

The California Certification Board of
Alcohol and Drug Abuse Counselors

CCS Manual Volume 1

Rev. 7/2006, 3/2007, 11/2008, 3/2009

CCBADCC®

CCS®

Certified Clinical Supervisor Manual



“Offering
competency-based
certification to the
addiction professional”

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directions

1. ***TYPE OR PRINT USING BLACK INK ON ALL FORMS.***
2. Complete the application process **STEP BY STEP**. Do one section at a time.
3. Photocopy blank forms before making the entries.
4. Photocopy completed materials before sending them to CCBADC so that you will have a complete copy of your own portfolio.
5. Applications for certification will be reviewed when all the above materials have been received by the office.
6. Do not send your application until all sections are completed and signed where required.
7. ***IT IS THE CLINICAL SUPERVISOR'S RESPONSIBILITY TO NOTIFY CCBADC IN WRITING OF ANY CHANGES TO NAME, ADDRESS AND PHONE NUMBERS***
8. ***NO REFUNDS WILL BE GIVEN APPLICATIONS IN PROCESS WILL BE HELD BY CCBADC FOR 1 YEAR AND THEN DESTROYED, REQUIRING REAPPLICATION***

CCS Checklist

The following should be included in your CCS application:

- Application Form
- Formal education documentation
- Work experience documentation (including current job description)
- Didactic training documentation (for the **six** performance domains)
- Signed Ethics Code
- Signed Consent to Release Information
- Appropriate Application Fee
- Passport size photo (2X2)

Examination Deadlines:

Written Exam: Submit manual by the first Friday of February to take the written exam on the second Saturday in June or submit the manual by the first Friday in August for the exam on the second Saturday in December.

The following should be sent directly from selected individuals to the CCBADC office:

- Three (3) professional letters of reference, including one of whom supervised your clinical supervision

Photocopy your entire application and documentation for your records

Send original application, photocopies of documentation and check to: CCBADC, 3400 Bradshaw Rd., Suite A-5, Sacramento, CA 95827

Questions, problems or concerns can be addressed by calling the CCBADC Office, at (916) 368-9412 or by emailing counselors@caadac.org

The CCBADC

The California Certification Board of Alcohol and Drug Abuse Counselors (CCBADC) exists to enhance the quality of substance abuse services in California by certifying substance abuse professionals.

Through the establishment of a certification process for clinical supervisors, the CCBADC seeks to define the essential role and functions of the clinical supervisor in the chemical dependency continuum of care. This professional credential offers guidance to employers and consumers in the selection of clinical supervisors and conversely provides the clinical supervisor with a tool for marketing his or her unique skills and competence.

It is the belief of the CCBADC that demonstration of certain requisite knowledge and skills is related to the quality of services to the consumer. Thus, the California clinical supervisor certification process is based upon specific measurable competencies. In addition to demonstrating the knowledge and skill competencies described herein, applicants must also meet established education and experience requirements.

Definition

Clinical supervision is defined as a specific aspect of staff development dealing with the clinical skills and competencies for persons providing counseling. The format for supervision is commonly one-to-one and/or small groups on a regular basis. Methods for review often include case review and discussion, utilizing direct and indirect observation of a counselor(s) clinical work.

The CCS Manual contains information you will need to become certified, and will also be very useful after the certification process. Please keep this handbook to use as a referral source.

Purpose

The establishment of standards and a system of voluntary professional certification assures the opportunity for continued growth and development for clinical supervisors in the chemical dependency field. The purpose of the clinical supervision certification process includes but is not limited to:

1. To promote credibility of clinical supervisors;
2. To assure the public of a minimal level of competency in clinical supervisors;
3. To promote the delivery of competent, professional clinical supervision services;
4. To establish a recognized credential of professional competency which will allow for international reciprocity;
5. To establish guidelines for new clinical supervisors; and
6. To promote continued professional development for the clinical supervisor.

CORE FUNCTIONS (DOMAINS) OF THE CLINICAL SUPERVISOR

The following outline describes the recommended minimum knowledge base requirements for the Certified Clinical Supervisor. These Performance Domains are reflective of the International Certification and Reciprocity Consortium/Alcohol and Other Drug Abuse, Inc. requirements for didactic training in clinical supervision. Applicants for clinical supervision certification must document and verify at least 30 hours didactic training, including training in each of the following areas: Counselor Development, Professional and Ethical Standards, Program Development and Quality Assurance, Performance Evaluation, Administration, and Treatment Knowledge.

Counselor Development (6 hours minimum)

Build a supportive and individualized supervisory alliance, which includes teaching the purpose of clinical supervision, using it effectively and respecting professional boundaries.

Maintain a constructive supervisory learning environment that fosters awareness of oneself and others, motivation, self-efficacy, enthusiasm, and two-way feedback.

Demonstrate multicultural competencies and help supervisees develop skills of empathy and acceptance specific to working with culturally diverse clients.

Provide timely and specific feedback to supervisees on their conceptualization of client needs, attitudes towards clients, clinical skills, and overall performance of assigned responsibilities.

Create a professional development plan with supervisees that include mutually approved goals and objectives for improving job performance, a timeline for expected accomplishments, and measurements of progress and goal attainment.

Implement a variety of direct supervisory activities to teach and strengthen supervisees' theoretical orientation, professional ethics, clinical skills, and personal wellness.

Help supervisees recognize, understand, and cope with unique problems of transference and countertransference when working with clients and substance use disorders.

Educate supervisees regarding developments in the addictions and behavioral healthcare fields to ensure best practices in consumer care.

