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***System for Certification of
Alcohol and/or Drug Counselors
In the State of California***



**Certification Handbook
FOR: CADCA, CADC I & CADC II**

*Revised January, 1988
Revised April, 1988
Revised November, 1989
Revised July, 1990
Revised April, 1991
Revised January, 1992
Revised May, 1992
Revised January, 1993
Revised January, 1994
Revised January, 1995
Revised March, 1996
Revised March, 2001
Revised September, 2001
Revised June, 2003
Revised June, 2006
Revised March, 2007
Revised March, 2008
Revised November, 2008*

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CCBADC CERTIFICATION HANDBOOK

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CERTIFIED ALCOHOL AND DRUG COUNSELOR ASSOCIATE (CADCA) (Formerly Registered Alcohol and Drug Intern (RADI))

CRITERIA FOR WRITTEN EXAMINATION:

After meeting all education requirements and passing the portfolio review, the applicant may sit for the written examination. The applicant will be offered the status of Certified Alcohol and Drug Counselor Associate. Upon completion of an additional 3,745* hours of counseling at an agency, the candidate sits for the Case Presentation Method, CPM to receive the CADC-I certificate. A total of 6,000* hours is required for CADC-II.

** That a maximum of 250 hours of an intern's 4,000 required work experience hours, maybe acquired in CAADAC approved workshops if desired.*

CRITERIA FOR CADCA STATUS: The criteria listed below will be effective September, 2001. The education requirements include the eight performance domains described in this manual and the supervised practicum. See Section VI, Educational Requirements, ICRC Role Delineation Study, for the elements of each domain.

- Performance Domain 1: Clinical Evaluation
- Performance Domain 2: Treatment Planning
- Performance Domain 3: Referral
- Performance Domain 4: Service Coordination
- Performance Domain 5: Counseling
- Performance Domain 6: Client, Family and Community Education
- Performance Domain 7: Documentation
- Performance Domain 8: Professional and Ethical Responsibilities

REQUIRED: SUPERVISED PRACTICUM (INTERNSHIP). This requirement includes 21 hours in each of the 12 Core Functions expected of the substance counselor, performed in an approved clinical setting.

CADCA STATUS CONDITIONS:

1. CADCA status will be granted for two (2) years.
2. CADCA status can be renewed for two (2) years. Renewal fee for CAADAC Member \$100. Non-Member \$645.00.
3. **Forms to be submitted for CADCA:** Application, Autobiographical Assessment, Practicum Log, Internship Evaluation, General Evaluation, and all required fees. **Documentation to be submitted for CADCA;** Signed Code-of-Ethics and Scope-of-Practice, transcript (original from college), course descriptions, as stated in the syllabus of each course or listed in the official school catalog, to be furnished by the applicant, unless the applicant is taking the course in a CAADAC accredited program. For any course taken at an institution, not CAADAC approved applicant must furnish the course description. Also to be furnished are letters of recommendation, two (2) peer letters of support (must be typed), resume and original photo (2"x2") (copies not accepted)

4. Portfolio	\$145.00	\$265.00	(Paid when portfolio submitted)
Written Exam	\$124.00	\$200.00	(Paid when portfolio approved)

***All fees are non-refundable.*

CALIFORNIA CERTIFICATION BOARD OF ALCOHOL AND DRUG COUNSELORS Certified Alcohol and Drug Counselor-I (CADC-I)

CRITERIA FOR CERTIFICATION: The criteria listed below will be in effect January 1987.

I. The following minimum experience and education will be required of all applicants for **CERTIFIED ALCOHOL AND DRUG COUNSELOR (CADC-I):**

A. Two (2) years of full-time supervised employment as an alcoholism counselor or drug counselor or 4,000* clock hours of supervised counseling work experience, to include 255 hours of supervised field work practicum (described in 2.B.), 315 hours of "approved alcohol and drug training education in the eight performance domains" (including the 45 hours for supervised practicum course described in I.B.).

315 hours = 270 class hours (6 classes)
+ 45 hours practicum class (7th class) total =300 Sup Practicum
4,000* hours includes 255 hours of field placement experience.

Supervised counseling hours completed in a qualified setting prior to beginning a course of study in alcohol and drug education may be included in the 4,000 hours/two year work experience requirement.

** That a maximum of 250 hours of an intern's 4,000 required work experience hours, maybe acquired in CAADAC approved workshops if desired.*

B. Completion of 300 hours, supervised practicum to be divided as follows:

1. Supervised Practicum Course = 45 hours
2. Supervised Field Work Practicum: field placement experience that must include a minimum of 21hours in each of the 12 core functions.
 - a .agency orientation = 3 hours
 - b. core function areas = 252 hours
 - Total = 300 hours**

The areas of alcohol/drug counseling to be covered, known as "core functions," include:

(1) Screening, (2) Intake, (3) Orientation, (4) Assessment, (5) Treatment Planning, (6) Counseling (individual, group, and significant others), (7) Case Management, (8) Crisis Intervention, (9) Client Education, (10) Referral, (11) Reports and Recordkeeping, (12) Consultation (with other professionals in regard to client treatment and services).

NOTE: If hours are for volunteer work - 4,000 hours of documented, supervised, volunteer alcohol and other drug counseling experience is equivalent to two (2) years of full-time employment.**

The applicant will send to the address specified on the application form all records required as listed below, the completed application form and all required fees. Persons furnishing completed evaluation forms are to mail them directly to the address listed on the evaluation form.

Evaluation forms submitted by:

1. Director of supervised field experience and/or
2. Supervisor/project director of employing agency
3. For those applicants who are self-employed, a letter of recommendation, in lieu of a supervisor's evaluation form, from a current CADC-I, CADC-II, who is familiar with applicant's work.

II. Letters of recommendation: Two (2) peer letters of support from coworkers/colleagues in the chemical dependency field.

CALIFORNIA CERTIFICATION BOARD OF ALCOHOL AND DRUG COUNSELORS Certified Alcohol & Drug Counselor-II (CADC-II)

CRITERIA FOR CERTIFICATION: The criteria listed below will be in effect January 1988.

I. The following minimum experience and education will be required of all applicants for **CERTIFIED ALCOHOL & DRUG COUNSELOR-II (CADC-II)**:

A. Three (3) years of full-time supervised employment as a chemical dependency counselor or 6,000* clock hours of supervised counseling work experience, to include 255 hours of supervised field work practicum (described in I.B.), 315 hours of "approved alcohol and drug training education in the eight performance domains " (including the 45 hours for supervised practicum course described in I.B.).

315 hours = 270 class hours (6 classes)
+ 45 hours practicum class (7th class)

6,000* hours includes 255 hours of field placement experience.

Supervised counseling hours completed in a qualified setting prior to beginning a course of study in alcohol and drug education may be included in the 6,000 hours/three year work experience requirement.

* *That a maximum of 250 hours of an intern's 4,000 required work experience hours, maybe acquired in CAADAC approved workshops if desired.*

B. Completion of 300 hours, supervised practicum to be divided as follows:

- | | | |
|--|---|------------------|
| 1. Supervised Practicum Course | = | 45 hours |
| 2. Supervised Field Work Practicum: field placement experience that must include a minimum of 21 hours in each of the 12 core functions. | | |
| a. agency orientation | = | 3 hours |
| b. core function areas | = | 252 hours |
| Total | = | 300 hours |

The areas of alcohol/drug counseling to be covered, known as "core functions," include:

(1) Screening, (2) Intake, (3) Orientation, (4) Assessment, (5) Treatment Planning, (6) Counseling (individual, group, and significant others), (7) Case Management, (8) Crisis Intervention, (9) Client Education, (10) Referral, (11) Reports and Recordkeeping, (12) Consultation (with other professionals in regard to client treatment and services).

NOTE: If hours are for volunteer work - 6,000 hours of documented, supervised, volunteer alcohol and other drug counseling experience is equivalent to three (3) years of full-time employment.**

The applicant will send to the address specified on the application form all records required as listed below, the completed application form and all required fees. Persons furnishing completed evaluation forms are to mail them directly to the address listed on the evaluation form.

Evaluation forms submitted by:

1. Director of supervised field experience and/or
2. Supervisor/project director of employing agency
3. For those applicants who are self-employed, a letter of recommendation, in lieu of a supervisor's evaluation form, from a current CADC-I, CADC-II, who is familiar with applicant's work.

II. Letters of recommendation: Two (2) peer letters of support from coworkers/colleagues in the chemical dependency field.

III. The applicant must document on the application form, or attached sheet, the completion of the required alcohol/drug training hours specified in Criteria for Certification. In addition to showing the hours of training on the application, documentation must be supplied in the form of copies of certificates issued, copy of degree (where applicable) or other documents supporting the applicant's required hours of training. Official transcripts must be sent separately by the college, university or training institution that granted them. Copies and/or official transcripts sent by the applicant WILL NOT be acceptable. It is the responsibility of the applicant to supply copies of the course descriptions from a course syllabus or catalog, unless the course is from a CAADAC accredited program, in which case verification of the program status is required in addition to official transcript.

IV. A signed Code of Ethics and Scope of Practice must be included in applicant's portfolio.

V. Portfolio must be received at the address shown on the application form by dates indicated below:

EXAMINATION TIME LINES

Portfolio Submission Deadlines

First Friday of February

First Friday of August

Oral Review Application Deadlines

First Friday of June

First Friday of December

Written Exam Date

Second Saturday of June

Second Saturday of December

Oral Exam Date

Third Saturday/Sunday of July

Third Saturday/Sunday of January

Certification Conditions

1. Certification will be granted for two (2) years.
2. Certification is renewable upon application of the Board and meeting the requirements as set forth.
3. The CCBADC may refuse to act on the application if there is evidence of the individual not meeting the professional Code of Ethics.
4. Certification may be denied, suspended or revoked by the CCBADC for a new examination and hearing.
5. Applicants applying for certification must live and/or work in the state of CA for at least 51% of the time to become certified at the reciprocal level.

