

APPLICATION HANDBOOK FOR ALCOHOL AND DRUG COUNSELORS (tCADC, CADC, IADC, IAADC)

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**Iowa Board
of Certification**

2600 Grand Ave, Suite 114
Des Moines, IA 50312

Phone: 515.965.5509
E-mail: info@iowabc.org
Web: iowabc.org

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IOWA BOARD OF CERTIFICATION

MISSION

The Iowa Board of Certification credentials prevention and treatment professionals in addictions and other behavioral health fields by promoting adherence to competency and ethical standards.

The Importance of Certification:

For the Patient/Client: To assure competent, professional alcohol and drug abuse services to persons suffering from chemical dependency; to improve the quality of service being provided to the client and family members.

For the Public: To assure professional competency that will meet standards required for licensing, accreditation and third-party payers.

For the Alcohol and Drug Abuse Professional: To provide a respected, marketable credential of professional competency; to enhance the role of the addiction professional in alcohol and drug abuse treatment.

For the Profession: To provide a method whereby the highest professional standards can be established, maintained and updated.

Four levels of certification are awarded to qualified applicants:

1. Temporary Certified Alcohol & Drug Counselor (tCADC)
2. Certified Alcohol and Drug Counselor (CADC)
3. International Alcohol and Drug Counselor (IADC)
4. International Advanced Alcohol & Drug Counselor (IAADC).

Both the IADC and IAADC credential are eligible for reciprocity with members of International Certification and Reciprocity Consortium/Alcohol and Other Drug Abuse (IC&RC) – see Addendum I for a list of member boards.

RESIDENCY REQUIREMENT

The applicant must physically live and/or work in Iowa at least 51% of the time at the time of application for initial certification, recertification, and reactivation.

APPLICATION HANDBOOK

This application handbook contains information you will not only need to become certified, but also will be very useful after the certification process. Please keep this handbook to use as a referral source. You can also find continually updated versions of this handbook on our website.

CERTIFICATION CRITERIA

It is the belief of the Iowa Board of Certification that the applicant must demonstrate the ability to perform the Domains of a substance abuse counselor necessary to provide quality client care. Thus, the alcohol and drug counselor certification process is based upon a specific measurable process to determine the applicant's ability to demonstrate these competencies. Applicants for certification must also meet established education and experience requirements.

REQUIREMENTS

Temporary Certified Alcohol & Drug Counselor (tCADC)

1 through 2 required

1. Satisfy the education requirements under the Education Track or Experience Track for CADC (see below).
2. Receive a passing score on the IC&RC ADC exam.

This credential is for students or those new to the field who have met all education requirements for CADC or IADC but have little to no formal experience or supervision in the field as a substance abuse counselor.

The applicant will complete the tCADC application (available on the IBC website) and submit it to the IBC office with certificates of completion for trainings completed, and will request transcripts from colleges/universities. (Please note: any transcripts from colleges/universities need to be sent directly to IBC via U.S. Mail OR by email to INFO@iowabc.org directly from the registrar's office. IBC will not accept transcripts that come directly from the applicant.) When IBC determines that the education requirement has been fully met, the applicant will be pre-registered for the exam. Upon notification of a passing score on the exam by the applicant, IBC will issue a 2-year temporary certification to the applicant.

Once certified, the tCADC will have two (2) years to meet the experience and supervision requirement for CADC or IADC and will need to upgrade to the CADC or IADC credential. There is no recertification for a tCADC, and the tCADC will expire on the date shown on the certificate emailed to the tCADC (no extensions allowed).

Certified Alcohol and Drug Counselor (CADC)

1 through 3 required

1. Satisfy the requirements under the Education Track or the Experience Track (see below).
2. Receive a passing score on the Supervisor's Counselor Evaluation (Form 09).
3. Receive a passing score on the IC&RC ADC exam.

Education Track

- a. High school diploma or general education diploma. Twenty-four (24) semester hours (or 33 quarter hours) of college level credit in substance abuse or its related fields (related fields are Counseling, Psychology, Sociology, Social Work, Human Services, and Criminal Justice). A minimum grade of "C" must be earned, or the course will be ineligible. Documentation of the 24 semester

hours will be according to instructions on Form 03, "Education Resume." Only transcripts sent directly from the college/university to the IBC office via U.S. Mail or email to INFO@iowabc.org will be accepted and reviewed.

In addition, a minimum of 150 clock hours of relevant education is required. These 150 clock hours may be a combination of college courses, trainings, and workshops. Some special conditions apply; namely,

- Specifically, hours must be earned as:
 - 45 clock hours in Counseling Theories & Techniques
 - 45 clock hours in Alcohol and Drug Specific
 - 6 clock hours in Special Populations
 - 6 clock hours in Counseling Ethics
 - 3 clock hours in Racial/Ethnic

The remaining hours may be earned under any of the Knowledge and Skill Competencies (see **Addendum II**).

- Applicants may utilize up to 50% of the education hours from online/distance learning or IBC approved in-service training. An in-service training is the education and training which occurs within the counselor's agency, only for agency staff and conducted only by agency staff.
- If using college classes, the formula for converting college credit to clock hours is: one semester hour equals 15 clock hours and one quarter hour equals 10 clock hours. A minimum grade of "C" must be earned or the course will be ineligible.

Documentation of this will be according to instructions on Form 04, "Workshop Documentation."

and

- b. Six months full-time (or 1,000 clock hours) of supervised experience in substance abuse counseling within the past three years. Please see the section "Qualifications to Supervise" in this handbook for information regarding supervised experience. Documentation of this will be according to instructions on Form 05, "Experience Resume."

Of the supervised experience, at least 500 clock hours must be documented in performing the 4 Domains of the Alcohol and Drug Counselor, with a minimum of 20 hours in each Domain, and 36 of the hours in direct supervision with a qualified supervisor.