Encourage and help supervisees develop a personal wellness plan to manage their stress and avoid compassion fatigue and burnout.

Professional and Ethical Standards (6 hours minimum)

Practice only within one's areas of clinical and supervisory competence.

Ensure that supervisors and supervisees are familiar with and are adherent to relevant professional codes of ethics, client's rights documents, and laws and regulations that govern both counseling and clinical supervision practices.

Follow due process guidelines when responding to grievances and ensure that supervisees know

CCS Performance Domains

their rights as employees and understand the organization's employee grievance procedures.

Pursue personal and professional development by participating in related professional educational activities in order to improve supervisory competence.

Recognize the supervisees' unique personality, culture, lifestyle, values and attitudes, and other factors to enhance his/her professional development.

Ensure that supervisees inform clients about the limits of confidentiality.

Ensure that supervisees inform clients about supervision practices and obtain documented informed consent from clients as appropriate.

Use and teach supervisees various ethical decision-making models and monitor their use to ensure their ethical treatment of clients.

Understand the risks of dual relationships and potential conflicts of interest and maintain appropriate relationships at all times.

Provide timely consultation and guidance to supervisees in situations that present moral, legal, and/or ethical dilemmas.

Ensure that supervisees maintain complete, accurate, and necessary documentation, including detailed descriptions of critical situations.

Understand the reporting process for ethical violations to the appropriate professional organizations or regulatory authorities.

Intervene immediately and take action as necessary when a supervisee's job performance appears to present problems.

Maintain familiarity with consensus- and evidence-based best practices in the treatment of substance use disorders.

Seek supervision and consultation to evaluate one's personal needs for training and education, receive and discuss feedback on supervisory job performance, and implement a professional development plan.

Development and maintain a personal wellness plan for physical and mental health.

Program Development and Quality Assurance (6 hours minimum)

Structure and facilitate staff learning about specific consensus- and evidence-based treatment interventions, program service design, and recovery models relevant to the organization and the population it serves.

Understand the balance between fidelity and adaptability when implementing new clinical practices.

Advocate within the agency for ongoing quality improvement, including strategies for enhancing client access, engagement, and retention in treatment.

Support the organization's quality assurance plan and comply with all monitoring, documenting, and reporting requirements.

Develop program goals and objectives that are consistent with the organization's quality assurance plan.

Program development methods.

Facilitate development and implementation of professional quality improvement guidelines, forms, and instruments to monitor client outcomes and/or upgrade organizational performance.

Advocate for the organization's target population throughout the entire continuum of care as an agent of organizational change.

Build and maintain relationships with referral sources and other community programs to expand, enhance, and expedite service delivery.

Identify and assess program needs and develop a plan to improve clinical services and program development.

Performance Evaluation (6 hours)

Communicate agency expectations about the job duties and competencies, performance indicators, and criteria used to evaluate job performance.

Understand the concept of supervision as a two-way evaluation process with each party providing feedback to the other, including constructive sharing and resolution of disagreements.

Assess supervisees' professional development, cultural competence, and proficiency in the addiction counseling competencies.

Assess supervisees' performance of tasks and/or clinical functioning by interviews, observations, review of case records, use of evaluation tools, and client/family feedback.

Differentiate between counselor development issues and those requiring corrective action (e.g., ethical violations, incompetence).

Assess supervisees' preferred learning style, motivation, and suitability for the work setting.

Institute an ongoing formalized, proactive process that identifies supervisees' training needs, actively involves supervisees in conjointly reviewing goals and objectives, and reinforces performance improvement with positive feedback.

Communicate feedback clearly, including timely written feedback, regarding performance deficits, weak competencies, or harmful activities and ensure that supervisees understand the feedback.

Address and manage relational issues common to evaluation, including anxiety, disagreements, and full discussion of performance problems.

Self-assess for evaluator bias (e.g., leniency, overemphasis on one area of performance, favoritism, stereotyping) and conflict with other supervisory roles.

Adhere to professional standards of ongoing supervisory documentation, including written individual development plans, supervision session notes, written documentation of corrective actions, and written recognition of good performance.

Administration (6 hours minimum)

Ensure that comprehensive orientation is provided to new employees, including areas such as the organization's client population, mission, vision, policies, and procedures.

Develop, evaluate, and monitor clinical policies and procedures using regulatory standards to ensure compliance.

Involve the supervisees in designing and scheduling their activities to maintain clinically effective service delivery.

Participate in the hiring/termination, performance recognition, disciplinary action, and other personnel decisions to maintain high standards of clinical care.

Ensure workforce is trained to meet service delivery needs.

Treatment Knowledge (This domain is covered in the CADC II, therefore you do not have to complete additional hours.)

Have professional experience with and knowledge of the field of addictions, social and behavioral science, and self-help philosophy.

Understand the limitation of addiction treatment in general; its relationship to sustained, long-term recovery; and the specific limitation of the models or design in use by supervisees.

Understand the principles of addiction prevention and treatment.

Understand the addiction process and recovery management.

Understand the limitations of and appropriateness of assessment and evaluation tools utilized in the addiction field.

Understand the use of pharmacological interventions and interactions.