NOTE: 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. Failure to do so will require a new application for original certification. The expired certification will not be extended through this period.

FEE STRUCTURE

	Certification	CAADAC Special Member Rate*
CAADAC Membership		\$100.00 Due Annually
Portfolio Processing	\$265.00	\$145.00 Paid when portfolio submitted
Written Exam	\$200.00	\$124.00 Paid with application for written exam
Oral Exam	<u>\$153.00</u>	<u>\$90.00</u> Paid with application for oral exam
TOTAL:	\$616.00	\$459.00
Advancement to CADC II	\$645.00	\$175.00
Renewal of Certification	\$645.00	\$175.00

***\$30.00 CHARGE ON RETURNED CHECKS and/or DECLINED CREDIT CARDS**

NOTE: All fees are non-refundable. Applicants for renewal of certification, in order to benefit and qualify for the discount offered in fees, must show membership in CAADAC for the previous two (2) consecutive years. This does not restrict applicants for certification/renewal of certification of non-CAADAC members.

**Student and Registered Individuals do not qualify for special rates, must be individual member.*

PROCEDURES FOR APPLICATIONS REVIEW & CERTIFICATION

Professional competence is the most important qualification for the Alcohol/Drug Counselor. There also are certain educational requirements, but these are limited largely to specialized professional training.

Testing for certification in 1987 and thereafter will be conducted in June and December of each year.

1. Application must include the following:
 - a. A portfolio containing information that verifies an applicant's qualification and the non-refundable fee of \$265.00 or a special rate for CAADAC members of \$145.00.
 - b. Statements from present and previous employers verifying longevity of employment. Specific dates and duties of employment must be submitted.
 - c. Record of Practicum.
 - d. Record of training activities. Submit COPIES of training certificates.
2. Individuals applying for Certification must be prepared to take a written examination and to pay a non-refundable fee of \$200.00 (or \$124.00 special CAADAC member rate), as well as an oral case presentation examination with a non-refundable fee of \$153.00 (or \$90.00 special CAADAC member rate).

Board Responsibilities:

1. Administer written certification examination.
2. Interview and orally assess the applicant's ethics, knowledge and competence in the areas of alcohol and/or drug knowledge and counseling skills.
3. Determine the ability of the applicant to express himself/herself on topic areas related to, but not exclusive of, alcohol and other drugs.

The process of application and the deliberations of the Certification Board are designed to determine whether the applicant meets the standards. That determination is the province and responsibility of the Certification Board, and in making application, the applicant agrees to submit to the Board's procedures and to accept its determination.

1. When the application portfolio with verification of employment, fees, letters of support, counselor evaluation forms, and official transcripts and course descriptions (descriptions from syllabus or catalog, except in the case of courses from programs accredited by CAADAC) has been approved by the Board, the applicant will be notified of the time and place for the examination.
2. Upon passing the written exam, the applicant will be notified, in a timely manner, of a date and time to sit for the oral case presentation review.
 - a. The Board will first review the written documentation submitted by each candidate for certification.
 - b. Incomplete application will delay testing approval to the next scheduled testing date.
 - c. A written examination will be conducted twice each year to assess the applicant's knowledge and competencies.
 - d. Candidates will be required to pass an oral examination based on the standards of the International Certification Reciprocity Consortium (ICRC).
 - e. Upon completion of testing, the Board will review the results and recommend approval or denial.
 - f. The applicant will be notified of the Board's decision within approximately thirty (30) days.
 - g. If approved, a certificate will be awarded. If denied, the applicant may reapply after six (6) months, in which case the applicant may reapply for the next testing cycle.

- h. The applicant will be charged the examination fee for each exam taken.

RIGHT TO REVIEW RECORDS: All counselors or candidates have the right to review their own certification folders and records, provided they sign a waiver stating that no score will be changed even if an error is found. Letters addressed to the Board, regarding the counselor or candidate, remain the property of the Board and will not be released or shown to any non-Board member.

DOMAINS, TASKS, KNOWLEDGE AND SKILLS FOR THE CERTIFIED AODA COUNSELOR

The enclosed pages contain the domains, tasks, knowledge and skill area that make up the approved courses of education and training. The contents listed in the course description must be completed within a minimum (there is a maximum) of 315 hours or 21 units of semester units of documented education and/or training. Education is defined as formal classroom education.

All required courses must be successfully completed with a letter grade of "C" or better, or a percentage of 75% or higher. Pass/Fail is no longer acceptable (to be effective January 1993).

Colleges, universities and training companies responsible for field placement contracts with agencies must monitor the quality of these agencies to determine that the field placement meets the minimum training standards in the 12 core areas.

Education must be specifically related to the knowledge and skills necessary to perform the tasks within each ICRC performance domain. All education must be documented. It is necessary that the practicum only be 45 hours and six (6) hours must be in professional ethics and responsibilities. The other domains, tasks and knowledge and skills content areas can be broken up and distributed in courses of varying length.

** Supervised work experience is defined as experience in which the counselor receives clinical supervision. 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 observation of a counselor's clinical work.*

The Credential Board will be looking for documented completion of requirements as described in the above paragraphs as meeting approved criteria. It will be the candidate's responsibility to know what areas of domains, tasks, knowledge and skill, must be met in what minimums. This will be the definition of approved education and/or training.

THE EIGHT PERFORMANCE DOMAINS:

- Domain I: Clinical Evaluation
- Domain II: Treatment Planning
- Domain III: Referral
- Domain IV: Service Coordination
- Domain V: Counseling
- Domain VI: Client, Family and Community Education
- Domain VII: Documentation
- Domain VIII: Professional and Ethical Responsibilities

RELATIONSHIP BETWEEN THE 12 CORE FUNCTIONS AND THE EIGHT DOMAINS

Domains

Core Functions	Domain I, II, III, IV	Domain V	Domain VI	Domain VII	Domain VIII
	Screening	Counseling	Client Education	Case Management	Counseling
	Intake	Orientation	Family Education	Referral	Intake
	Assessment	Crisis Intervention	Comm Education	Record Keeping	Consultation
	Referral	Referral		Consultation	Referral
	Consultation	Treatment Plannir		Orientation	Orientation
	Treatment Planning	Client Education		Client Education	Screening
	Record Keeping	Consultation		Assessment	Record Keeping

SUPERVISED PRACTICUM (INTERNSHIP)

This course consists of forty-five (45) classroom hours taught by an assigned instructor. The course instructor will see that the student is enrolled in the course, and completes 255 hours at an approved agency setting where direct supervision is provided by a "qualified staff person."* The instructor shall be available for consultation with the student should a problem arise at the agency. The instructor also will be an intermediary among the agency, the student, and the educational institution. The practicum of 255 hours is to begin during the 45 hour course of the practicum class/classes and be completed within one year of the practicum class.

DOMAIN I: CLINICAL EVALUATION

- Task 1. Demonstrate effective verbal and non-verbal communication to establish rapport.
- Task 2. Discuss with the client the rationale, purpose, and procedures associated with the screening and assessment process to facilitate client understanding and cooperation.
- Task 3. Assess client’s current situation, including signs and symptoms of intoxication and withdrawal, by evaluating observed behavior and other available information to determine client’s immediate needs.
- Task 4. Administer the appropriate screening and assessment instruments specific to the client's age, developmental Level, culture, and gender in order to obtain objective data to further assess client’s current problems and needs.
- Task 5. Obtain relevant history and related information from the client and other pertinent sources in order to establish eligibility and appropriateness to facilitate the assessment process.
- Task 6. Screen and assess for physical, medical and co-occurring disorders that might require additional assessment and referral.

- Task 7. Interpret results of data in order to integrate all available information, formulate diagnostic impressions, and determine an appropriate course of action.
- Task 8. Develop a written summary of the results of the assessment in order to document and support the diagnostic impressions and treatment recommendations.

DOMAIN II: TREATMENT PLANNING

- Task 1. Discuss diagnostic assessment and recommendations with the client and concerned others to initiate an individualized treatment plan that incorporates client's strengths, needs, abilities, and preferences.
- Task 2. Formulate and prioritize mutually agreed upon problems, immediate and long-term goals, measurable objectives, and treatment methods based upon assessment findings for the purpose of facilitating a course of treatment.
- Task 3. Use ongoing assessment and collaboration with the client to review and modify the treatment plan to address treatment needs.

DOMAIN III: REFFERRAL

- Task 1. Identify client needs which cannot be met in the current treatment setting.
- Task 2. Match client needs with community resources considering client's abilities, gender, sexual orientation, developmental level, culture, ethnicity, age, and health status to remove barriers and facilitate positive client outcomes.
- Task 3. Identify referral needs differentiating between client self-referral and direct counselor referral.
- Task 4. Explain to the client the rationale for the referral to facilitate the client's participation with community resources.
- Task 5. Continually evaluate referral sources to determine effectiveness and outcome of the referral.