OR

Experience Track (for those who do not have at least 24 semester hours of applicable college coursework)

- a. High school diploma or general education diploma. 150 clock hours of training in the Alcohol and Drug Counselor Knowledge and Skill Competencies. These 150 clock hours may be a combination of college courses, trainings, and workshops. Some special conditions apply; namely,
 - Specifically, hours must be earned as:
 - 45 clock hours in Counseling Theories & Techniques
 - 45 clock hours in Alcohol and Drug Specific
 - 6 clock hours in Special Populations
 - 6 clock hours in Counseling Ethics

- 3 clock hours in Racial/Ethnic

The remaining hours may be earned under any of the Knowledge and Skill Competencies.

- Applicants may utilize up to 50% of the education hours from online/distance learning or IBC approved in-service training. An in-service training is the education and training which occurs within the counselor's agency, *only* for agency staff and conducted *only* by agency staff.
- If using college classes, the formula for converting college credit to clock hours is: one semester hour equals 15 clock hours and one quarter hour equals 10 clock hours. A minimum grade of "C" must be earned or the course will be ineligible.

Documentation of college hours will be according to instructions on Form 03, "Education Resume," and workshop hours will be according to instructions on Form 04, "Workshop Documentation."

and

- b. One and a half years full-time (or 3,000 clock hours) of supervised experience in performing the 4 Domains of the Alcohol and Drug Counselor within the past three years. Please see the section "Qualifications to Supervise" for information regarding supervised experience. Documentation of this will be according to instructions on Form 05, "Experience Resume."

Of the supervised experience, at least 500 clock hours must be documented in performing the 4 Domains of the Alcohol and Drug Counselor, with a minimum of 20 hours in each Domain, and 36 of the hours in direct supervision with a qualified supervisor.

International Alcohol and Drug Counselor (IADC)

1 through 5 required

There is one level of IADC, and this credential is reciprocal with other IC&RC boards offering the ADC credential.

1. High school diploma or general education diploma. Completion of 300 clock hours in the Alcohol and Drug Knowledge and Skill Competencies. These 300 clock hours may be a combination of college courses, trainings, and workshops. Some special conditions apply; namely,
 - At least 30 hours must have been earned within the 24 months preceding the application.
 - Specifically, hours must be earned as:
 - 90 clock hours in Counseling Theories & Techniques
 - 90 clock hours in Alcohol and Drug Specific
 - 6 clock hours in Counseling Ethics
 - 3 clock hours in Racial/Ethnic

The remaining hours may be earned under any of the Knowledge and Skill Competencies.

- Applicants may utilize up to 50% of the education hours from online/distance learning or IBC approved in-service training. An in-service training is education and training

which occurs within the counselor's agency, only for agency staff and conducted only by agency staff.

- If using college classes, the formula for converting credit to clock hours is: one semester hour equals 15 clock hours and one quarter hour equals 10 clock hours. A minimum grade of "C" must be earned or the course will be ineligible. Only transcripts sent directly from the college/university to the IBC office via U.S. Mail or email to INFO@iowabc.org will be accepted and reviewed.

Documentation of college hours will be according to instructions on Form 03, "Education Resume," and workshop hours will be according to instructions on Form 04, "Workshop Documentation."

2. Experience within the past six years in the 4 Domains of the Alcohol & Drug Counselor is required, as follows:
 - Those with a master's degree or higher in a related field must document 2000 hours experience.
 - Those with a bachelor's degree in a related field must document 4000 hours experience.
 - Those with an associate degree in a related field must document 5000 hours experience.
 - Those without a college degree in a related field must document 6000 hours of experience.

Documentation of this will be according to instructions on Form 05, "Experience Resume."

3. 300 hours of on-the-job supervision in the 4 domains of counseling are required for applicants with a H.S. Diploma, 250 hours for applicants with an associate degree in a related field, 200 hours for applicants with a bachelor's degree in a related field, and 100 hours for applicants with a master's degree or higher in a related field; a minimum of 10 hours is required in each domain. The domains are:

Domain I: Screening, Assessment and Engagement

Domain II: Treatment Planning, Collaboration and Referral

Domain III: Counseling

Domain IV: Professional and Ethical Responsibilities

Documentation of this will be according to instructions on Form 06, "Documentation of Domain Experience."

4. Passing score on the Supervisor's Counselor Evaluation (Form 09).
5. Passing score on the IC&RC ADC exam.

International Advanced Alcohol and Drug Counselor (IAADC)

(1 through 4 required)

This credential is reciprocal with other IC&RC member boards offering the AADC credential.

1. A master's degree in a behavioral science (i.e. Counseling, Psychology, Sociology, Social Work, Human Services, and Criminal Justice) plus completion of at least 180 clock hours of Alcohol and Drug Specific education.

An additional six (6) clock hours must be obtained in counselor ethics as well as three (3) clock hours specific to Racial/Ethnic (see Glossary of Terms for definition).

- Applicants may utilize up to 50% of the education hours from online/distance learning or IBC approved in-service training. An in-service training is education and training which occurs within the counselor's agency, only for agency staff and conducted only by agency staff.
- If using college classes, the formula for converting credit to clock hours is: one semester hour equals 15 clock hours and one quarter hour equals 10 clock hours. A minimum grade of "C" must be earned, or the course will be ineligible. Only original transcripts sent directly from the college/university to the IBC office via U.S. Mail will be accepted and reviewed.

Documentation will be according to instructions on Form 04 of the application, "Workshop Documentation." See Glossary of Terms for definitions.

2. 2,000 clock hours of supervised experience in performing all 4 Domains of the IAADC within the past six years. The domains are:

Domain I: Screening, Assessment and Engagement

Domain II: Treatment Planning, Collaboration and Referral

Domain III: Counseling and Education

Domain IV: Ethical and Professional Responsibilities

Documentation of this will be according to instructions on Form 05, "Experience Resume."

300 hours of on-the-job supervision in the 4 domains are required, with a minimum of 25 hours in each domain. Documentation of this will be according to instructions on Form 06, "Documentation of Domain Experience."