Applying for the CCS

Requirements for CCS

The CCS credential is reciprocal (certification is transferable to other states that belong to the International Certification and Reciprocity Consortium/Alcohol and Other Drug Abuse, Inc. and offer a reciprocal clinical supervisor credential) and requires verification of the following:

- ◆ Candidate must hold a current and valid Certified Alcohol and Drug Counselor credential
- ◆ Five (5) years (10,000 hours) of verifiable counseling experience as an AODA counselor
- ◆ Two (2) years (4,000 hours) of clinical supervisory experience in the AODA field. These two (2) years may be included in the five (5) years of counseling experience and must include the provision of 200 contact hours of face-to-face clinical supervision
- ◆ 30 hours of didactic training in clinical supervision. This must include training in each of the following areas: Assessment/Evaluation, Counselor Development, Management/Administration, and Professional Responsibility, Performance Evaluation, and Treatment Knowledge. (6 hours required in the first (5) domains. No additional education is required for Treatment Knowledge, it is covered in the CADC II certification process.)
- ◆ Passage of the ICRC written examination for certified clinical supervisors

Candidates must also provide:

- ◆ 3 letters of reference from individuals familiar with the applicant's work as a clinical supervisor, one of whom must have supervised the applicant's clinical supervision
- ◆ Signed Ethics Code & Consent to Release Information

Acceptable experience can be either volunteer or paid employment in which the applicant spends his/her time providing direct drug and alcohol services/activities or that the applicant spends his/her time providing supervision of services/activities. All relevant employment must be verified with letters from employers/volunteer coordinators, specifying alcohol, related duties. NOTE: In the case of part-time positions 2000 hours equals one year of experience. Applicants applying for certification must reside and/or work in the state of CA for at least 51% of the time to become certified at the reciprocal level.

Certification is granted for two (2) years and is renewable upon application to the board and by meeting the requirements as set forth by the board.

CCBADC does not discriminate against any applicant on the basis of race, sex, age, disabilities, national ancestry, religion, sexual orientation, or economic condition.

Fees

Application Fee

\$175- CAADAC Members

\$325 – Non Members

Certification will be granted contingent upon documentation of eligibility, submission of all required application materials and evidence of a passing score on the written examination. The following outlines the application, review and approval process.

1. Read the entire application packet/manual thoroughly.
2. Fill out all parts of the application. Print legibly or type application. Be sure to include all required attachments.
3. Ask three (3) individuals who know you professionally to write letters of reference for you. One of these individuals must be your immediate supervisor. The selected individuals must send their letters to the CCBADC Office prior to your application arriving.
4. Attach all required documentation to support your employment and education (i.e. letters from employers verifying your employment, current job description, transcripts, copies of training certificates, letters of attendance/participation).
5. A current job description is required. Job description must be dated and signed by applicant and supervisor and must reflect your actual job duties and responsibilities.
6. Complete and sign the Release page.
7. Sign the Code of Ethics.
8. Verify the completeness of your application by using the "CCS Checklist" on page 2 of this manual.
9. When application packet is completed, send all materials and application fee to CCBADC (fee must accompany application).
10. Once application is reviewed, you will be notified of the status of the application.

Questions?

Call the CCBADC Office at (916) 368-9412
Monday through Friday, 9:00 a.m. until 4:00 p.m.

how to apply

CLINICAL SUPERVISOR RE-CERTIFICATION POLICIES

It is the belief of the CCBADC that certified clinical supervisors should continue to demonstrate their competence to deliver quality alcohol/drug services. Re-certification is meant to obtain and enhance the ability of the clinical supervisor to serve clients.

Objectives:

1. To obtain current information.
2. To explore new knowledge.
3. To master new skills and techniques.
4. To expand approaches towards delivering AODA services.

Examples of continuing education that may apply:

1. College and university programs.
2. CCBADC - approved workshops and seminars, independent study, home study
3. In-service education
4. Programs provided by the State of California through the Department of Alcohol and Drug Programs

Criteria for Renewal of Certification (Every Two Years):

The applicant must have been certified previously by the California Certification Board of Alcohol and Drug Counselors (CCBADC) or have been granted reciprocity through the International Certification Reciprocity Consortium. Applicant must reside or work in the state of California a minimum of 51% of the time to qualify.

The applicant must submit a portfolio to CCBADC including a completed application form for Renewal of Certification, with a current, signed code of ethics. The application portfolio must include documentation on the application form, or attached sheet, of the completion of at least sixty (60) clock hours of education/training significant to the field of chemical dependency counseling. (30 Advanced education hours with current CAADAC provider number, including three (3) hours of ethics, 30 professional development hours, 6 hours of specific clinical supervision.)

Where a question exists about the relevancy of such, the applicant must demonstrate to CCBADC through further documentation (i.e., syllabus of course, workshop objectives, agendas, outcomes, letter from instructor, etc.) that such training should be considered valid and relevant toward fulfilling the applicant's re-certification requirements. It is essential that the applicant include all copies (not originals) of certificates, further documentation, etc., with his/her portfolio for renewal of certification to CCBADC. Failure to do so may result in CCBADC denying renewal of certification to the applicant.

All materials for Renewal of Certification must be received by the Secretary of CCBADC thirty (30) days prior to the scheduled date for renewal of certification. Any person who is certified by CCBADC and fails to apply for renewal of certification has a period of one cycle (six months) to renew his/her certification. Failure to do so will result in the need to apply for original certification. The current certification will not be extended through this period.

All materials sent to CCBADC by the applicant for the portfolio become the property of CCBADC and the applicant must agree to a personal interview and evaluation, conducted by the board or committee of the board, if so requested.

As a courtesy, an application for re-certification will be mailed to the address on file for each CCS approximately two (2) months in advance of the expected expiration date. Obtaining and returning re-certification materials is the responsibility of the CCS.