DOMAIN IV: SERVICE COORDINATION

- Task 1. Identify and maintain information about current community resources in order to meet identified client needs.
- Task 2. Communicate with community resources concerning relevant client information to meet the identified needs of the client.
- Task 3. Advocate for the client in areas of identified needs to facilitate continuity of care.
- Task 4. Evaluate the effectiveness of case management activities through collaboration with the client, treatment team members, and community resources to ensure quality service coordination.
- Task 5. Consult with the client, family, and concerned others to make appropriate changes to the treatment plan ensuring progress toward treatment goals.
- Task 6. Prepare accurate and concise screening, intake, and assessment documents.

DOMAIN V: COUNSELING

- Task 1. Develop a therapeutic relationship with clients, families, and concerned others in order to facilitate self-exploration, disclosure, and problem solving.

- Task 2. Educate the client regarding the structure, expectations, and limitations of the counseling process.
- Task 3. Utilize individual and group counseling strategies and modalities to match the interventions with the client's level of readiness.
- Task 4. Continually evaluate the client's level of risk regarding personal safety and relapse potential in order to anticipate and respond to crisis situations.
- Task 5. Apply selected counseling strategies in order to enhance treatment effectiveness and facilitate progress towards completion of treatment objectives.
- Task 6. Adapt counseling strategies to match the client's needs including abilities, gender, sexual orientation, developmental level, culture, ethnicity, age, and health status.
- Task 7. Evaluate the effectiveness of counseling strategies based on the client's progress in order to determine the need to modify treatment strategies and treatment objectives.
- Task 8. Develop an effective continuum of recovery plan with the client in order to strengthen ongoing recovery outside of primary treatment.
- Task 9. Assist families and concerned others in understanding substance use disorders and utilizing strategies that sustain recovery and maintain healthy relationships.
- Task 10. Document counseling activity to record all relevant aspects of treatment.

DOMAIN VI: CLIENT, FAMILY AND COMMUNITY EDUCATION

- Task 1. Provide culturally relevant formal and informal education that raises awareness of substance use, prevention, and recovery.
- Task 2. Provide education on issues of cultural identity, ethnic background, age, sexual orientation, and gender in prevention, treatment, and recovery.
- Task 3. Provide education on health and high-risk behaviors associated with substance use, including transmission and prevention of HIV/AIDS, tuberculosis, sexually transmitted infections, hepatitis, and other infectious diseases.
- Task 4. Provide education on life skills, including but not limited to, stress management, relaxation, communication, assertiveness, and refusal skills.
- Task 5. Provide education on the biological, medical, and physical aspects of substance use to develop an understanding of the effects of chemical substances on the body.
- Task 6. Provide education on the emotional, cognitive, and behavioral aspects of substance use to develop an understanding of the psychological aspects of substance use, abuse, and addiction.
- Task 7. Provide education on the sociological and environmental effect of substance use to develop an understanding of the impact of substance use on the affected family systems.
- Task 8. Provide education on the continuum of care and resources available to develop an understanding of prevention, intervention, treatment, and recovery.

DOMAIN VII: DOCUMENTATION

- Task 1. Protect client's rights to privacy and confidentiality according to best practices in preparation and handling of records, especially regarding the communication of client information with third parties.
- Task 2. Obtain written consent to release information from the client and/or legal guardian, according to best practices and administrative rules, to exchange relevant client information with other service providers.
- Task 3. Document treatment and continuing care plans that are consistent with best practices and applicable administrative rules.
- Task 4. Document client's progress in relation to treatment goals and objectives.
- Task 5. Prepare accurate and concise reports and records including recommendations, referrals, case consultations, legal reports, family sessions, and discharge summaries.
- Task 6. Document all relevant aspects of case management activities to assure continuity of care.
- Task 7. Document process, progress, and outcome measurements.

DOMAIN VIII: PROFESSIONAL AND ETHICAL RESPONSIBILITIES

- Task 1. Adhere to established professional codes of ethics and standards of practice in order to promote the best interests of the client and the profession.
- Task 2. Adhere to jurisdictionally-specific rules and regulations regarding best practices in substance use disorder treatment in order to protect and promote client rights.
- Task 3. Recognize individual differences of the counselor and the client by gaining knowledge about personality, cultures, lifestyles, gender, sexual orientation, special needs, and other factors influencing client behavior to provide services that are sensitive to the uniqueness of the individual.
- Task 4. Continue professional development through education, self-evaluation, clinical supervision, and consultation in order to maintain competence and enhance professional effectiveness.
- Task 5. Identify and evaluate client issues that are outside of the counselor's scope of practice and refer to other professionals as indicated.
- Task 6. Advocate for populations affected by substance use and addiction by initiating and maintaining effective relations with professionals, government entities, and communities to promote availability of quality services.
- Task 7. Apply current counseling and psychoactive substance use research literature to improve client care and enhance professional growth.

SUPERVISED FIELD WORK PRACTICUM

1. Definitions: Supervised Practicum Course

This is a 45 hour course offered by the institution in which students receive all other training or educational units. Students registered in this field practicum course meet on an ongoing basis for seminars, which are supervised and directed by an assigned instructor.

Supervised Field Work Practicum

This will consist of the 255 hours of practical experience performed at an agency approved by the above instructor, and is to begin during the course of the practicum class/classes and be completed within one year of the practicum class. The student must be under the direct supervision of a "qualified agency staff person,"* and supervision must be provided on a weekly basis. The agency will complete necessary evaluation forms to be sent to the course instructor before credit can be granted for the course.

2. Course Requirements: Supervised Practicum Course

This course consists of the 45 classroom hours taught by the assigned instructor. The course instructor will see that the student is enrolled in the course, and completes 255 hours at an "approved agency setting,"* where direct supervision is provided by a "qualified staff person."* The instructor shall be available for consultation with the student should a problem arise at the agency. The instructor also will be an Intermediary among the agency, the student and the educational institution. The practicum of 255 hours is to begin during the 45 hour course of the practicum class/classes and be completed within one year of the practicum class.

3. Practicum Description:

The practicum consist of 300 hours (255 hours field setting and 45 hours classroom setting) of specialized and supervised field work practice in a selected setting that will afford interns the opportunity to develop and refine their knowledge and skills in chemical dependency counseling.

4. Philosophy and Rationale for the Practicum:

The application of values, knowledge and skills in the practice setting is essential to professional dependency counseling. The field work practicum, or internship, is the means by which students learn to apply and integrate the acquired knowledge and values, and to refine the skills that are taught in the classroom. This "learning by doing" practicum is the most taxing form of education, but it is essential to the adequate preparation for professional practice. In addition, the direct-practice contact hours are required for certification.

5. Learning Objectives:

The field work practicum is more than a simple observation, or the assignment of insignificant tasks. It is direct, hands-on experience in all areas of chemical dependency counseling. To complete the internship successfully, the intern must demonstrate knowledge, understanding and beginning competence in the following areas:

- a. Professional identity, including self awareness and commitment to the values and ethics of the profession.
- b. The application of knowledge in human behavior, group dynamics, cultural diversity, alcohol and other drugs of abuse, human sexuality and counseling approaches.
- c. The dynamics of chemical and psychological dependency, including the category of drugs, their effects and complications, related psychosocial and medical problems, evaluation procedures and reference materials.
- d. Treatment coordination, including continuity of care and referral, and follow-up services.

- e. Legal and administrative statutes; rules and regulations, including commitment procedures and client's rights.
- f. Counseling and intervention skills, including crisis intervention.
- g. Assessment, planning and referral skills.
- h. Case management and recording, including written and verbal communication skills.
- i. Screening, intake and orientation procedures.
- j. Client education and professional consultation.
- k. Functioning and structure of the agency.
- l. Self-evaluation and professional growth.
- m. Use of supervision and constructive criticism.

6. Practicum Content:

During the first week of the internship, a minimum of three (3) hours will be devoted to a thorough orientation of the entire program of the host agency. The subsequent week of the internship, in the completion of the 300 hour practicum experience, will incorporate a variety of assignments that will give interns the opportunity to practice and accomplish the objectives of the program. Weekly agency supervisory meetings to discuss intern/student progress are required. Practicum course instructor will contract with the supervising agency and the student/intern to monitor quality assurance.

During the course of the internship, the intern/student will complete a minimum of twenty-one (21) hours of practice in each of the core function areas. At the completion of the internship, the intern will have documented a minimum of 252 total hours of actual experience in the core functions.

I. Supervised Practicum Course	= 45 hours
II. Supervised Field Work Practicum: field placement experience that must include a minimum of 21 hours in each of the 12 core functions	
A. Core Function Areas	= 252 hours
B. Agency Orientation	= 3 hours
Total	= 300 hours

7. Resources Materials:

Various books and journal articles directly related to chemical dependency counseling, and new information or direction in the field, will be assigned and reviewed during the course of the internship.

8. Learning Activities:

The supervisor, in coordination with the practicum instructor, will be responsible for appropriate assignments of learning activities and integrative experiences, including periodic reading assignments. However, the interns are responsible for self-monitoring their progress and for initiating self-learning tasks and readings within the constraints of the host agency.

9. Evaluation Procedures:

The agency supervisor, the practicum instructor and the intern/student will jointly complete both a written and verbal evaluation of the internship periodically during the practicum experience, and at the conclusion of the 300 hours of internship. The forms that follow are provided for documentation.

SUPERVISED FIELD WORK PRACTICUM LOG INSTRUCTIONS

- A. Log the number of hours for each experience in performing the core function and document each with supervisor's signature. There must be a total of at least 21 hours per function area.
- B. Original must be submitted with application packet. These forms may be duplicated if you had more than one supervised work experience. Your supervisor must sign and date each CORE FUNCTION. Your Instructor must sign this form.

WRITTEN EXAM INFORMATION

THE WRITTEN EXAM

The ICRC/AODA contracted with Columbia Assessment Services to develop, score, and administers the International Certification Exam for Alcohol and Other Drug Abuse Counselors.