3. Passing score on the Supervisor's Counselor Evaluation (Form 09 of the application).
4. Passing score on the IC&RC AADC exam

Supervised Experience

Iowa Board of Certification believes that supervised experience in performing the Domains of the Alcohol and Drug Counselor is essential in order to obtain quality skills as an alcohol and drug counselor.

Therefore, IBC requires a minimum amount of supervised experience be completed in order to qualify for certification.

For the purpose of counselor certification, IBC defines supervision as:

A specific and definitive clinical process of a counselor's professional development in the didactic, experiential, and application of the Domains. Supervision takes place in the context of one to one and/or small groups. Methods for supervision may include- but are limited to- case review, direct supervision, video and/or audio review, and observation of the counselor's professional interaction with clients and staff.

The main goals of clinical supervision are to provide the opportunity to develop competency in the Domains, provide a context for professional growth and development, and ensure a continuance of quality patient/client care.

QUALIFICATIONS TO SUPERVISE

The following qualifications are necessary to supervise an applicant for certification purposes:

IBC certified counselors in good standing are eligible to conduct supervision (either on site or through contracted services) for the purpose of certification. Certification applicants must be supervised by a counselor certified at a level equal to or higher than the level for which the applicant is applying.

Accordingly,

- a. A CADC may supervise a practicum student or CADC applicant.
- b. An IADC/IAADC may supervise a practicum student, CADC, or IADC applicant.
- c. An IAADC may supervise a practicum student, CADC, IADC or IAADC applicant.

Supervisor Designate (for IADC and IAADC applicants only): If an IADC applicant does not have a supervisor who is an IAADC/IADC, or an IAADC does not have a supervisor who is certified as an IAADC, that applicant may use his/her supervisor so long as the supervisor meets both of the following criteria:

- The supervisor must have at least 6000 hours (3 years full time) experience in the substance abuse setting, and would need to provide to the IBC office a letter from his/her agency that he/she is a supervisor in good standing;
- The supervisor would need to submit to the IBC office a copy of his/her applicable certification or license (IADC, IAADC, CCDP, CCS, LISW, LMSW, LBSW, LMFA, LMHC, MD, DO, Psychologist or other certification/license as approved by IBC), indicating an active license during the time supervision of the applicant took place.

APPLICATION PROCESS

Read the certification requirements to determine whether your application will be for tCADC, CADC, IADC or IAADC. All applications may be found on the IBC website. The application and its forms will expire one (1) year from the date any portion of the application is received in the IBC office. The letter accompanying the application will walk the applicant through the process.

To complete the application, follow these steps:

1. Applicants begin the application process by completing the application. The applicant is required to meet all education, supervision and experience requirements indicated for the credential; this is indicated within the application.
2. The applicant is required to complete the application online, print it and mail it to the IBC office along with all required documentation and the non-refundable fee which includes the application review fee, one exam fee and first two years of certification. Should the applicant not pass the exam, or not show for the exam, the test fee will have to be paid for each subsequent exam that needs to be taken.
3. When the application and fee is received, the IBC office will notify the applicant to let them know if anything further is needed; if it's complete, the applicant will be pre-registered for the exam.
4. The applicant will take and pass the IC&RC exam. Exams are administered via computer.
5. The applicant will be notified of approval or denial of certification once exam scores are received in the IBC office. A two-year certificate will be emailed to the applicant after the exam is passed. Certification starts the first day of the following month of passing the exam.

How to Apply

- A. Go to the IBC website at www.iowabc.org, click on "Certifications," then "Certified Alcohol & Drug Counselor" to find the appropriate application. Applications should be completed online, saved to the applicant's computer then mailed back to the IBC office with required documentation and the non-refundable fee. Applications will not be reviewed until the fee is also received.
- B. For CADC, IADC & IAADC: Ask your supervisor to complete Form 09, "Supervisor's Evaluation." This may be done on their computer or the Evaluation may be printed, completed and mailed back to IBC. Your IBC certified supervisor should have been your most recent supervisor for at least three months if applying for CADC, and at least six months if applying for IADC or IAADC. The supervisor must meet the requirements listed on page 8. If you had more than one supervisor, each one should complete a Form 09.
- C. An applicant must receive at least an average score of one on the Supervisor's Counselor Evaluation. IBC staff shall score the Supervisor's Counselor Evaluation. If the score is not sufficient, the application shall be considered incomplete and the applicant will not be scheduled for the exam until the minimum required score is received or the evaluation is resubmitted.
- D. CADC, IADC, IAADC: Complete Forms 01, 02, 03, 04, 05, and 06 which will provide the needed information on your education and experience, and have your supervisor sign/date Form 05 and 06. Attach additional documentation as directed. Include a written job description.

- E. tCADC: Complete Forms 01, 02, 03 and 04.
- F. Contact all colleges/universities you attended to request that they send an original transcript to the IBC office via U.S. Mail or by email to INFO@iowabc.org. Please note, we will not accept transcripts directly from applicant.
- G. Verify the completeness of your application by reviewing the checklist provided in this handbook. Check with your supervisor to ensure the completion and mailing of Form 09.
- H. Mail the completed application with original signatures, the non-refundable fee and applicable documents to the IBC office; the fee may be paid with check, cash or on our website. APPLICANTS SHOULD KEEP A COPY OF THEIR APPLICATION FOR THEIR RECORDS; IBC will not send copies to you.
- I. Questions? Contact the IBC office at 515-965-5509 or email at info@iowabc.org.

IC&RC EXAM

Applicants must pass the IC&RC exam (the ADC exam for the tCADC/CADC/IADC credential or AADC exam for the IAADC credential) within one year from the date they are notified by the IBC office that their application is complete and they are pre-registered for the exam; **notification of application completion/exam pre-registration will be sent to the applicant via email**. Exams are administered via a computer-based exam (CBT); when applications are complete, the IBC office will pre-register applicants, the applicant receives an email from the test company and the applicant then completes the registration process online which includes choosing the test date, time and location.