Fees

The applicant must submit the appropriate fees at the time of application (all fees are non-refundable)

Renewal of Certification Fee

\$48 CAADAC Member (CADC)

\$645 Non Members

Late Fees

(effective 30 days after expiration date).

Current CAADAC Member- \$70

Non-Member- \$138

RETURNED CHECKS AND DECLINED CREDIT CARDS WILL BE ASSESSED FEES OF \$30.00

Send Completed Re-Certification Portfolio to:

**California Certification Board of Alcohol & Drug Counselors
3400 Bradshaw Road, Suite A-S
Sacramento, CA 95827**

Inactive Status

The certification inactive status is provided for certified counselors who cease to work in the alcohol/drug field, for a period of time. The purpose is to provide a status for certified counselors who are temporarily leaving the field, unemployed or on extended illness. Inactive status is for two (2) years, unless additional periods of time are re-applied for by letter to the CCBADC board.

While on inactive status, a counselor may not use the acronyms CAC, CDC, CADC, CCS after their names except for purposes of seeking employment in the field of chemical dependency, i.e.: job application, resume, etc.

Application for Inactive Certification Status

Any certified counselor, CAC, CDC, CADC, or CCS whose certification has not yet expired may apply for inactive status by notifying the CCBADC of intent to secure inactive status. The CCBADC will provide the counselor an inactive status application. The counselor must complete the application and submit it to the CCBADC. A \$30 fee must accompany the application. Inactive Certification Status card (valid for two (2) years) will then be issued to the counselor.

Re-Activating Certification

Counselors seeking re-activate certification must notify the CCBADC of the intent to re-activate. The CCBADC then provides the counselor with a re-certification application.

The clinical supervisor completes the application, documenting thirty (30) hours of CAADAC provider approved continuing education, thirty (30) advanced hours and six (6) hours of clinical supervision training. The appropriate re-certification fee must accompany the application. The application and fee must be submitted before expiration of inactive status.

Lapsed CAC, CDC, CADC or CCS Credential

The following are considered “lapsed credentials: a California **CAC, CDC, CADC or CCS** credential that has been active for an approved two year period and has not been renewed at the expiration of that two year period; a military or other out of state credential that has been granted contingency reciprocity by California and given an expiration date to meet California certification standards and failed to do so by that expiration date; and the counselor fails to provide sufficient documentation for renewal; a military or other out of state certification that grants certification for more than a two year period will be limited to two years in the state of California. The applicant must renew certification at the assigned date to avoid a lapsed credential.

In case of certification suspension or revocation the applicant is responsible to meet any and all contingencies that will result in further certification in California.

Disciplinary and Appeal Procedures

Purpose:

The following process is established to provide an avenue through which persons can file complaints about the professional conduct of certified clinical supervisors or an applicant to the CCBADC certification system. This process is to be used to adjudicate complaints that have been found to be irreconcilable through other means. Prior to employing this process, persons are encouraged to attempt to resolve the situation through other means. If these means fail or do not satisfactorily resolve the circumstances, the ethical review process may be the appropriate vehicle for addressing the complaint.

Authority of the Ethical Review Board (ERB)

The convened Ethical Review Board (ERB) has the authority to: investigate a complaint, mediating when possible; determine the validity of the complaint; conduct a hearing on valid complaints; recommend a disposition on a valid complaint to the Certification Board; and dismiss invalid complaints.

Rules & Policy

The ERB has access to relevant files of Certified Clinical Supervisor's in the CAADAC office. The respondent and complainant will be notified that the ERB has opened their files and for what purposes. The ERB may not meet or take action without the presence of a quorum. Three voting members shall constitute a quorum. All information and communications pertaining to the ethical review process shall be held confidential by CCBADC Board members, ERB members and all staff members. The ERB may request a continuance on the time frames from the Certification Board. The ERB may grant continuances to the complainant/respondent. In the event the complainant withdraws the complaint, the ERB reserves the right to proceed to consider the circumstance in the interest of the profession.

Basis of Complaint:

Complaints may be filed against a certified clinical supervisor or an applicant to the CCBADC administered certification system for a violation of the Code of Ethics of the certified clinical supervisor.

Filing a Complaint:

Any individual may file a complaint against a certified clinical supervisor or against someone seeking certification by submitting a written complaint, which includes:

1. The full name and address of the complainant;
2. The full name, address and telephone number of the respondent; and
3. A concise statement of the facts which clearly and accurately describe the allegations against the respondent. Whenever possible, the complainant shall identify the specific Principle violated.

The complaint shall be sent by first class mail to:

CCBADC Ethic Review Board
3400 Bradshaw Road, Suite A-5
Sacramento, CA 95827

Once a complaint has been filed with the CCBADC board, no one must attempt to influence members of

the board on the issue outside the official procedures allowed for the ethical review process.

Handling of the Ethical Complaint:

Once a written complaint is received by the chairperson of the Certification Board, the chairperson or his/ her designate will determine if it has been filed in the proper form. This determination will be made within three (3) working days of the date of receipt of the written complaint by the chairperson.

If the complaint has not been filed in the proper form, it shall be returned to the complainant with an explanation of why the complaint was not accepted and with recommendations of what is necessary to bring the complaint into compliance with CCBADC rules.

If the complaint has been filed in the proper form, the Chairperson of the Certification Board will appoint an ERB and the Certification Board will appoint a Certification Board Liaison to it. The complaint will be transmitted to this Board within fifteen (15) days of the receipt of the complaint.