The development of a valid exam for the ICRC certification process begins with a clear and concise definition of the knowledge, skills and abilities needed for competent job performance. Using interviews, survey, observation, and group discussions, CAS works with experts in the field of alcohol and drug abuse to delineate critical job components. The 1991 ICRC Role Delineation Study and updated 1996 study have provided the analytical basis for test content. The test is based on what the alcohol and drug counselor does in practice. Therefore, the knowledge and skill bases for the questions in the exam are derived from the actual practice of the alcohol and drug counselor as identified in the 1991 and 1996 Role Delineation Study.

EXAM CONTENT

The Role Delineation Study identified eight performance domains for the alcohol and drug counselor. Within each performance domain there are several identified tasks which provide the basis for questions in the exam. The eight domains are Clinical Evaluation, Treatment Planning, Referral, Service Coordination, Counseling, Client, Family and Community Education, Documentation, Professional and Ethical Responsibilities.

Number of Examination Questions Per Domain

Domain	No. of Questions	Percent of Exam
I. Clinical Evaluation	21	14 %
II. Treatment Planning	15	10%
III. Referral	9	6%
IV. Service Coordination	6	4%
V. Counseling	39	26%
VI. Client, Family & Community Education	15	10%
VII. Documentation	15	10%
VIII. Professional and Ethical Responsibilities	30	20%

There are a total of 150 Multiple choice questions in the exam. Three and one-half (3 1/2) hours are permitted to complete the exam. Effective June 2008 the AODA written examinations will reflect updates to include the competencies that the oral exam tested. The AODA exam will incorporate a case study vignette with thirteen questions pertaining to the case. The exam will still consist of 150 questions. The exam remains 3 ½ hours long. Although the IC&RC will no longer require the CPM oral exam process as one of its requirements, CCBADC will continue to use this exam.

HOW TO PREPARE FOR THE EXAM

The questions on the written exam were developed from the tasks identified in the Role Delineation Study. Multiple sources were utilized in the development of questions for the international exam. Each question is linked to one of the role delineation task statements as well as the knowledge and skills identified for each task statement. A brief summary of the tasks are listed in the Candidates Guide is free of charge and available to anyone interest in and eligible to take the written exam.

The ICRC is no longer publishing its Study Guides for the written examination. However, ICRC has endorsed and will market Getting Ready To Test Publications to better assist testing candidates prepare for both the written and oral exams. CCBADC/CAADAC has these available for purchase. Please contact the CCBADC office for appropriate fees 916.368.9412

Revised September '05

RULES

1. No books, papers, or other reference materials may be taken into the examination room.
2. No examination materials or documents of any type are to be taken from the examination room.
3. No questions concerning the **content** of the examination may be asked during the examination period.
4. Candidates will be provided with specific instructions prior to the start of the examination.

THE ANSWER SHEET

The answer sheet used is an op-scan. It is essential that a #2 pencil be used to fill in both the information requested and the answers. Failure to do so could result in no score reported or erroneous scores reported. The instructions for completing the answer sheet are provided by the examination proctor and are printed on the back of the examination booklet. Be sure to follow the instructions carefully to ensure accurate scoring of your examination. The examination is scored by computer.

TEST DATES

The ICRC written test is held in June and December. Call the CCBADC office for specific dates and locations.

Individuals with disabilities and/or religious obligations that require modifications in test administration may request specific procedure changes, in writing, to CCBADC, no fewer than sixty days prior to the scheduled test date. With the written request, you must provide official documentation of the disability or religious issue. Contact CCBADC on what constitutes official documentation by emailing counselors@caadac.org. CCBADC will offer reasonable accommodations to its procedures when documentation supports the need for them. If you are unable to provide CCBADC with proper notice prior to the 60 days, we will make every effort to accommodate you if possible. Otherwise, we reserve the right to schedule individuals for the next test date if applicable.

EXAMINATION TIME LINES (The deadlines indicated below are “receipt dates”, not post mark dates.)

Portfolio Submission Deadlines

First Friday of February
First Friday of August

Oral Review Application Deadlines

First Friday of June
First Friday of December

Written Exam Date

Second Saturday of June
Second Saturday of December

Oral Exam Date

Third Saturday/Sunday of July
Third Saturday/Sunday of January

CASE PRESENTATION METHOD/ORAL REVIEW EXAMINATION (CPM/ORE)

When you have passed the written exam, send the following to the California member board office by the deadline date stated on page 5:

- **CPM Application/Oral Review Form.**
- **Written CPM (1 copy only)**
- **Appropriate Fee** (\$153 - non-members, \$90 - special rate for CAADAC members.)

CPM/ORE is a standardized procedure of evaluating competency in the Global Criteria of each of the Twelve Core Functions. The CPM/ORE is duplicated the same way in all the forty-four member credentialing boards of the International Certification Reciprocity Consortium (ICRC). The California Certification Board of Alcohol and Drug Abuse Counselors is a member of ICRC.

Individuals with disabilities and/or religious obligations that require modifications in test administration may request specific procedure changes, in writing, to CCBADC, no fewer than sixty days prior to the scheduled test date. With the written request, you must provide official documentation of the disability or religious issue. Contact CCBADC on what constitutes official documentation by emailing counselors@caadac.org. CCBADC will offer reasonable accommodations to its procedures when documentation supports the need for them. If you are unable to provide CCBADC with proper notice prior to the 60 days, we will make every effort to accommodate you if possible. Otherwise, we reserve the right to schedule individuals for the next test date if applicable.

Candidates must attest to understanding (by signing the application) that the oral examination is a peer review examination, in which a panel of their peers will review their ability to employ the use of the 12 Core Functions global criteria. Candidates must sign the application attesting to their understanding and agreement to such peer review. All scores are made available following the peer review oral exam to the candidate; however candidates must also attest to understanding and agreement that the examination scores and decision of the peer review panel are final and that there is no further appeal or review from this process.

Candidates must also agree not to sue CAADAC or CCBADC relative to the peer review/oral examination process and agree to indemnify and hold CAADAC and CCBADC and their respective officers, directors, agents, and employees harmless from any and all liabilities, losses, costs, damages, and any other expenses which CAADAC/CCBADC or their officers, directors, agents, and employees may sustain or incur as a result of or arising from the peer review/oral examination process. Candidates must agree to reimburse CAADAC and/or CCBADC for any attorneys' fees and costs incurred as a result of candidate's breach of this hold harmless provision.

For applicant to successfully pass the CPM/ORE, they must be able to verbally demonstrate their competency in the Global Criteria for each Core Function.

Applicants may use **ONLY** the definition of Core Functions and Global Criteria, and Pool of Questions sheets during the interview.

Study the Core Function Definitions and Global Criteria on page 28 of Section III and the Core Function Pool of Questions on page 41 of the same section. Your Oral Review will consist of 12 questions, one for each Core Function from the Core Function Pool of Questions. The questions are to provide a response to demonstrating the competency in the Global Criteria for each Core Function.

For each question asked during the Oral Review Examination, the applicant has two (2) Responsibilities: **The applicant must answer the question and he/she must verbally demonstrate their ability to apply the Global Criteria in each Core Function. Each of the 12 questions are intended to be a lead-in for the applicant to demonstrate competency in the Core Function (convey your ability to apply that Core Function to the ORE Commissioners on your examination panel). Demonstration must be given by examples of procedures, action taken or a method of application.**

The CCBADC Board strongly recommends that the applicant write out a case, based upon the 12 core functions as described in the manual, for study purposes; this must be submitted with your application to test. See Oral Review Check-off Sheet.

"IT IS THE RESPONSIBILITY OF THE CANDIDATE TO DEMONSTRATE COMPETENCY IN THE GLOBAL CRITERIA IN EACH CORE FUNCTION AND PROVIDE COMPLETE ANSWERS AND SUFFICIENT DETAILS." Memorization, verbatim repetition and/or paraphrasing of the core function definitions do/does not constitute demonstration of competence in the Core Function and Global Criteria areas.

Revised December 2006

TWELVE CORE FUNCTIONS OF THE ALCOHOL AND OTHER DRUG ABUSE COUNSELOR

The Case Presentation Method is based on Twelve Core Functions. Scores on the CPM 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. Give specifics throughout and do not supply original definitions.

- 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.

Evaluators' Focus:

- GC1: Applicant must provide specific examples of signs and symptoms of alcohol/drug abuse/dependence.
- GC2: Applicant must provide specific examples which support a client's APPROPRIATENESS for treatment offered. Look for substantiation of substance abuse problem, matching of client to program modality or level of care (i.e.: out-patient, in-patient, intensive out-patient, residential, etc.), dual diagnosis (and how it might effect acceptance into program), medical status, intellectual and psychological functioning. Applicant does not have to touch on ALL areas in order to meet this Global Criterion but should exhibit a clear understanding of the elements which determine APPROPRIATENESS.
- GC3: Applicant must provide specific examples which support a client's ELIGIBILITY for treatment. This includes client's age, gender, place of residence (catchments area), ability to pay/insurance coverage/funding source, veterans' status, target populations (i.e.: pregnant, IV drug user, HIV, gay). Applicant does not have to touch on ALL areas in order to meet this Global Criterion but should exhibit a clear understanding of the elements which determine ELIGIBILITY.
- GC4: Applicant must give specific examples of coexisting conditions (i.e.: psychiatric diagnoses, medical conditions, cognitive/ intellectual impairment) that indicate a need for further assessment or that require referral elsewhere. The applicant must specifically indicate the absence of any coexisting conditions.
- GC5: Applicant must indicate an understanding of how federal and state law, as well as agencies policies

impact on the screening process. If particular laws or regulations apply to admission criteria in the specific case, those laws and regulations should be addressed (i.e.: methadone regulations, nondiscrimination, need to accommodate disabilities). If laws and government regulations do not specifically apply in the case presented, the applicant must show an understanding of how agency regulations apply to program admission through adherence to eligibility requirements.