A Study Guide is available for purchase from the IBC office by completing the study guide order form which is available on the IBC web site under the “Credentials” tab.

The exam consists of 150 multiple choice questions and is focused on the four domains. A score of 500 out of 800 is required to pass. In case of failing the exam, the test fee will be due and the applicant must wait at least 90 days before being allowed to test again.

Should a candidate fail to pass the exam after 4 tries, a Remedial Action Plan is in place and must be met before the candidate can test for a 5th time:

- The candidate will develop a work plan with a certified mentor/supervisor who holds the same credential (or higher) that the candidate is applying for. This plan will need to be signed by both the candidate and the mentor/supervisor and will be sent to the IBC office. The work plan will include:
 - 1. Documented direct supervision by the mentor/supervisor for at least 4 hours of supervision with a minimum of one hour supervision per Domain.
 - 2. 12 hours of continuing education with at least 3 hours per Domain. These hours may come from either in-person or online trainings, and must be mentor/supervisor approved.
- Before the candidate will be allowed to test for a 5th time, the candidate will need to send to IBC certificates of completion for the 12 hours of training attended as well as a signed narrative by their mentor/supervisor which will describe the hours spent in supervision and topics discussed/supervised.

HOW TO UPGRADE FROM tCADC TO CADC/IADC

tCADC counselors may be certified at this level for two (2) years only as they gain the required amount of experience and supervision in the field of alcohol and drug counseling to qualify for either CADC or IADC. A tCADC may complete the CADC Upgrade application or the IADC application. Transcripts and certificates of completion previously sent and still on file do not need to be resubmitted.

The IBC office will review the upgrade application to ensure that all education, experience and supervision requirements have been met by the applicant. The applicant will not have to re-test.

HOW TO UPGRADE FROM CADC TO IADC

As CADC counselors gain more experience in the field of alcohol and drug counseling, upgrading to an IADC credential may be desirable, especially since the IADC credential is reciprocal with most states in the U.S. and with 24 other countries. The IADC Upgrade application is available on the IBC website for upgrading, and is to be completed/saved online, and then mailed to the IBC office. Transcripts and certificates of completion previously sent and still on file do not need to be resubmitted.

All IADC applicants must pass the IC&RC ADC exam if they have not already done so effective June 2008 or later. If the applicant has already passed this exam, and he/she meets all education and experience/supervision requirements for IADC, the applicant will be awarded a certificate for IADC.

HOW TO UPGRADE FROM IADC TO IAADC

As a Master-level CADC or IADC counselor gains more experience and education, upgrading to an IAADC credential may be desirable. Because there are additional Domains and a specific test for this credential, a new application must be completed online and mailed to the IBC office.

PROCESSING APPLICATIONS

The application process is designed to give each applicant a fair review. The application process will include the following steps:

- The Iowa Board of Certification staff will screen the application upon receipt of the application and fee. If any further requirements must be met, the applicant will be contacted. If the application is complete, the applicant will be pre-registered for the exam and notified of such.
- If an applicant fails the IC&RC exam, the applicant may re-take the test upon submission of the additional test fee. The exam must be successfully completed within one year of notification of application completion or the applicant must complete a new application and begin the application process anew. If a failing score is earned, the applicant will be notified and will submit the test fee in order to re-take the exam. Exams may be taken no more than every 90 days.
- An applicant who does not pass the exam on time must complete a new application. Application materials (i.e. transcripts) submitted as part of the first application may be combined with part of the second application.
- Once IBC receives notification of the applicant passing the IC&RC exam, the applicant is emailed a certificate showing certification for two years.

FEES

Refer to the “Fee Schedule” attached to the Certification Application or on the IBC website.

CERTIFICATION PERIOD

The Iowa certification period encompasses two calendar years, commencing from the first day of the month that follows passing the exam. Dates of validation are printed on the counselor's certificate.

DUAL CERTIFICATION

To support those substance abuse professionals who wish to carry more than one IBC credential, the recertification fee of the both credentials shall be discounted by 25%.

This policy refers to IBC credentials only. State/National credentials/licenses do not apply.

PERFORMANCE DOMAINS FOR TCADC, CADC & IADC

The 2013 IC&RC Alcohol & Drug Counselor Job Analysis identified four performance domains for the IC&RC Alcohol & Drug Counselor examination. Within each performance domain are several identified tasks that provide the basis for questions on the exam:

Domain I:	Screening, Assessment and Engagement
Domain II:	Treatment Planning, Collaboration and Referral
Domain III:	Counseling
Domain IV:	Professional and Ethical Responsibilities

The knowledge competencies and skills associated with each domain can be found in [ADDENDUM II](#) at the back of this Handbook.

PERFORMANCE DOMAINS FOR IAADC

The 2014 Advanced Alcohol and Drug Counselor Job Analysis identified four performance domains for the IC&RC Advanced Alcohol & Drug Counselor exam. Within each performance domain are several identified tasks that provide the basis for questions on the exam:

Domain I:	Screening, Assessment and Engagement
Domain II:	Treatment Planning, Collaboration and Referral
Domain III:	Counseling and Education
Domain IV:	Ethical and Professional Responsibilities

The knowledge competencies and skills associated with each domain can be found in [ADDENDUM IV](#) at the back of this Handbook.

CERTIFICATION APPEAL PROCEDURES

Appeal of the Denial for Certification. Every applicant shall be provided the opportunity to appeal the decision of the Board regarding the applicant's certification to the Ethics and Appeals Committee.

If the applicant desires to appeal the decision of the Board regarding certification, the applicant shall send a written request for an appeal review meeting within thirty (30) days of receipt of the certified notice of denial of certification. The response shall be addressed to:

Executive Director
Iowa Board of Certification
2600 Grand Ave, Ste 114
Des Moines, IA 50312

Appeal Review Meeting. An appeal review meeting shall be held at a time and place fixed by the chairperson of the Ethics and Appeals Committee.