The ERB will acknowledge; in writing, to the complainant the receipt of the complaint. The ERB shall meet within thirty (30) days of the receipt of the complaint. The purpose of this meeting will be to determine if the complaint merits consideration and investigation. The parties' right to be present will apply ONLY to the formal hearing. The ERB will notify the complainant, in writing, if the complaint is found to be of merit or if the complaint has been dismissed, within ten (10) days of its findings. Upon receipt of this written statement, the ERB will determine if the complaint merits further investigation or dismissal.

In the written statement, the respondent may choose to indicate that he/she does not plan to contest the complaint and may waive the right to a hearing. In such instance, the Board will recommend a disposition and remand the case to the Certification Board for action within thirty (30) days of the receipt of the respondent's written statement to the ERB. If no written response is received, and/ or if the respondent refuses to cooperate with the ERB, the Board may rule in favor of complaint.

Hearing Procedure:

The hearing shall be convened at a time and place reasonable convenient to the respondent, complainant, and the ERB. The complainant and respondent shall be notified in writing of the date, time, and location of the hearing. The complainant and respondent also shall be notified of their rights in relation to the hearing. These rights include: the right to be present and to present evidence; the right to have witnesses present; the right to cross-examine; and the right to be represented by counsel at one's own expense; the right to file a notarized written statement in lieu of appearing at the hearing; the right to request a postponement or a rescheduling of hearing; and the right to be notified of the outcome of the hearing process and to be notified of the disposition of the complaint. The hearing shall be conducted and moderated by the Ethical Review Board.

Hearing Policy

Parties may request that a record verbatim (transcript) be taken of the hearing. The party making the request, however, must bear the expense of having that record taken. All written materials related to the complaint shall be maintained in the CCBADC office. Failure of the complainant to appear or participate in the hearing may result in the dismissal of the complaint.

The ERB may invite additional parties to the hearing. These parties should be restricted to individuals who have first-hand knowledge of the situations that led to the complaint. If the Board makes such requests for attendance, CCBADC will bear the expense of travel costs for those individuals.

The ERB reserves the right to interview other persons in reference to the complaint. The ERB shall notify the complainant and respondent at the hearing of the identities of those who have been contacted and consulted in reference to the investigation of the complaint. The ERB shall not be bound by the common law or statutory rules of evidence.

Ethical Review Board Responsibilities Following the Hearing

Within thirty (30) days of the conclusion of the hearing, the ERB shall forward to the chairperson of the Certification Board its written report. The report shall include the following: a summary of the case; a reconstruction of the process used by the ERB to handle the complaint; the rationale for the recommended disposition; the ERB's recommendation for the disposition of the case, which will be one of the following:

- a. Dismissal of the charge(s)
- b. Reprimand and recommendation that certification be granted
- c. Recommendation certification be denied
- d. Recommendation certification be denied, but with a specified time period for new application's to be considered.

Any member of the ERB may file a written minority report to the Certification Board.

Disposition of Complaints

The Certification Board shall review the report(s) and recommendation(s) of the ERB at the Certification Board's next regularly scheduled meeting. Any member of the ERB may be present at this meeting. The Certification Board shall within ten (10) days of its meeting issue written findings and the disposition of the complaint.

The Certification Board may take one of the following actions: dismiss the charge(s); issue a reprimand and grant certification; deny certification; deny certification, but with a specific time period for a new application to be considered; return the report to the ERB for further consideration with specific directives; adjourn the ERB that reviewed the complaint and convene a new ERB to review the work of the original Board, and to report its recommendation to the Certification Board within thirty (30) days.

The complaint and respondent will be notified in writing by the Certification Board of these findings and of the disposition. The respondent shall be notified in writing that the Certification Board's decision may be appealed.

Appeals

The person whose complaint has been dismissed by the Certification Board may appeal the Certification Board's decision to the Board of Directors according to the 'Appeal Process' as outlined herein.

The Individual must file an appeal within thirty (30) days of the notification of the Certification Board's action. An individual shall be considered notified three (3) days after the relevant date of mailing by Certified Mail, Return Receipt Requested. When hearing the appeal, the Board of Directors may take any of the following actions: uphold the decision of the Certification Board; rule that the Certification Board's decision is valid, yet impose a lesser/greater form of censure; overrule the Certification Board's decision, while still affirming the validity of the process.

The Appeal Process

The appeal process for those refused or not receiving certification, or those denied certification renewal, or those having certification suspended or revoked, or for any other

Certification Board ruling, will consist of the individual petitioning the Board of Directors. The purpose of appeal is solely to determine if the Certification Board has accurately, adequately and fully reviewed the applicant's complaint.

The petition requesting an appeal must be made in writing, to the chairperson of the Certification Board, within thirty (30) days of the notification of the Certification Board's action. A person shall be considered notified three (3) days after the relevant date of mailing by CAADAC by Certified Mail, Return Receipt Requested.

The chairperson of the Certification Board or a person designated by the chairperson, shall formally acknowledge the receipt of the appeal request within three (3) days of its receipt in the CCBADC principle office. The chairperson of the Certification Board, or his/her designate, shall, within thirty (30) days, transmit the appeal request to the Appeal Committee of the Board of Directors, who in turn, shall conduct a hearing to determine if the appeal should be heard by the Board of Directors. The Appeal Committee shall schedule that hearing within ninety (90) days of the receipt of the appeal request by the Appeal Committee.

