



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

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NOTE REGARDING THE ADC REFERENCE LIST

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 ADC exam. When ready, this list will be provided separately from the candidate guide.

Purpose of the Exam Candidate Guide

The purpose of the ADC Exam Candidate Guide is to provide candidates with specific information about the Alcohol and Drug Counselor (ADC) 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 Alcohol and Drug Counselor (ADC) Certification

Purpose	Recognizes the core competencies required for counselors addressing substance use and addiction issues.
Areas of Focus	Substance use assessment, counseling, case management, and prevention.
Target Audience	Entry-to-mid-level professionals working directly with individuals struggling with addiction.

Question Breakdown and Exam Length

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

ADC	
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 the Exam
Domain I: <i>Scientific Principles of Substance Use and Co-Occurring Disorders</i>	25%
Domain II: <i>Evidence-Based Screening and Assessment</i>	20%
Domain III: <i>Evidence-Based Treatment, Counseling, and Referral</i>	30%
Domain IV: <i>Professional, Ethical, and Legal Responsibilities</i>	25%

DOMAIN 1: Scientific Principles of Substance Use and Co-Occurring Disorders

- A. Recognize how addiction affects the brain (e.g., disease model, reward pathways, tolerance, and cravings)
- B. Identify risk factors for developing substance use disorders (e.g., trauma, family history)
- C. Identify behavior, patterns, and progressive stages of substance use disorders
- D. Differentiate among common substances of abuse and their characteristics
 - 1. Pharmacology (e.g., drug classifications, interactions, cross-tolerance)
 - 2. Signs and symptoms of intoxication and overdose
 - 3. Stages and symptoms of withdrawal
 - 4. Physiological, psychological, and social effects

- E. Identify signs and symptoms of co-occurring mental health conditions
- F. Identify signs and symptoms of co-occurring medical conditions (e.g., cirrhosis, respiratory deficits, sexually transmitted infections)

DOMAIN 2: Evidence-Based Screening and Assessment

- A. Utilize established interviewing techniques (e.g., Motivational interviewing, probing, questioning)
- B. Utilize established screening and assessment methods and instruments (e.g., ASI, ACE, SASSI)
- C. Identify methods and interpret results from drug and alcohol testing
- D. Utilize established diagnostic criteria for evaluating substance use (i.e., DSM)
- E. Assemble a comprehensive client biopsychosocial history (e.g., health, family, employment, collateral sources)
- F. Determine the course of action to meet the individual's immediate and ongoing needs
- G. Determine level of care based on placement criteria

DOMAIN 3: Evidence-Based Treatment, Counseling, and Referral

- A. Demonstrate practicing and responding to verbal and non-verbal communication skills
 - 1. Learning styles
 - 2. Communication styles (e.g., person-centered language)
- B. Recognize methods and opportunities to build rapport with clients
- C. Review client's patterns and methods of use
- D. Recognize and respond to emergency/crisis events (e.g., de-escalation)
- E. Recognize when to utilize and how to facilitate referrals for clients (e.g., case management, follow-up)

- F. Identify and respond to concerns related to specific populations (e.g., LGBTQ+, pregnancy, youth, justice-involved, housing insecure)
- G. Collaborate with multidisciplinary team, other professionals, and client supports (e.g., family) to determine and provide care
- H. Recognize the relationship between substance use and trauma
 - 1. Effect on client (e.g., adverse childhood experiences, domestic violence)
 - 2. Effect on counselor (e.g., vicarious trauma, burnout)
- I. Utilize methods to address client ambivalence or resistance to change
- J. Utilize best practices in developing and updating a treatment plan
 - 1. Goals and objectives
 - 2. Strategies and interventions (e.g., relapse prevention, coping skills)
- K. Identify available resources to meet client needs
- L. Utilize counseling approaches specific to group sessions
 - 1. Structured curriculum and process
 - 2. Group dynamics and cohesiveness
- M. Recognize elements of discharge planning
- N. Explore multiple pathways of recovery (e.g., MAT, holistic health, support groups)
- O. Utilize methods and techniques for providing feedback (e.g., reflection, reframing, clarification)
- P. Recognize when to terminate the counseling process

DOMAIN 4: Professional, Ethical and Legal Responsibilities

- A. Demonstrate professional boundaries and practice self-awareness regarding:
 - 1. Dual relationships
 - 2. Self-disclosure
- B. Develop and utilize multi-cultural perspectives throughout the counseling process
- C. Recognize and respond to issues that are outside the practitioner's scope of practice

- D. Demonstrate best practices in documentation
 - 1. Record keeping
 - 2. Storage
- E. Demonstrate compliance with confidentiality and privacy law
- F. Identify and address potential conflicts of interest
- G. Demonstrate compliance with informed consent guidelines
- H. Identify and utilize sources of supervision and consultation
- I. Recognize the grievance process and respond to client grievances
- J. Identify, respond, and advocate for diversity, inclusion, and equity in care
- K. Demonstrate adherence to established client/patient rights

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.

1. Family members of alcoholics are more vulnerable to physical illnesses, such as
 - a) broken legs.
 - b) arthritis.
 - c) cancer.
 - d) gastrointestinal problems.

2. A client is referred to a substance abuse counselor because of minor legal issues. The client disagrees with the referral because they don't see their drug use, which they consider minimal, to be a problem requiring counseling. Using Prochaska's Stages of Change, this client is in the
 - a) Action Stage.
 - b) Pre-contemplation Stage.
 - c) Maintenance Stage.
 - d) Contemplation Stage.

3. Cross-tolerance develops between alcohol and
 - a) cannabis.
 - b) amphetamines.
 - c) benzodiazepines.
 - d) opiates.

4. One of the MOST important tasks of the assessment process is to
 - a) determine if the client is eligible for treatment.
 - b) gather information from collateral sources.
 - c) identify referral sources.
 - d) rely primarily on self-reporting.

5. Which statement BEST describes the relationship between twelve-step programs and counseling?
- a) A client should be fully engaged in counseling before initiating participation in a twelve-step program.
 - b) A client participating in a twelve-step program should always review the twelve-step work with the counselor.
 - c) Twelve-step programs can complement counseling by providing an opportunity for self-care.
 - d) Participation in a twelve-step program should not be considered relevant to participation in counseling.
6. Which of the following is the MOST appropriate statement for a counselor to make to a client in addressing the counselor's limitations?
- a) "I am failing as a counselor because you are highly resistant to change."
 - b) "I can help you with this issue at a later time."
 - c) "I do not have the information or qualifications to help you with this problem."
 - d) "I have too many clients to devote adequate time to you."

Answer Key:

1	D
2	B
3	C
4	B
5	C
6	C