- A. All appeal review meetings of the Ethics and Appeals Committee shall be closed to the public. Only committee members, those invited by the committee to testify, and staff members shall be in attendance.
- B. There shall be no contact prior to the appeal review meeting between the applicant and any member of the Ethics and Appeals Committee for the purpose of discussing the appeal.
- C. The Ethics and Appeals Committee shall review with the applicant the reasons for denial of certification and the applicant may present any information he/she feels is relevant.
- D. The Ethics and Appeals Committee may not consider additional materials presented by the applicant for the purposes of correcting deficiencies in the test.
- E. The Ethics and Appeals Committee shall make a determination to:
 1. Recommend that the Board uphold the decision regarding certification.
 2. Recommend that the Board overturn the decision regarding certification.
 3. Recommend that the Board remand the application to the Professional Development and Credentialing Committee for re-review.
- F. If an applicant who has requested an appeal review meeting, and upon whom proper notice of the meeting has been served, fails to appear for the meeting, the Committee shall proceed with the conduct of the review and the applicant shall be bound by the results to the same extent as if the applicant had been present.
- G. The Board shall, at its next regular scheduled meeting, vote to accept or reject the recommendations of the Ethics and Appeals Committee.
- H. The applicant shall be notified by certified mail within two weeks of the decision of the Board concerning the appeal.

RECERTIFICATION

HOW TO RENEW CERTIFICATION

Certification must be renewed every two years. Dates of validation are printed on the certificate. Recertification is a continuous process which involves earning continuing education credit on an ongoing basis, as well as submission of the actual recertification application.

Recertification applications can be found on IBC's website at www.iowabc.org, and may be completed online. In addition, counselors may check their recertification expiration date on the website. Please note: It is the responsibility of the counselor to keep track of recertification dates and to make timely application for recertification. Recertification applications need to be completed just prior to recertifying to ensure that the most up-to-date version is being used.

An application for recertification shall include the following:

1. Completion of both pages of the "Application for Recertification." This form can be found on the IBC website and needs to be completed online, saved to the applicant's computer, then emailed (or mailed) to the IBC office.
2. All continuing education hours must be completed within the validation dates shown on the certificate. While certificates of completion do not need to be included with the recertification application, it is advised that these be retained by the applicant in case the applicant's recertification is audited and the applicant is required to then submit them to the IBC office.
3. Submission of the recertification fee, as well as applicable CEU processing fees and the late penalty fee, if applicable. Fees may be paid by check, money order, cash at the IBC office, or it may be paid on the IBC website via debit/credit card or Paypal. IBC will not accept credit card numbers over the phone or directly in the office.

LATE PENALTIES

1. The application and fee for CADC, IADC or IAADC recertification must be emailed or postmarked on or before the certification expiration date, or the late penalty will be imposed beginning on the day following the certification expiration date.
2. A forty-five (45) day penalty period following the certification expiration date shall be allowed.
3. During the penalty period of the certification, the professional may choose to do one of the following:
 - a. Renew the certification by completing and submitting the application for recertification (on the IBC website), the recertification fee, and the penalty fee; **or**
 - b. Apply for voluntary inactive status, if applicable (see Inactive guidelines); **or**
 - c. Allow the certification to lapse. Certification will lapse on the 46th day. If certification lapses, the professional may again apply for certification whenever he/she believes that the criteria can be met. At that time, the professional may complete a new application packet and begin the application process anew.

CONTINUING EDUCATION REQUIREMENTS

Certified counselors must obtain forty (40) clock hours of continuing education during the two-year certification period to qualify for recertification.

- Three (3) of the clock hours must be in ethics
- The remaining 37 hours must be in relevant topics (i.e. alcohol & drug specific, special populations, counseling, mental health, social work, etc.)

No more than 20 clock hours may be earned through online/distance learning for each two-year certification period.

Recertification applicants may use up to 10 hours of credit for in-service trainings (see Glossary of Terms) per recertification period, so long as the in-service has been approved by IBC.

To receive college credit for clock hours a minimum grade of “C” is required. One semester hour equals 15 clock hours. One quarter hour equals 10 clock hours. If college courses are being used, an original transcript must be sent from the college to the IBC office via U.S. Mail or by email to INFO@iowabc.org directly from the registrar’s office, we do not accept transcripts from the applicant.

The required forty (40) clock hours may be obtained in more than one category. If desired, all forty (40) clock hours may be earned in Category A.

CATEGORY A - ATTENDING FORMAL TRAININGS

A minimum of twenty-five (25) clock hours must be obtained through a combination of pertinent courses, workshops and/or seminars. Accredited home-study courses may be included.

Counselors will be assessed a CEU Processing Fee per submitted workshop that is online/distance learning or has not been IBC-approved. The fee is not charged for college courses submitted for IBC credit. Approved trainings may be found on the IBC website under the “Education” tab.

CATEGORY B - TEACHING OTHER PROFESSIONALS

A maximum of fifteen (15) clock hours may be obtained in this category. The number of hours awarded will be equal to the number of hours spent in actual teaching time. Credit also will be awarded for repeated workshop presentations offered by a counselor as the presenter. A course syllabus, certificate of completion or letter from the training sponsor will need to be sent with the recertification as verification of training taught, when the training occurred and how many hours were taught.

CATEGORY C - PARTICIPATORY LEARNING EXPERIENCES AND COMMUNITY INVOLVEMENT

Prior approval is recommended. A maximum of fifteen (15) clock hours may be obtained in this category which includes documented credit for direct participation (e.g. public speaking or volunteering in a professional capacity) with substance abuse or community boards, committees, or task forces which are substance abuse related, as well as independent peer review. Involvement with IBC’s Board of Directors or committees is included. Volunteering as a parent, such as a teacher’s assistant or Cub Scout leader, DOES NOT qualify for credit.