Notification of the time, place and date of the Appeal Committee hearing shall be sent by Certified Mail, Return Receipt Requested, to the person making the appeal request. The person making the appeal request has the right to appear at the hearing, has the right to counsel (at his own expense), and has the right to have witnesses present. The person requesting the appeal may request that the record of the proceedings be made. It is understood, however, that the person requesting the appeal must bear the expense of having such record taken.

After hearing the person's request for an appeal, the Appeal Committee, by a simple majority vote of the quorum, may forward the appeal to the Board of Directors with its recommendations, or may deny the request.

If the appeal request is denied by the Appeal Committee, the person making the appeal request is informed of his/her right to take the appeal directly to the full Board of Directors, against the advice of the Appeal Committee. The person making the appeal request shall notify the chairperson of CCBADC of a subsequent appeal request within thirty (30) days of the notification of the Appeal Committee Decision.

If the appeal is forwarded for action to the Board of Directors, the Board of Directors will review the case within 120 days. In reviewing the appeal, the Board of Directors has the power to: overturn the decision of the Certification Board; deny the appeal, thus upholding the decision of the Certification Board; or return the individual's file to the Certification Board with instructions and/or recommendations.

If returned to the Certification Board, the Certification Board has ninety (90) days to act on the Board of Directors' recommendations. The final decision on the case rests with a majority vote of the quorum of the Board of Directors. The person making the appeal shall be notified of the Board of Directors' decision within thirty (30) days of this action by the Board of Directors. Members of the Board of Directors, serving on the Certification Board at the time the action being appealed was made, shall not serve on the Appeal Committee or participate in any fashion in that appeal process.

Definitions

Repeal:

The repeal of certification shall be used to indicate that certification should not have been issued initially, and, therefore, certification is being withdrawn, In essence, or retracted. The

disposition of repeal should be used only in the following instances: when a respondent's certification has expired; when a respondent's certification is not 'in good standing' (i.e., fees have not been paid); when the Certification Board receives and rules on a complaint based on falsification of data submitted to obtain or retain certification.

Suspension:

A single suspension shall be effective for not less than sixty (60) days and not more than one hundred eighty (180) calendar days, the dates to be designated by the Certification Board.

The Certification Board may, at its discretion, stipulate that specific conditions be met prior to the removal of the suspension. The Certification Board shall be responsible for documenting that these conditions have been met. In all cases, the Certification Board shall review all suspensions at least twenty (20) days prior to the end of the suspension period. In the event that a counselor's certification expires during the suspension period, the counselor may submit his/her certification for renewal form at the end of his/her suspension period.

Revocation:

Revocation shall be invoked for a period of not less than twenty-four (24) months. The Certification Board may, at its discretion, stipulate that specific conditions be met prior to an individual making a reapplication for certification.

If an individual has had his/her certification revoked, the individual may reapply for certification after the minimum twenty-four (24) month period. The Certification Board's action on this reapplication shall be contingent upon the Certification Board's conviction that the situation that caused the revocation of certification had been corrected.



**The
Certified Clinical Supervisor
Portfolio**

CCS (Reciprocal)

**APPLICANTS FOR CERTIFIED CLINICAL SUPERVISOR
“CONSENT TO RELEASE INFORMATION”**

**To the California Certified Board of Alcohol and Drug Abuse Counselors
(herein referred to as “CCBADC”):**

1. I have presented full information concerning education, licensure, certification, accreditation, prior experience, special skills and certificates, as well as full disclosure of any unfavorable history with regard to licensure and prior employment.
2. You are requested and permitted to seek from my present employer or any prior employer/institution/agency/person with which I have been associated; information concerning my professional competence and ethical character, including any knowledge or information as to whether my membership status or professional privileges have ever been suspended, revoked, reduced, or not renewed at any other agency or institution.
3. I hereby authorize CCBADC to consult with the professional staffs of other facilities with which I have been associated, and with any other persons who may have information on competence, character and ethical qualifications.
4. I hereby consent to CCBADC inspection of all records and documents that may be material to an evaluation for the certification requested.
5. I hereby release from liability all representatives of CCBADC for acts performed in good faith and without malice concerning the evaluation of my credentials.
6. I hereby release from any liability all individuals and organizations who provide information to CCBADC in good faith and without malice concerning my competence, ethics, character, and other qualifications for certification, including otherwise privileged or confidential information.
7. I understand that any misrepresentation, deliberate erroneous information, or omission of significant information relevant to my qualifications, and competence for certification now or in the future will result in negative action by CCBADC. This may include or up to denial of certification, suspension, or revocation of certification, or legal action.

PRINTED NAME OF APPLICANT

SIGNATURE

DATE

Clinical Supervisor Application Recommendation Tracking Form

Please provide the following information about persons providing letters of recommendation:

Recommendation 1 (Supervisor):

Mr. / Ms. NAME: _____

Title/Position: _____

Company/Organization: _____

ADDRESS: _____

CITY _____ STATE _____ ZIP CODE _____

PHONE: (____)____-_____

Recommendation 2:

Mr. / Ms. NAME: _____

Title/Position: _____

Company/Organization: _____

ADDRESS: _____

CITY _____ STATE _____ ZIP CODE _____

PHONE: (____)____-_____

Recommendation 3:

Mr. / Ms. NAME: _____

Title/Position: _____

Company/Organization: _____

ADDRESS: _____

CITY _____ STATE _____ ZIP CODE _____

PHONE: (____)____-_____

RECORD OF EDUCATION

The California Certified Clinical Supervisor Specialist credential is reciprocal and transferable to other states that belong to the International Certification and Reciprocity Consortium/Alcohol and Other Drug Abuse, Inc. and offer a reciprocal clinical supervisor credential. This credential requires verification of thirty (30) hours of didactic training in clinical supervision.

