. Develop risk management strategies to respond to crises.

C. Identify culturally sensitive counseling modalities grounded in theory or research to facilitate progress towards completion of treatment objectives.

D. Maintain clinical records that document progress towards treatment goals.

E. Provide education regarding the structure, expectations, and limitations of the counseling process.

F. Utilize individual and group counseling modalities and techniques to promote therapeutic progress.

G. Educate individuals and/or their identified supports about the effects of substance use.

H. Educate individuals and/or their identified supports about the signs and symptoms of mental health disorders.

I. Educate about pharmacotherapies for substance use and mental health disorders.

J. Educate identified supports in the use of strategies that sustain recovery, maintain mental wellness, and promote healthy relationships.

K. Adapt education to communicate the subject matter in a culturally and developmentally appropriate manner.

L. Utilize outcome data to adapt counseling strategies.

M. Apply current professional codes of ethics and standards of practice.

DOMAIN 4: Professional Responsibilities and Ethical Considerations

A. Comply with jurisdictionally specific rules and regulations regarding best practices in coordinating and/or providing co-occurring substance use, mental health, and health services.

B. Integrate principles of diversity, equity, inclusion, and belonging into practice.

C. Evaluate implicit and explicit biases and beliefs to minimize impact of these variables in the counseling process.

D. Utilize supervision or consultation.

E. Integrate relevant research into clinical practice.

F. Recognize available technological advances for service delivery (e.g., telehealth, electronic health records).

G. Address unethical practices to protect the integrity of the profession, practitioners, and individuals served.

H. Maintain privacy and confidentiality according to jurisdictionally specific rules and regulations.

I. Prepare clinically accurate reports and records.

Sample Questions

The following are sample questions that are similar to those you will find in the examination. For additional practice, refer to our Practice Exams, which are available on our website.

The questions on the examination are multiple-choice with either three (3) or four (4) choices. There is only one correct or best answer for each question. Carefully read each question and all the choices before making a selection and choose the single best answer.

Mark only one answer for each question. You will not be given credit for any question for which you indicate more than one answer. It is advisable to answer every question since the number of questions answered correctly will determine your final score. There is no penalty for guessing.

Domain 1: Screening, Assessment, and Engagement

1. When withdrawing from short-acting barbiturates, which withdrawal symptoms are observable at both 8-12 hours and 2-3 days of abstinence?

   (a) Tremulousness and insomnia
   (b) Increased anxiety and disorientation in time and place
   (c) Tremulousness and agitation
   (d) Delusions and visual/auditory hallucinations

2. Which list below best describes the intoxication effects and potential health consequences when using marijuana?

   (a) Altered states of perception and feeling, nausea, persisting perception disorder (flashbacks), weakness, and tremors
   (b) Euphoria, slow thinking and reaction time, confusion, cough, frequent respiratory infections, and anxiety
   (c) Pain relief, euphoria, drowsiness, constipation, sedation, and nausea
   (d) Energy, feelings of exhilaration, increased mental alertness, reduced appetite, and insomnia

3. Which of the following is a component of developing a treatment plan?

   (a) Boundary setting
   (b) Building rapport
   (c) Paraphrasing
   (d) Prioritizing

Domain 2: Treatment Planning, Collaboration, and Referral

4. The MOST important aspect of treatment planning is:

   (a) Formulating mutually agreed upon and measurable treatment goals with the client.

   (b) The counselor prioritizing the goals of the client based on the screening and assessment.

   (c) Collaboration and assessment with a treatment team to meet all the needs of the client.

   (d) Eliciting feedback from the family and concerned others of the client to determine the client's primary problem.

5. One of the four general principles that underlies Motivational Interviewing is:

   (a) Self-disclosure.

   (b) Active listening.

   (c) Express sympathy.

   (d) Asking open questions.

Domain 3: Counseling and Education

6. According to the transtheoretical Stages of Change Model, a person goes through all of the following stages except:

   (a) Preparation.

   (b) Action.

   (c) Preaction.

   (d) Maintenance.

7. When experiencing countertransference, a counselor's BEST course of action is to:

   (a) Seek consultation from their supervisor.

   (b) Explore these feelings during a group session with clients.

   (c) Sustain from providing further services to the client until the feelings are resolved.

   (d) Refer the client to another counselor to continue treatment.

Domain 4: Professional and Ethical Responsibilities

8. Abandonment during the referral process occurs when:

   (a) The client is not provided with a reasonable period of time to process termination.
   (b) A counselor does not make suitable arrangements for the client.
   (c) The decision to terminate is not based on the client's needs.
   (d) A client refuses to follow through with the referral.

9. A state of physical, emotional, intellectual, and spiritual depletion characterized by feelings of helplessness and hopelessness is referred to as:

   (a) Empathy fatigue.
   (b) Vicarious traumatization.
   (c) Burnout.
   (d) Compassion fatigue.

1	A
2	B
3	D
4	A
5	B
6	D
7	C
8	A
9	B
10	C