The intent of the category is to encourage counselors to participate in the community in a professional capacity to promote the profession and the welfare of the public.

CATEGORY D - ADVANCED CAREER DEVELOPMENT (for IADC/IAADC only)

Prior approval is required for this category. A maximum of 20 clock hours may be obtained.

The intent of this category is to encourage ongoing employment development in the substance abuse field. Supervision, management, and leadership are examples of topics that might receive credit. This category is only for education; experience does not apply.

Counselors will be assessed a CEU Processing Fee per submitted workshop that has not been IBC-approved. The fee is not charged for college courses submitted for IBC credit, and an original transcript sent from the college to the IBC office is required for using college credit for recertification.

DEFINITIONS

See Glossary of Terms.

GENERAL GUIDELINES

The following general guidelines apply to Continuing Education:

- A. The content of all courses on continuing education must be relevant to the Domains and as listed in the Application Handbook.
- B. The following is an example of continuing education that will not receive IBC credit.
 - 1. Parenting or other programs that are designed for lay people.
 - 2. Basic living skills.
 - 3. Orientation programs, i.e. a specific series of activities designed to familiarize employees with the policies and procedures of an institution.
- C. Continuing education hours exclude non-program time such as coffee breaks, social hours, and time allocated for meals.
- D. The forty (40) clock hours must be obtained ***within each certification period***; that is, between the validation dates of certification shown on the certificate. Therefore, hours earned before the last application was submitted will not be accepted.
- E. Continuing education hours are not cumulative. Therefore, additional hours earned during one certification period and before the recertification application was submitted will not be accepted for the next period.
- F. One approved college or university semester hour credit is the equivalent of fifteen (15) clock hours and one approved college or university quarter hour credit is the equivalent of ten (10) clock hours. In order to give IBC credit for college coursework, an original transcript will need to be sent to the IBC office from the college via U.S. Mail or by email to INFO@iowabc.org directly from registrar's office, we do not accept transcripts from applicants.
- G. Counselors cannot repeat an identical training within his or her recertification period.
- H. The minimum acceptable unit of credit for any single experience is one clock hour.

- I. It is the responsibility of each counselor to maintain records of continuing education credit for submission with the Application for Recertification. *IBC does not keep records of a counselor's credits.*
- J. Recertification applications will be audited; if chosen for an audit, the applicant will be required to submit copies of his/her certificates of completion to the IBC office within 30 days of notification of audit. Applicants should keep a copy of their recertification application.

VOLUNTARY INACTIVE STATUS

Inactive certification status is for the certified counselor who is currently **not working as an alcohol and drug counselor**, yet plans to someday return to alcohol and drug counseling. Not having earned enough continuing education hours or an employer not requiring IBC certification are inadequate reasons to be granted inactive status.

In addition to the professional not working in the field of substance abuse, Iowa Board of Certification may grant inactive status under the following circumstances:

1. Behavior-Medical problems
2. Maternity, paternity, or family leave
3. Education
4. Military service
5. Other valid reasons

Instructions. Certified individuals desiring inactive status complete the “Request for Inactive Status” form found on the IBC website. This form can be emailed or mailed back to the IBC office with the applicable fee.

This letter of request and the inactive fee must be postmarked on or before the date of expiration of either certification or the prior inactive time period.

Fees. To maintain inactive status, a letter of request, as described above, and the appropriate fee must be sent on or before the annual expiration date or the late fee will be assessed. The 45-day penalty period and late fees apply.

To restore to active certification, the application for recertification must be submitted along with the applicable recertification fee.

Rights, Limitations, and Responsibilities.

1. While on inactive status, an individual shall continue to receive communications from IBC.
2. A counselor on inactive status may not use the initials of a certified counselor (e.g., CADC) or indicate in any way that they are certified.
3. Individuals on inactive status are not eligible for reciprocity.
4. Inactive individuals must adhere to applicable aspects of the IBC Code of Ethics.

5. ***The inactive individual must notify IBC immediately upon returning to work in the alcohol and drug field.*** Failure to notify the Board within 30-days of returning to such employment will constitute a violation of the IBC Code of Ethics and will result in referral to the Board for investigation, in accordance with the procedures outlined in the Code of Ethics. The inactive individual must successfully reactivate certification within 90-days of returning to employment.

Reactivation. Individuals requesting reactivation of their certification status shall follow the recertification process and meet residency requirements. Current recertification forms will be available on the IBC website. At least 20 of the 40 clock hours must have been earned within two years of the reactivation application.

RECIPROCITY

Iowa counselors who are certified as an IADC or IAADC may apply for reciprocity to any certification board that is a member of the International Certification and Reciprocity Consortium/Alcohol and Other Drug Abuse (IC&RC).

Applications for reciprocity may be obtained from the IBC office, and completed forms shall be sent to the IBC office along with a check/money order made out to IC&RC, or with credit card payment included on the application; IBC will complete its verification portion of the reciprocity application and forward all paperwork and fees to the IC&RC office.

The members of the IC&RC are listed on **Addendum I** in this handbook. From time to time organizations apply for or withdrawal their membership, and some jurisdictions have additional requirements i.e. higher education or experience levels. You are welcome to contact the IBC office for current information, or you may review current IC&RC membership at their website (www.internationalcredentialing.org).

CODE OF ETHICS

FOR ALCOHOL AND DRUG COUNSELORS (tCADC, CADC, IADC, IAADC)

INTRODUCTION

All counselors must subscribe to the IBC Code of Ethics upon application for certification. This Code of Ethics is adopted to aid in the delivery of the highest quality of professional care to persons seeking chemical dependency services. It is hoped that these standards will assist the counselor to determine the propriety of his or her conduct in relationships with clients, colleagues, members of allied professions, and the public.

The Board is committed to investigate and sanction those who breach this Code of Ethics. Alcohol and drug counselors, therefore, are encouraged to thoroughly familiarize themselves with the Code of Ethics and to guide their behavior according to the principles set forth below.