List education received to-date and attach documentation that supports participation. Please note that all college work must be supported by an official transcript. Note any special knowledge or training you have that you consider to be relevant. List any special licenses, certificates, professional organizations or awards you feel support this application.

FORMAL EDUCATION:	NAME AND LOCATION OF SCHOOL:	DATES ATTENDED	DATE GRADUATED:	DEGREE, CERTIFICATE (NUMBER OF CREDITS/HOURS):
HIGH SCHOOL				
COLLEGE				
GRADUATE SCHOOL				
LEARNING INSTITUTE				

RECORD OF TRAINING

List all training and academic courses that are relevant to core areas. Applicants must submit copies of training certificates or other verification of attendance and request that college transcripts be sent to CCBADC. Reproduce this form as needed to record all appropriate education. Attach certificates verifying training in the order in which courses are listed. Hours of education/training are measured at 60 min. = 1 Clock hour. College credits are measured by the hours described in official college transcripts.

CORE AREA	ACTIVITY/COURSE	CLOCK HOURS	LOCATION/DATE	SPONSOR/TRAINER

CLINICAL SUPERVISOR EXPERIENCE

All relevant experience and/or supervision must be verified with letters from employers/volunteer coordinators, specifying AODA and supervision related duties and responsibilities. NOTE: One year full-time equals 2,000 hours. List your most recent work experience first.

Name of Agency

Full Time Part Time
Circle One

Immediate Supervisor

Total Hours: _____

Address

City

State

Zip Code

(____) _____

Phone

Job Title/Primary Duties:

Name of Agency

Full Time Part Time
Circle One

Immediate Supervisor

Total Hours: _____

Address

City

State

Zip Code

(____) _____

Phone

Job Title/Primary Duties:

CERTIFIED CLINICAL SUPERVISOR CODE OF ETHICS

Principle 1: Non-discrimination

The Clinical Supervisor should not discriminate against clients or professionals based upon race, religion, sex, age, handicaps, national ancestry, sexual orientation or economic conditions.

Principle 2: Responsibility

The Clinical Supervisor should espouse objectivity and integrity, and maintain the highest standards in the services the Clinical Supervisor offers.

- A. The Clinical Supervisor, as teacher, should recognize the supervisor's primary obligation to help others acquire knowledge and skill in dealing with the disease of chemical dependency.
- B. The Clinical Supervisor, as practitioner, should accept the professional challenge and responsibility deriving from the supervisor's work.

Principle 3: Competence

The Clinical Supervisor should recognize that the profession is founded on International Standards of competence, which promote the best interests of society, of the client, of the counselor and the profession as a whole. The supervisor should recognize the need for ongoing education as a component of professional competency.

- A. The Clinical Supervisor should prevent the practice of alcoholism and drug abuse counseling by unqualified and unauthorized persons.
- B. The Clinical Supervisor who is aware of unethical conduct or of unprofessional modes of practices should report such violations to the appropriate certifying authority.
- C. The Clinical Supervisor should recognize boundaries and limitations of counselor's competencies and not offer services or use techniques outside of these professional competencies.
- D. The Clinical Supervisor should recognize the effect of professional impairment on professional performance and should be willing to seek appropriate treatment for oneself or for a colleague. The supervisor should support peer assistance programs in this respect.

Principle 4: Legal Standards and Moral Standards

The Clinical Supervisor should uphold the legal and accepted moral codes, which pertain to professional conduct.

- A. The Clinical Supervisor should not claim directly or by implication, professional qualifications/affiliations that the supervisor does not possess.
- B. The Clinical Supervisor should not use the affiliation with the California Association of Alcoholism and Drug Abuse Counselors for purposes that are not consistent with the stated purposes of the Association.
- C. The Clinical Supervisor should not associate with or permit the supervisor's name to be used in connection with any services or products in a way that is incorrect or misleading.
- D. The Clinical Supervisor associated with the development or promotion of books or other products offered for commercial sale should be responsible for ensuring that such books or products are presented in a professional and factual way.

Principle 5: Public Statements

The Clinical Supervisor should respect the limits to present knowledge in public statements concerning alcoholism and other forms of drug addiction.

- A. The Clinical Supervisor who represents the field of alcoholism counseling to clients, other professionals, or to the general public should report fairly and accurately the appropriate information.
- B. The Clinical Supervisor should acknowledge and document materials and techniques used.
- C. The Clinical Supervisor who conducts training's in alcoholism or drug abuse counseling skills or techniques should indicate to the audience the requisite training/qualifications required to properly perform these skills and techniques.

Principle 6: Publication Credit

The Clinical Supervisor should assign credit to all who have contributed to the published material and for the work upon which the publication is based.

- A. The Clinical Supervisor should recognize joint authorship, major contributions of a professional character made by several persons to a common project. The author who has made the principal contribution to a publication should be identified as first listed.
- B. The Clinical Supervisor should acknowledge in footnotes or an introductory statement minor contributions of a professional character, extensive clerical or similar assistance and other minor contributions.
- C. The Clinical Supervisor should acknowledge, through specific citations, unpublished, as well as published material, that directly influences the research or writing.
- D. The Clinical Supervisor who compiles and edits for publication the contributions of others should list oneself as editor, along with names of those who have contributed.

Principle 7: Client Welfare

The Clinical Supervisor should respect the integrity and protect the welfare of the person or group with whom the supervisor is working.