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.

Evaluators' Focus:

GC6: There must be an indication that documents were completed and information was written down. This Global Criterion refers to the administrative documentation necessary for admission to a program. It may include demographic information, consent for treatment, and possibly forms required by funding sources, state agencies and regulatory bodies.

GC7: Must present evidence that information such as financial information, insurance information, income, payer authorizations, employment status and eligibility related demographics are documented in written form. Eligibility documentation may be included in GC6 (i.e.: demographic information). Must present evidence that information documenting appropriateness for admission is gathered in written form. This may include the initial assessment delineating signs and symptoms of substance abuse, MAST test and any other history gathered during the screening process. Documentation of BOTH eligibility and appropriateness must be addressed in order to demonstrate competence in the Global Criterion.

GC8: Must show the releases of information were completed.

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's 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**, **client obligations** and **rights**.
11. Provide an overview to the client of **program operations**.

Revised March '96

Evaluators' Focus:

- GC9: Must give specific examples of program goals and objectives. These could include supporting abstinence, learning sober coping skills, providing a safe environment for developing social relationships, etc.
- GC10: Must mention specific program rules (i.e.: regular attendance, no violence, no weapons, no substances on premises), specific client obligations (i.e.: financial responsibility for treatment, regular attendance, punctuality, participation), client rights (i.e.: right to be treated with respect, right to confidentiality, grievance process). The applicant does not have to directly address all three areas mentioned above. They need to cover 2 out of 3 adequately to demonstrate competence.
- GC11: Must give specific examples of how the program operates and is structured and what the client needs to know to access and utilize program services. This may include hours of operation, after hours emergency contact numbers, availability of staff and activity schedules.

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 clients' 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.

Evaluators' Focus:

- GC12: Applicant must cite areas of client history gathered, such as substance abuse history, social history, legal history, medical history, family history, educational history, vocational, psychiatric history, relationship history, etc. Specific facts from the history are not required to demonstrate competence in this Global Criterion.
- GC13: Must have specific examples of data collection strategies and people interviewed, or reasons why this was not done.
- GC14: Applicant must identify assessment tool or tools used (i.e.: psycho-social history, MAST, Mortimer-Filkins, CAGE, MMPI, DSM III-R/IV, etc).
- GC15: Applicant must show that s/he explained the rationale for the use of particular assessment tools to the client.
- GC16: The applicant must provide specific details from the clinical information gathered regarding substance

abuse and other problem areas. This would include an assessment of client's strengths and weaknesses, a diagnostic formulation and an identification of client 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 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.

Evaluators' Focus:

GC17: The applicant must state that the results of the assessment were explained to the client. There must be some indication of the client understanding the results of the assessment.

GC18: The applicant must give examples of problems to be addressed in the treatment plan. There must be some indication that problems were prioritized and individualized for particular client needs.

GC19: The applicant must give examples of client goals and show some differentiation between short and long term goals. Goals should be expressed in behavioral terms and there should be some evidence of client participation in the establishment of those goals.

GC20: The applicant must give examples of techniques to be used in addressing the problems on the treatment plan. Applicant will also identify resources within and outside the agency which will assist the client in addressing the problems on the treatment plan.

- 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 **feelings** 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.

Evaluators' Focus:

GC21: Applicant must simply name a counseling theory or theories to be used in the counseling process.

GC22: Look for specific examples of techniques and skills used by the applicant to explore problems and ramifications of those problems with the client/family/group.

GC23: Look for specific examples of techniques and skills used by the applicant to explore behavior, attitudes and/or feelings with the client/family/group.

GC24: Applicant must provide evidence that culture, gender and lifestyle differences of the client were taken into account in the counseling process. This does not require that the client be a member of a minority group or present cultural, gender or sexual orientation issues. Although it is **CRITICAL** to address these when they apply, lifestyle issues may also include being a single parent, working 3rd shift, particular occupational hazards, religion, etc.

GC25: In presenting the course of treatment, the applicant must describe therapeutic interactions with the client which present no evidence of any ethical or boundary violations.

GC26: There needs to be some indication that the client participated in the problem resolution and decision making process.

GC27: The applicant must give some indication that the problems on the treatment plan were the focus of the treatment process.

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.

Evaluators' Focus:

GC28: The applicant must provide specific examples of services that are coordinated. Case management is often confused with referral and consultation. While this Core Function often involves both referral and consultation, the function of Case Management services is to coordinate and insure continuity of all the services provided to the client both within and outside of the agency. The applicant must give examples of HOW services were drawn together or why this did not happen.

GC29: The applicant must demonstrate that an explanation for the case management activities was provided 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.

Evaluators' Focus:

GC30: The applicant must demonstrate an understanding of the elements that make a situation a crisis. Merely naming a situation which empirically appears to be a crisis is not sufficient to demonstrate skill in defining it as a crisis. For example, merely stating that a client is psychotic or that his wife just left him is not enough to explain why those situations are critical for the client.

GC31: The applicant must give specific details of a plan to handle the critical situation as it arises. Must attend to the immediate safety needs of the client and others, as necessary.

GC32: Through examples, the applicant must demonstrate how, once the immediate crisis was stabilized, it was utilized to constructively influence treatment and contribute to learning new coping skills.

- 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**.

Evaluators' Focus:

GC33: The applicant must demonstrate the provision of AODA information relevant to the case presented and explain the methods for providing that information.

GC34: Applicant must give specific examples of services and resources available to clients. More than one example is necessary to demonstrate competence.

- 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.

Evaluators' Focus:

GC35: Applicant must give specific examples of problems and needs of the client that they or their agency cannot meet.

GC36: Show evidence that an explanation of the reason for a referral was given to the client.

GC37: Applicant must give specific examples of the services to which the client is referred that match the corresponding problems/needs from GC35.

GC38: Give examples to substantiate that laws, regulations and policies were followed in the disclosure of client identifying information. The applicant must state that releases of information were signed when a referral was made or explain why they were not needed.

GC39: The applicant must give examples of how they facilitated the clients' accessing of referrals.

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.

Evaluators' Focus:

GC40: The applicant must give examples of the types of documents contained in a client's record (i.e.; social history, substance abuse history, family history, educational, vocational, legal, medical, psychiatric and treatment history, treatment plan, progress notes, treatment summaries, discharge summaries, etc.) and provide evidence that they prepared the necessary documents and reports.

GC41: Applicant must describe how they chart the ongoing progress of the client in the client's record. The mere mention of writing progress notes is not sufficient to demonstrate competence in this Global Criterion.

GC42: The applicant must demonstrate how they utilize the written record and the information contained therein to assist in providing quality care for the client. The applicant must show an understanding of the purpose of reports and record keeping in enhancing and facilitating treatment.

XII. CONSULTATION WITH OTHER PROFESSIONALS 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.

Evaluators' Focus:

GC43. The applicant must give specific examples of issues which require information beyond his/her scope of knowledge or expertise.

GC44. The applicant must give examples of resources for seeking out information or expertise identified in CG43 and match those resources appropriately with the information sought.

GC45: The applicant must demonstrate an understanding of the client's right to confidentiality when seeking information to assist in serving the client. This requires presenting examples of circumstances when releases of information were required and used and/or when and why they were not used.

GC46: The applicant must demonstrate that the reason for any consultation was explained to the client when appropriate and, if not explained, why no explanation was necessary.

KNOWLEDGES

A. Human Behavior

1. Understanding the dynamics of:
 - a. Psychological functioning
 - b. Social Adaptation
 - c. Physical Health
 - d. Vocational Development
2. Attitudes, values and life-styles of various cultures and special populations.
3. How alcohol and drug use relates to human behavior, attitudes, values and life styles.
4. The relationships between human behavior, cultural influences, societal norms (including laws) and alcohol and/or other drug abuse.
5. Human sexuality, sexual dysfunction and sexual orientations and the importance of these factors.

B. Signs and Symptoms of Alcohol and Other Drug Abuse Including Pharmacological Factors

1. The Categories of mood-altering drugs including alcohol and their related psychological and physiological effects.
2. The effects of alcohol and other drug use, misuse and abuse in relationship to the following:
 - a. Individual body chemistry
 - b. Pregnancy
 - c. Set
 - d. Setting
 - e. Dose
 - f. Drug combinations
 - g. Routes of administration
 - h. Tolerance
 - i. Withdrawal symptoms

3. The complications resulting from the use of more than one mood-altering drug including cross tolerance, potentiation, multiple psychological and physiological dependence.
4. The alcohol and other drug related psychological, physical and medical problems which may exist (Fetal Alcohol Syndrome, Organic Brain Syndrome, drug induced psychosis, etc.) and recognize the signs and symptoms indicating a need for other medical, psychological and social assessments.
5. The components of the withdrawal syndrome and mechanisms of psychological and physiological dependence.
6. The criteria for evaluation of dependence including the different development stages, signs and symptoms, as well as behavioral patterns of the alcohol and other drug dependent person during the progression through treatment and rehabilitation.
7. Recognized pharmacological reference materials (for example, Physicians Desk Gillman's Pharmacological Basis of Therapeutics).