Violation of the IBC Code of Ethics shall be deemed as grounds for discipline. Engaging in unethical conduct includes, in addition to violation of the Principles enumerated herein, any other violation that is harmful or detrimental to the profession or to the public.

SUBSCRIPTION TO CODE OF ETHICS

Persons applying for certification must subscribe to the Iowa Board of Certification's Code of Ethics for Alcohol and Drug Counselors and so indicate by signing Form 02. This subscription will be in effect until their certification is no longer valid. In the event the applicant did not successfully complete the certification process, the subscription shall be in effect until the application period expires.

SPECIFIC PRINCIPLES

PRINCIPLE I. Responsibility to clients. Alcohol and drug counselors respect the rights of those persons seeking their assistance and make reasonable efforts to ensure that their services are used appropriately.

- A. Alcohol and drug counselors do not discriminate against or refuse professional service to anyone on the basis of race, gender, religion, national origin or sexual orientation.
 - 1. Alcohol and drug counselors avoid bringing personal or professional issues into the counseling relationship. Through an awareness of the impact of stereotyping and discrimination, the counselor guards the individual rights and personal dignity of clients.
 - 2. Alcohol and drug counselors are knowledgeable about disabling conditions, demonstrate empathy and personal emotional comfort in interactions with clients with disabilities, and make available physical, sensory, and cognitive accommodations that allow clients with disabilities to receive services.
- B. Alcohol and drug counselors do not use their professional relationships with clients to further their own interests, including but not limited to increasing sessions to meet quotas or postponing discharge.
- C. Alcohol and drug counselors respect the right of clients to make decisions and help them to understand the consequences of these decisions.

- D. Alcohol and drug counselors continue therapeutic relationships only as long as it is reasonably clear that clients are benefiting from the relationship.
- E. Alcohol and drug counselors assist persons in obtaining other therapeutic services if the counselor is unable or unwilling to provide professional help.
- F. Alcohol and drug counselors do not willfully terminate the therapeutic relationship without making reasonable arrangements for the continuation of such treatment.
- G. Alcohol and drug counselors obtain written, informed consent from clients before videotaping, audio recording, or permitting third-party observation.
- H. Alcohol and drug counselors respect the integrity and protect the welfare of the client. The counselor, in the presence of professional conflict, is concerned primarily with the welfare of the client.
- I. Alcohol and drug counselors ensure the presence of an appropriate setting for clinical work to protect the client from harm and the counselor and professional from censure.
- J. Alcohol and drug counselors do not continue to practice while having a physical or mental disability which renders the counselor unable to practice the occupation or profession with reasonable skill or which may endanger the health and safety of the persons under the counselor's care.
- K. Alcohol and drug counselors do not engage in the conduct of one's practice while suffering from a contagious disease involving risk to the client's or public's health without taking adequate precautions including, but not limited to, informed consent, protective gear or cessation of practice.

PRINCIPLE II. Dual relationships.

- A. Alcohol and drug counselors are aware of their influential position with respect to clients, and they avoid exploiting the trust and dependency of such persons. Counselors, therefore, make every effort to avoid dual relationships with clients that could impair professional judgment or increase the risk of exploitation. When a dual relationship cannot be avoided, counselors take appropriate professional precautions to ensure judgment is not impaired and no exploitation occurs, and consults with a supervisor or certified counselor prior to entering into a dual relationship.

Examples of such dual relationships include, but are not limited to, business or close personal relationships with clients and/or their family members, contact with clients on personal time, or knowingly entering into a personal/business relationship with a client.

- 1. Soliciting and/or engaging in personal relationships, including but not limited to romantic/sexual contact with clients and/or their natural supports is prohibited; this includes the five years following the termination of services. This prohibition applies to both in-person and electronic interactions or relationships (including social media).
- 2. Alcohol and drug counselors never accept as clients their personal family members, close friends or anyone with whom they have engaged in romantic/sexual conduct. This prohibition applies to both in-person and electronic interactions or relationships.

3. Alcohol and drug counselors are aware of their professionalism and healthy boundaries with clients when it comes to social networking for at least a period of five years following the termination of services.
 - a. In instances where a relationship is initiated through the workplace, relationships on social media should not be initiated for at least five years after the client is discharged. Alcohol and drug counselors do not provide their personal social media names or handles, or interact with their clients past or present, on social media.
 - b. Alcohol and drug counselors do not provide their personal contact information to clients, i.e. home/personal cell phone number, personal email, etc. nor engage in communication with clients through these mediums except in cases of agency/professional business.

PRINCIPLE III. Confidentiality. Alcohol and drug counselors embrace, as primary obligation, the duty of protecting the privacy of clients and do not disclose confidential information acquired in teaching, practice or investigation without appropriately executed consent. Any exception to this would adhere to Federal, State and local laws.

- A. Alcohol and drug counselors make appropriate provisions for the maintenance of confidentiality and the ultimate disposition of confidential records. Counselors ensure that data obtained, including any form of electronic communication, are secured by the available security methodology. Data shall be limited to information that is necessary to and appropriate to the services being provided and be accessible only to appropriate personnel.
- B. Alcohol and drug counselors discuss the information obtained in clinical, consulting, or observational relationships only in the appropriate settings for professional purposes that are in the client's best interest. Written and oral reports present only data germane and pursuant to the purpose of evaluation, diagnosis, progress, and compliance. Every effort is made to avoid undue invasion of privacy.
- C. Alcohol and drug counselors reveal information received in confidence only when there is a clear and imminent danger to the client or other persons, or in situations requiring mandatory reporting, and then only to appropriate workers and/or public authorities.

PRINCIPLE IV. Professional competence and integrity. Alcohol and drug counselors maintain high standards of professional competence and integrity.