- A. The Clinical Supervisor should define for self and others the nature and direction of loyalties and responsibilities and keep all parties informed of these commitments.
- B. The Clinical Supervisor, in the presence of professional conflict should be concerned primarily with the welfare of the client.
- C. The Clinical Supervisor should terminate a counseling or consulting relationship when it is reasonably clear that the client is not benefiting from it.
- D. The Clinical Supervisor, in referral cases, would assume the responsibility for the client's welfare either by termination by mutual agreement and/or by the client becoming engaged with another professional. In situations when a client refuses treatment, referral or recommendations, the supervisor should carefully consider the welfare of the client by weighing the benefits of continued treatment or termination and should act in the best interest of the client.
- E. The Clinical Supervisor who asks a client to reveal personal information from other professionals or allows information to be divulged should inform the client of the nature of such transactions. The information released or obtained should be used for expressed purposes only.
- F. The Clinical Supervisor should not use a client in a demonstration role in a workshop setting where such participation would potentially harm the client.
- G. The Clinical Supervisor should ensure the presence of an appropriate setting for clinical work to protect the client from harm and the supervisor and the profession from censure.
- H. The Clinical Supervisor should collaborate with other health care professionals in providing a supportive environment for the client who is receiving prescribed medications.

Principle 8: Confidentiality

The Clinical Supervisor should embrace, as a primary obligation, the duty of protecting the privacy of clients and should not disclose confidential information acquired, in teaching, practice or investigation.

- A. The Clinical Supervisor should inform the client and obtain agreement in areas likely to affect the client's participation including the recording of an interview, the use of interview material for training purposes, and observation of an interview by another person.
- B. The Clinical Supervisor should make provisions for the maintenance of confidentiality and the ultimate disposition of confidential records.
- C. The Clinical Supervisor should reveal information received in confidence only when there is clear and imminent danger to the client or to other persons, and then only to appropriate professional workers or public authorities on a need to know basis.
- D. The Clinical Supervisor should discuss the information obtained in clinical or consulting relationships only in appropriate settings, and only for professional purposes clearly

concerned with the case. Written and oral report should present only data germane to the purpose of the evaluation and every effort should be made to avoid undue invasion of privacy.

- E. The Clinical Supervisor should use clinical and other material in classroom teaching and writing only when the identity of the persons involved is adequately disguised.

Principle 9: Client Relationships

The Clinical Supervisor should inform the prospective client of the important aspects of the potential relationship.

- A. The Clinical Supervisor should inform the client and obtain the client's agreement in areas likely to affect the client's participation including the recording of an interview, the use of interview material for training purposes, and observation of an interview by another person.
- B. The Clinical Supervisor should inform the designated guardian or responsible person of the circumstances which may influence the relationship, when the client is a minor or incompetent.
- C. The Clinical Supervisor should not enter into a professional relationship with members of one's own family, intimate friends or close associates, or others whose welfare might be jeopardized by such a dual relationship.
- D. The Clinical Supervisor should not engage in any type of sexual activity with a client.

Principle 10: Interprofessional Relationships

The Clinical Supervisor should treat colleagues with respect, courtesy and fairness, and should afford the same professional courtesy to other professionals.

- A. The Clinical Supervisor should not offer professional services to a client in counseling with another professional except with the knowledge of the other professional or after the termination of the client's relationship with the other professional.
- B. The Clinical Supervisor should cooperate with duly constituted professional ethics committees and promptly supply necessary information unless constrained by the demands of confidentiality.

Principle 11: Remuneration

The Clinical Supervisor should establish financial arrangements in professional practice and in accord with the professional standards that safeguard the best interests of the client, of the counselor and of the profession.

- A. The Clinical Supervisor should consider carefully the ability of the client to meet the financial cost in establishing rates for professional services.
- B. The Clinical Supervisor should not send or receive any commission or rebate or any other form of remuneration for referral of clients to professional services. The

Supervisor should not engage in fee splitting.

- C. The Clinical Supervisor in clinical or counseling practice should not use one's relationship with clients to promote personal gain or the profit of an agency or commercial enterprise of any kind.
- D. The Clinical Supervisor should not accept a private fee or any other gift or gratuity for professional work with a person who is entitled to such services through an institution or agency. The policy of a particular agency to make explicit provisions for private work with its client by members of its staff, and in such instances the client must be fully appraised of all policies affecting the client.

Principle 12: Societal Obligations

The Clinical supervisor should advocate in public and legislation to afford opportunity and choice for all persons whose lives are impaired by the disease of alcoholism and other forms of drug addiction. The supervisor should inform the public through active civic and professional participation in community affairs of the effects of alcoholism and drug addiction and should act to guarantee that all persons, especially the needy and disadvantaged, have access to the necessary resources and services. The Clinical Supervisor should adopt a personal and professional stance which promotes the well being of all human beings.

*The undersigned hereby understands and agrees to comply with the code of ethics as outlined in this document. **The undersigned also agrees to abide by the California Department of Alcohol and Drug Program Administrations Code of Conduct outlined in Chapter 8; Subchapter 3, Section 13060. The undersigned also understands and consents to the release of information pertaining to any ethical violation(s) and/or sanctions as part of the process of becoming a CAADAC member, registrant, or a certificant. The information may be disclosed to the California Alcohol/Drug Program Administration and to the California state-approved certification bodies. I agree to cooperate with complaint investigations and supply information requested during complaint investigations unless such disclosure of information would violate the confidentiality requirements of Subpart 2, Title 42, Code of Federal Regulations.*

Signature Date

Print or Type Name