C. Counseling Approaches, Philosophies, Methods and Objectives

1. Different approaches to counseling, including the philosophies, methods and objectives of each approach.
2. The practical application of these approaches to counseling:
 - a. Individuals
 - b. Significant Others (spouse, family, employer, etc.)
 - c. Groups
3. The implications of counseling approaches to clients from various ethnic, cultural, economic backgrounds and special populations.
4. The philosophy, policies and practice of appropriate voluntary self-help groups.
5. Techniques of evaluating therapy progress and outcome of treatment.

D. Continuum of Care

1. The mechanisms involved in coordinating a client's total treatment.
2. The services (prevention, intervention, treatment, aftercare, self-help groups, etc.) available to the client and the community, including the limitations of each service.
3. The social services (financial, marriage, sexual counseling, etc.) which are not designed specifically for the alcohol and other drug abuser, including client eligibility, referral procedures, follow-up mechanisms and limitation of each service.

E. Federal, State and Local Statutes, Administrative Rules and Regulations

1. The limitations and applications of the statutes; administrative rules and regulations, which directly relate to the use and abuse of alcohol and other drugs, including commitment and protective placement procedures.
2. The statutes, regulations and current judicial decisions in regard to the counselor's relationship to the client and his/her family, with respect to confidentiality and the Client's Bill of Rights.

F. State Alcohol and Other Drug Abuse Service System

1. The state resource agencies, organizations, facilities and centers which are directly concerned with alcohol and other drug use and abuse.
2. How to utilize these resources for obtaining information, materials, training and consultation.

SKILLS

G. Counseling

1. Communication skills
 - a. Active Listening
 - b. Leading
 - c. Summarization
 - d. Reflection
 - e. Interpretation
 - f. Confrontation
 - g. Self-disclosure
2. Establishing an effective counseling relationship with the client by demonstrating:
 - a. Warmth
 - b. Respect
 - c. Genuineness
 - d. Concreteness
 - e. Empathy
3. Working with individual clients and/or families and groups;
 - a. Clarifying dysfunctional behavior and its ramification for the individual client.
 - b. Motivating the client to actively participate in the counseling sessions and develop functional behavior.
 - c. Developing and implementing individual counseling programs according to client needs.
 - d. Problem-solving techniques, goal setting and decision making in conjunction with clients.
 - e. Termination of counseling
4. Coordinating the designated continuum of services needed by the client.
5. Case follow-up.
6. The components of the withdrawal syndrome and mechanisms of psychological and physiological dependencies.
7. The criteria for evaluation of dependence including the different developmental stages, signs and symptoms, as well as behavior patterns of the alcohol and other drug dependent person during the progression through treatment and rehabilitation.
8. Recognized pharmacological reference materials (for example, Physician's Desk Reference, American Medical Association Drug Evaluations, and/or Goodman & Gillman's Pharmacological Basis of Therapeutics).

H. Counseling Approaches, Philosophies, Methods and Objectives

1. Different approaches to counseling, including the philosophies, methods and objectives of each approach.
2. The practical application of these approaches to counseling:
 - a. Individuals
 - b. Significant Others (Spouse, family, employer, etc.)
 - c. Groups
3. The implications of counseling approaches to clients from various ethnic, cultural, economic backgrounds and special populations.
4. The philosophy, policies and practice of appropriate voluntary self-help groups.
5. Techniques of evaluating therapy progress and outcome of treatment.

I. Continuum of Care

1. The mechanisms involved in coordinating a client's total treatment.
2. The services (prevention, intervention, treatment, aftercare, self-help groups, etc.) available to the client and the community, including the limitations of each service.
3. The social services (financial, marriage, sexual counseling, etc.) which are not designed specifically for the alcohol and other drug abusers, including the client eligibility, referral procedures, follow-up mechanisms and limitations of each service.

J. Federal, State and Local Statues, Administrative Rules and Regulations

1. The limitations and applications of the statues; administrative rules and regulations, which directly relate to the use and abuse of alcohol and other drugs, including commitment and protective placement procedures.

POOL OF QUESTIONS FOR CASE PRESENTATION/ORAL INTERVIEW

It is the applicant's responsibility to demonstrate competence in the Core Functions and Global Criteria (as delineated in the Core Functions definitions) and to provide complete answers and sufficient details to the questions. Memorization, verbatim repetition and/or paraphrasing of the Core Functions definitions will not constitute demonstration of competence in the Core Functions areas or Global Criteria.

DEFINITION OF COMPETENCE

The applicant must competently describe the skills of the Core Functions and Global Criteria (as delineated in the Core Functions definitions) and the application of appropriate skills in his or her professional practice.

SCREENING

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

INTAKE

Describe the elements of intake and how the intake process was completed in this case.

ORIENTATION

Describe the process of orienting this client to your services.

ASSESSMENT

Describe the methods and procedures used to assess this client and explain the results of those assessments.

TREATMENT PLANNING

Identify the components of treatment planning and describe the treatment planning process that occurred between you and this client.

COUNSELING

Identify your counseling theories and approach(s) and thoroughly describe how you applied these to the client in this case.

CASE MANAGEMENT

Describe the purpose of case management and how it applied to this client.

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.

CLIENT EDUCATION

Describe the client education and how you provided it in this case.

REFERRAL

Describe the referral process and how it was used in this case.

REPORTS & RECORD KEEPING

Describe the report and record keeping process(s) and how they were used in this case.

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.

CASE PRESENTATION METHOD PROCEDURES

PRE-INTERVIEW PROCEDURE

- I. Applicant reviews Case Presentation Method (CPM) information from this manual including:
 1. Definitions of Core Functions and Global Criteria
 2. Pool of Questions
 3. CPM Procedures
- II. Applicant is notified of acceptance for the oral review. Notice should include the following information and statements:
 1. Schedule Interview
 - a. Date
 - b. Exact Time of Arrival and Interview
 - c. Location
 2. It is the applicant's responsibility to demonstrate competence in the Twelve Core Functions during the oral examination. Applicant's scores will be compared to an overall criterion referenced passing point, or cut score.
 3. The applicant may not bring any materials for use during the preparation period.

PREPARATION PERIOD PROCEDURES

- I. Applicants are to arrive thirty (30) minutes before the oral interview to sign-in and have the proctor prepare them for the oral examination.
- II. Applicants will be given a clean copy of the definitions of the 12 Core Functions, and the listing of the Global Criteria and Pool of Questions upon entry to the interview room. **NO** other materials are allowed.

INTERVIEW PROCEDURES

- I. Applicant may use ONLY the definitions of Core Functions and Global Criteria, and Pool of Questions sheets during the interview. Applicants may use only materials given to them by the proctor during the preparation period. **NO** other materials are allowed.
- II. Applicant may not smoke or have refreshments during the interview.
- III. Applicant will be interviewed by three (3) trained evaluators who are counselors certified at the reciprocal level.
- IV. Applicant will have up to 45 minutes during the interview to:
 - a. Demonstrate competence in the Global Criteria of the Core Functions and
 - b. Answer questions completely.
- V. Responses will be evaluated independently by each evaluator for demonstration of competence in each Global Criterion.
- VI. Applicants are advised to provide complete responses but to avoid being excessively verbal. It is the applicants' responsibility to demonstrate competence in the Global Criteria of each Core Function even if the question does not specifically elicit a complete response in each Global Criterion.
- VII. The interview will be recorded on audiotape. Applicant's appearance for the interview is implied permission for recording and is noted on the Case Presentation Form.
- VIII. **Anyone arriving after the scheduled time for the review will be rescheduled at the board's discretion, and applicant must repay the exam fees.**
- IX. This manual supersedes the ICRC CPM Candidate Guide, 1993.

CERTIFICATION RENEWAL FOR ALCOHOL AND/OR DRUG COUNSELORS IN THE STATE OF CALIFORNIA

SUMMARY OF PURPOSE and REQUIREMENTS FOR RENEWAL OF CERTIFICATION

The purpose of recertification, or renewal of certification, is to enhance the quality of alcoholism and drug abuse counseling delivered to the public and to meet the requirements for recertification by ICRC. This is accomplished by restricting continuing education courses; counseling skills basic courses, including at the Masters level, may not be used. A total of 60 hours of continuing education must be documented: at least 30 hours must be completed in work shops and seminars in advanced counseling skills and up to 30 hours may be obtained in professional development. Recertification is required every two years to conform to ICRC requirement stand in support of the industry's best practices.

CRITERIA FOR RENEWAL OF CERTIFICATION - EVERY TWO (2) YEARS

1. 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.
2. The applicant must submit a portfolio to CCBADC including:
 - A. A complete application form for Renewal of Certification.
 - B. 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.

In addition to showing the hours on training on the application form, copies of certificates or transcripts verifying training/education must be attached to the application. Where a question exists about the relevancy of such training/education, the burden of responsibility falls on the applicant to 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 recertification 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.

Note: 1 CEH = 1 clock hour of continuing education

1 Quarter Unit = 10 hours

1 Semester unit = 15 clock hours

3 Semester units = 45 clock hours

- C. A signed "Code of Ethics" form.
- D. A signed "Scope of Practice" form.
3. All materials for Renewal of Certification must be received by the Secretary of CCBADC at the address below thirty (30) days prior to the scheduled date for renewal of certification.
4. 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 be extended through this period.
5. All materials sent to CCBADC by the applicant for the portfolio become the property of CCBADC.

Revised September '05

6. The applicant must agree to a personal interview and evaluation, conducted by the Board or committee of the Board, if so requested.
 7. The applicant must submit the appropriate fees at the time of application (all fees are non-refundable).
 - ♦ Renewal of Certification Fee: \$645.00
 - ♦ Special Fee for Members of CAADAC: \$175.00
- LATE FEES (effective 30 days after expiration date)
- ♦ For current members of CAADAC \$70.00
 - ♦ For non-members of CAADAC \$138.00
8. The following criteria applies to those persons currently certified as CADC-I electing to advance certification to CADC-II level:
 - A. Documentation from a supervisor on letterhead verifying 2,000 hours of alcohol and drug counseling from date of issue of CADC-I.
 - B. The applicant must submit the appropriate fees at the time of application (all fees are non-refundable).
 - ♦ Advancement Fee: \$645.00
 - ♦ Special Fee for Members of CAADAC: \$175.00
 - C. This option of advancement does not effect certification dates. Renewal date remains the same.
 - D. Advancement may be applied for at anytime:
 - a. A person meets qualifications.
 - b. When applying for renewal of certification CADC-I.

ADDRESS:

California Certification Board of Alcohol and Drug Counselors
3400 Bradshaw Rd., Suite A-5
Sacramento, CA 95827

NOTE: Applicants applying to advance certification to CADC Level after May 1, 1990 will be required to take oral board examination, if they have not previously passed the oral review.

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RENEWAL OF CERTIFICATION HOURS - CLARIFICATION

(Total of 60 hours required)

60 minutes = 1 hour & 1 hour = 1 CEH

Preparation is 1 hour for 1 hour of presentation

I. ADVANCE EDUCATION: ALCOHOL/DRUG COUNSELING

CAADAC provider required minimum 30 hours.

- A. Workshop/Seminars: **Counseling Skills Basic courses including at Masters Level may not be used for renewal.** (See pages 69-72.) Minimum of 30 hours must be completed in workshops and seminars in the counseling skill, and must be given by approved providers with current CAADAC approved provider numbers. It is the responsibility of the applicant to make sure that the workshop has an approved provider number. All documentation must have the approved CAADAC provider number and be in advanced alcohol/drug skills.
- B. Design/Implementation/Presentation of Alcohol/Drug Counseling topics for an approved CAADAC provider. (Document by submitting a letter from administrator, supervisor or coordinator of activity stating date, type of activity, hours involved, outline of activities and sample brochures, handouts and other education materials.)
- C. Initial Oral Training by Approved ICRC/AODA Supervisors. (Document by submitting copy of Certificate.)
- D. **Ethics:** Three (3) Hours effective January 1998.

II. PROFESSIONAL DEVELOPMENT HOURS

(Provider number not required.) Up to 30 hours may be obtained in the following areas:

- A. Design/Implementation/Presentation of Alcohol/Drug Counseling and related topic. Not an approved provider program. (Document by submitting a letter from administrator, supervisor or coordinator of activity stating date, type of activity, hours involved, outline of activities and sample brochures, handouts and other educational materials.)
- B. In-service Education
Formalized training within institutions such as clinics and treatment centers provided for the development/enhancement of skills. (Document by submitting letter of certificate verifying participation.)
- C. Self-Improvement seminars, workshops, etc.
Formal, organized workshop/training which focuses on personal and professional growth issues:
 - 1. Burnout workshop/seminar.
 - 2. Personal growth (identification of strength and limitations, stress management, relaxation, leisure time skill, proper nutrition, spirituality.)
 - 3. Relapse prevention.
 - 4. Professional growth (self-assessment, resources, professional behavior, support services; i.e., ACA, eating disorders, child abuse, etc., peer assistance).
 - 5. Instruction hours of retreat programs **which meet the above criteria** of professional development are accepted.

Revised January '02

Included as Professional Development:

1. CAADAC Board of Directors Meeting Participation.
CCBADC Board of Directors Meeting Participation.
2. CAADAC Regional Meeting Participation.
3. Approved CAADAC/CCBADC/CADCEP Committee Volunteer Work.
(Document by submitting letter or certificate verifying participation.)
4. Examinations performed by qualified CPM Evaluators/Commissioners.

Not included as Profession Development:

1. Volunteer 12 Step Work.
2. Volunteer Counseling at Step Houses/Service Centers.
3. 12 Step Meeting Attendance.
4. 12 Step Conference and Convention Attendance.
5. Group or individual counseling or psychotherapy.
6. Alcohol Anonymous, AA Retreats.

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 alcohol and drug abuse counselors 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 mean fail or do not satisfactorily resolve the circumstances, the ethical review process may be the appropriate vehicle for addressing the complaint.

ETHICAL REVIEW COMMITTEE: POWERS AND FUNCTIONS

The convened Ethical Review Board has the authority to:

1. Investigate a complaint, mediating when possible;
2. Determine the validity of the complaint;
3. Conduct a hearing on valid complaints;
4. Recommend a disposition on a valid complaint to the Certification Board;
5. Dismiss invalid complaints.

ETHICAL REVIEW COMMITTEE: RULES AND POLICY

The Ethical Review Committee has access to relevant files of counselors in the CAADAC office. The respondent and complainant will be notified that the Ethical Review Board has opened their files and for what purposes.

The Ethical Review Committee 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 administrative review process shall be held confidential by CCBADC Board members, Ethical Review Committee members and all staff members.

The Ethical Review Committee may request a continuance on the time frames from the Certification Board. The Ethical Review Committee may grant continuances to the complaint/respondent.

In the event the complainant withdraws the complaint, the Ethical Review Committee 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 Alcohol and Drug Counselor or Registered Student, or Registered Recovery Worker or an applicant to the CCBADC administered certification system for a violation of the Code of Ethics.

FILING A COMPLAINT

Any individual may file a complaint against a certified alcohol and drug counselor or Registered Student, or Registered Recovery Worker 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 and any witnesses.
4. The complaint must be signed by the complainant.

The complaint shall be sent by first class mail to:

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

It is recommended that complainants send the complaint certified with return receipt requested. 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 FILED COMPLAINT

Once a written complaint is received by the chairperson of the Ethics Committee, the chairperson or his/her designate will determine if it has been filed in the proper form. 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 Ethics Committee chairperson will assign the complaint to committee members. The complaint will be transmitted to the assigned committee members within fifteen (15) days of the receipt of the complaint by CCBADC. Each complaint will also have a committee member designated as point person.

The Ethical Review Committee will acknowledge, in writing, to the complainant the receipt of the complaint. The Ethical Review Board 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 investigation/hearing. (Committee meetings may be held via electronic means such as web-casts, teleconferences etc.)

The Ethical Review Committee will notify the complainant, in writing, if the complaint is found to be of merit or if the complaint has been dismissed.

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 Ethical Review Board. If no written response is received, and/or if the respondent refuses to cooperate with the Ethical Review Board, the Board may rule in favor of complaint.

HEARING PROCEDURE

The hearing/investigation shall be convened at a time and place reasonable convenient to the respondent, complainant, and the Ethical Review Committee.

The complainant and respondent shall be notified in writing of the date, time, and location of the investigation/hearing.

The complainant and respondent also shall be notified of their rights in relation to the hearing. These rights include:

1. The right to be present and to present evidence.
2. The right to have witnesses present.
3. The right to be represented by counsel at one's own expense.
4. The right to file a notarized written statement in lieu of appearing at the hearing.
5. The right to request a postponement or a rescheduling of hearing.
6. 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 Committee or designated member.

HEARING/INVESTIGATION 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 Ethical Review Committee 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 Ethical Review Board reserves the right to interview other persons in reference to the complaint. The Ethical Review Board shall comply with federal confidentiality laws in relation to client/patients.

The Ethical Review Board shall not be bound by the common law or statutory rules of evidence.

ETHICAL REVIEW BOARD RESPONSIBILITIES FOLLOWING THE HEARING

At the conclusion of the hearing, the Ethical Review Board shall forward to the chairperson of the Certification Board its written report. Their report shall include the following:

1. A summary of the case;
2. A reconstruction of the process used by the Ethical Review Board to handle the complaint;

3. The rationale for the recommended disposition;
4. The Ethical Review Board'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/registration be granted;
 - c. Recommendation certification/registration be denied; suspended or revoked;
 - d. Recommendation certification/registration be denied, but with a specified time period for new application's to be considered.
 - e. Apply sanctions or corrective action.

THE CERTIFICATION BOARD AND THE DISPOSITION OF COMPLAINTS

The Certification Board shall review the report(s) and recommendation(s) of the Ethical Review Committee at the Certification Board's next regularly scheduled meeting. Any member of the Ethical Review Board may be present at this meeting. (CCBADC Meetings may be held via electronic means, i.e. web-forums, teleconferences etc.)

The Certification Board shall within ten (30) days of it's meeting, issue written findings and deposition of the complaint.

The Certification Board may take one of the following actions:

1. Dismiss the charge(s); apply sanctions/corrective actions;
2. Issue a reprimand and grant certification;
3. Deny, suspend or revoke certification/registration;
4. Deny certification, but with a specific time period for a new application to be considered;
5. Return the report to the Ethical Review Board for further consideration with specific directives;
6. Adjourn the Ethical Review Board that reviewed the complaint and convene a new Ethical Review Board to review the work of the original Board, and to report its recommendation to the Certification Board within thirty (30) days.
7. Uphold the findings and sanctions of the Ethical Review Board.
8. The respondent will be notified in writing by the Certification Board of these findings and of the disposition. Additionally, the respondent shall be notified in writing that the Certification Board's decision may be appealed.

APPEALS

The respondent may appeal the certification boards 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:

1. Uphold the decision of the Certification Board:
2. Rule that the Certification Board's decision is valid, yet impose a lesser/greater form of censure:
3. 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, for those denied certification renewal, for those having certification suspended or revoked, or for any other Certification Board ruling, will consist of the individual petitioning and the appointed Appeals Panel. The purpose of appeal is solely to determine if the Certification Board has accurately, adequately and fully reviewed the applicant's complaint.

1. 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.
2. 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.
3. The chairperson of the Certification Board, or his/her designate, shall, within thirty (30) days, transmit the appeal request to the appointed Appeal Panel of the Board of Directors, who in turn, shall conduct a formal appeals hearing. The Appeal Committee shall schedule that hearing within ninety (90) days of the receipt of the appeal request by the Appeal Committee.
4. 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, 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.
5. The Appeals Panel has ninety (90) days to act on the Ethics Committee recommendations. The final decision on the case rests with a majority vote of the Panel. The appeal decision must be forwarded to the Certification Chair person for ratification or denial of the decision.
6. The person making the appeal shall be notified of the Appeal Panel's decision within thirty (30) days of this action.
7. 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:

1. When a respondent's certification has expired;
2. When a respondent's certification is not "in good standing" (i.e., fees have not been paid);
3. When 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 no less than sixty (60) days and not more than one (1) year in which the dates will 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 Ethics Committee shall be responsible for documenting that these conditions have been met. In all cases, the Ethics Committee shall monitor 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 causes the revocation of certification had been corrected.

Sanctions/Corrective Action: Sanctions or disciplinary measures may be applied to respondents. Such examples of sanctions include but are not limited to continuing education classes, receiving clinical supervision, or other corrective action.

LAPSED CERTIFICATION FOR CADC I/II

DEFINITION of LAPSED CREDENTIAL:

1. A California CADC I/II credential that has been active for an approved two year period and has not been renewed at the expiration of that two year period.
2. 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.
3. A military or other out of state credential that has been granted reciprocity and given an expiration date (original certification date) and the counselor fails to provide sufficient documentation for renewal.
4. 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.
5. 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.

Opportunities to rectify lapsed credentials:

Pay all fees and penalties plus meet one of the following conditions:

1. Counselor must request in writing to be granted a six month extension from the current certification expiration date if certification renewal documentation will not be provided.
2. If certification lapse is longer than six months but less than one year the counselor must request in writing for the opportunity to sit for the Case Presentation Method of Oral Examination to retain California certification.
3. If certification lapse is longer than one year but less than two years the counselor must request in writing for the opportunity to sit for the written examination and the Case Presentation Method of Oral Examination to retain California certification.
4. If certification lapse is longer than two years the counselor must request in writing for the opportunity to apply for certification as if an original applicant.

It is the counselor's responsibility to follow the renewal guidelines and provide appropriate documentation for renewal or certification in a timely manner.

EDUCATION REQUIREMENTS DEFINED:

ACADEMIC CONTENT AREAS

(Minimum hours for each area are 45 (which is equal to 3 semester units.)

- **Introduction and Overview: This course will examine the history of alcohol and other mood changing drugs in the US; the myths and stereotypes of alcohol/drug use; sociocultural factors that contribute to the use of drugs; and the patterns and progression of alcoholism.**
 - Cultural/Lifestyle Consideration; norms and differences; issues specific to special populations (e.g., ethnic minorities, women, youth, elderly, homosexuality, physically disabled or impaired); the nature and extend of alcoholism/drug dependency problems among target populations.
 - Human Behavior: theories of personality and human development; emotional states (e.g., dependency, resentment, guild); theories of human needs and motivation; denial process.
 - Family Dynamics: Recognition of family roles, modalities of treatmne; communication issues; role play.
 - Treatment and Recovery Approaches: Treatment and recovery modalities; (e.g., psychiatric, psychosocial, clinical; Alcoholics Anonymous (and other support groups); Aversion Therapy; medical modalities; behavioral modification, social models, drinking driver programs. (etc.)
 - Program Planning and Client Education: Goals and objectives; program policies and procedures; program strengths and limitations, service delivery planning, client education, lectures.

- **Physiology and Pharmacology of Alcohol and Other Drugs**
 - Examination of the effects of alcohol and similar legal psychoactive drugs to the body and behavior; damage to the body and behaviors; damage to the brain, liver and other organs.
 - Tolerance, cross tolerance, and synergistic effects.
 - Physiological differences between males and females.
 - Disease model including signs and symptoms, research, neurobiological, AMA definition, Jellinek's work.

- **Law and Ethics**
 - Current legal sanctions; liabilities, auto accidents, bards, restaurants, liquor stores, traffic laws.
 - Specific issues regarding employment problems.
 - Patient rights; professional liability.
 - Code of conduct or ethical codes.
 - Legal and Regulatory Restrictions: federal confidentiality regulations; state regulations; potential hazards resulting from noncompliance with regulations: state and federal agencies.
 - Community prevention and education: the concepts of prevention, community education and outreach; education and prevention models; effectiveness of prevention strategies and training methods; adult education techniques.

- Outreach: Businesses and clubs that can be used as identification and referral sources. Assessing needs for training and technical assistance.
- Screening techniques: communication theories and techniques; interviewing techniques; considerations is assessing, client needs, resources, strengths and limitations. Identification of appropriateness and eligibility.
- Intervention and referral: emphasis on the chronic disease model and recovery process. Continuum of care issues, including employee assistance programs; information and referral; detoxification; various treatment modalities etc.
- Crisis Counseling Techniques and theories: The signs and symptoms of potential suicide, aggression and other self destructive behaviors.

□ **Case Management; Assessment, Orientation, Treatment Planning and Relapse Prevention/Aftercare Planning**

- Initial intake and case management: administrative requirements for admission, interpersonal dynamic and potential influence of client behaviors; signs and symptoms of physical disabilities, assessment of potential violence, self harm, activities that bring agencies, resources of people together within a planned framework of action toward the achievement of established goals; including alcohol/drug history, vocational, cultural, educational background, lifestyle, living situation, medical, strengths and weaknesses for the development of a treatment plan.
- Orientation: General nature and goals of the program; rules governing conduct, infractions that can lead to disciplinary action or discharge, hours of services, costs, clients rights. etc.
- Treatment/Recovery Planning: the components of a treatment plan; problem solving models and processes; theories and behavioral components of change; techniques used in behavioral contracts; the stages of recovery; identification of problems, ranking problems, realistic and unrealistic treatment goals at various stages of recovery; the value of participant concurrence or expresses disagreement in the process; how to organize client information for presentation to other professionals, case presentation procedures.
- Reports and Record keeping: Charting the results of the assessments; treatment plans; writing reports, progress notes, discharge summaries, and other client related data. (Practical application is required.)
- Aftercare and follow up: the role of aftercare in the treatment process; the role and importance of client follow up; relapse dynamics; self help groups and/or support groups. (AA, NA etc.)
- Consultation and Referral: Alternative resources available to provide treatment and supportive services; roles and functions of individuals in resources agencies and their position in the decision making process; advocacy techniques; assessing the need for consultation and referral; identifying counselor limits and scope of practice.

☐ **Individual, Group and Family Counseling**

- Counseling is a relationship in which the counselor helps the client mobilizes resources to resolve his/her problems and/or to modify attitudes and values.
- Exploration of a problems, its ramification and examination of attitudes and feeling; consideration of alternative solutions; decision making; therapeutic approaches, (e.g., Reality Therapy, RET; Brief Therapy; Motivational interviewing; etc.)
- Family Counseling: (All family counseling must be relative to substance abuse issues.) Theories of family codependency; techniques for motivation family involvement in the treatment process; techniques of multi family group counseling; working with family therapists, selecting therapists for family work; counselor identification of limitations relating to family issues.
- Group Counseling: Purpose and function of different types of counseling groups; models of group; group techniques; stages of group; group intervention, group patterns; therapeutic factors in groups; expression, commitment, process groups, didactic training; role of the counselor; group orientation.
- This course must include practical applications in role play settings.

☐ **Personal and Professional Growth:**

- Counselor burnout; signs and symptoms; early warning signs; unique needs of the recovering counselor; prevention techniques.
- Personal and Professional Growth: recognizing personal strengths, limitations and knowledge to promote professional growth; importance of stress management; relaxation techniques; leisure skills, exercise; proper nutritional; time management etc.
- The recovering counselor: “two hats” and the limitations and liability. (Include ethical situations.)
- Professional Growth: Ethics and professional conduct/standards; consultations, counselor support and performance; the skills of a successful helper; on going education and training; translation of the code of ethics into professional behavior.
- Certification requirements: Outline and review of the California Certification Board of Alcohol/Drug Counselors (CCBADC) career path. Review the State of California Counselor Regulations and code of conduct.
- Professional contacts and organizations.

☐ **Supervised Practicum:**

- This course consists of (45) classroom hours. The course includes supervision by a qualified instructor and includes direct supervision. The instructor must also be available for consultation while student is completing field work requirements.

□ **Supervised Field Work Practicum (Internship)**

- A minimum requirement of 255 hours of practical experiences performed at an agency approved by the aforementioned instructor. The student must complete all of the 12 Core functions at internship site. Each core function requires a minimum of 21 hours practicum. The application of knowledge and skills in a practice setting is essential to professional counseling. The field work is the means by which students learn to apply and integrate acquired knowledge and values; and to refine skills that are taught in the classroom.

Breakdown of Internship Hours:

- **Supervised Practicum Course (Classroom) 45 Hours**
- **Supervised Field Work (Internship) in the Core Functions: 252 Hours**
- **Agency Orientation: 3 Hours**

Total: 300 Hours