- A. Alcohol and drug counselors seek appropriate professional assistance for their personal problems or conflicts that may impair work performance or clinical judgment.
- B. Alcohol and drug counselors, as teachers, supervisors, and researchers, are dedicated to high standards of scholarship and present accurate information.
- C. Alcohol and drug counselors do not engage in sexual or other harassment or exploitation of clients, family of clients, students, trainees, supervisees, employees, colleagues, or research subjects.
- D. Alcohol and drug counselors do not engage in conduct which does not meet the generally accepted standards of practice for the alcohol and drug profession including, but not limited to, incompetence, negligence or malpractice, including but not limited to:

1. Falsifying or making incorrect essential entries or failing to make essential entries of client record.
 2. A substantial deviation from the standards of skill ordinarily possessed and applied by professional peers in the state of Iowa acting in the same or similar circumstances, either knowingly or unknowingly.
 3. Acting in such a manner as to present a danger to public health or safety, or to any client including, but not limited to, impaired behavior, incompetence, negligence or malpractice.
 4. Failing to comply with a term, condition or limitation on a certification or license.
 5. Diagnosing, treating, or advising on problems outside the recognized boundaries of their competence.
 6. Failing to obtain an appropriate consultation or make an appropriate referral when the problem of the client is beyond the alcohol and drug counselor's training, experience or competence.
 7. Failing to notify IBC of a suspension, revocation, probation or other restrictions on any professional certification or licensure imposed by any state or jurisdiction, unless such action has been satisfied and/or reversed.
 8. Administering to oneself any controlled substance in a way other than as prescribed, or using any drug or alcoholic beverage to the extent or in such manner as to be dangerous or injurious to self or others, or to the extent that such use impairs the ability of such person to safely provide professional services.
 9. Using alcohol or any dangerous drug or controlled substance while providing professional services.
 10. Aiding and abetting the use of any unprescribed controlled substance by another person.
 11. Providing alcohol for a client or anyone who cannot legally use alcohol.
 12. Refusing to seek evaluation and follow through with the recommended treatment for chemical dependency or a mental health problem which impairs professional performance.
- E. Alcohol and drug counselors who provide services via electronic media shall inform the client/patient of the limitations and risks associated with such services and shall document in the client/patient case record that such notice has been provided.
- F. Alcohol and drug counselors use professional and ethical judgment when including photos and/or comments on social media sites.

PRINCIPLE V. Responsibility to students, employees, and supervisees. Alcohol and drug counselors do not exploit the trust and dependency of students, employees, and supervisees. Alcohol and drug counselors are aware of their influential position with respect to students, employees, and supervisees, and they avoid exploiting the trust and dependency of such persons. Counselors, therefore, make every effort to avoid dual relationships that could impair professional judgment or increase the risk of exploitation. When a dual relationship cannot be avoided, counselors take appropriate professional precautions to ensure judgment is not impaired and no exploitation occurs. Examples of such dual relationships include, but are not limited to, business or close personal relationships with students, employees or supervisees

- A. Alcohol and drug counselors do not permit students, employees, or supervisees to perform or to hold themselves out as competent to perform professional services beyond their training, level of experience and competence.

- B. Alcohol and drug counselors who supervise others accept the obligation to facilitate further professional development of these individuals by providing accurate and current information, timely evaluations, and constructive consultation.
- C. Provision of therapy to students, employees, or supervisees is prohibited until a minimum of one year after the professional relationship/obligation is terminated.
- D. Sexual conduct with students or supervisees is prohibited until a minimum of one year after the professional relationship/obligation is terminated.

PRINCIPLE VI. Responsibility to the profession. Counselors respect the rights and responsibilities of professional colleagues.

- A. Counselors treat others with respect, courtesy, and fairness.
 - 1. Alcohol and drug counselors do not offer professional services to a client in counseling with another professional except with the knowledge of the other professional or after the termination of the client's relationship with the other professional.
 - 2. Alcohol and drug counselors cooperate with duly constituted professional ethics committees and promptly supply necessary information unless constrained by the demands of confidentiality.
 - 3. Alcohol and drug counselors report the unethical conduct or practice of others in the profession to the appropriate certifying authority.
 - 4. Alcohol and drug counselors do not knowingly file a false report against another professional concerning an ethics violation.
- B. As employees or members of organizations, alcohol and drug counselors refuse to knowingly participate in an employer's practices which are inconsistent with the ethical standards enumerated in this Code, and have a duty to report said practices to the appropriate licensure or accreditation body.
- C. Alcohol and drug counselors assign publication credit to those who have contributed to a publication as appropriate.
- D. Alcohol and drug counselors who are the authors of books or other materials that are published or distributed cite persons to whom credit for original ideas is due.

PRINCIPLE VII. Financial arrangements. Alcohol and drug counselors make financial arrangements for services with clients and third-party payers that are reasonably understandable and conform to accepted professional practices.

- A. Alcohol and drug counselors do not offer, give or receive commissions, rebates or other forms of compensation for the referral of clients.
- B. Alcohol and drug counselors do not charge excessive fees for services based upon current local rates.
- C. Alcohol and drug counselors disclose their fees to clients prior to the delivery of services.
- D. Alcohol and drug counselors do not enter into personal financial arrangements with clients.
- E. Alcohol and drug counselors represent facts truthfully to clients and third-party payers, regarding services rendered.

- F. Alcohol and drug counselors do not accept a private fee or any other gift or gratuity for professional work.
- G. Alcohol and drug counselors do not accept gifts from clients except in cases where refusal of such gifts would be damaging to the therapeutic relationship. When possible, consultation with a supervisor or certified counselor should be sought prior to accepting a gift.

PRINCIPLE VIII. Advertising. Alcohol and drug counselors engage in appropriate informational activities, including those that enable lay persons to choose professional services on an informed basis.

- A. Alcohol and drug counselors accurately represent their credential, competence, education, training, and experience.
- B. Alcohol and drug counselors do not use a firm name, letterhead, publication, term, title designation or document which states or implies an ability, relationship or qualification which the counselor does not have.
- C. Alcohol and drug counselors do not use any professional identification (such as a business card, office sign, letterhead, or telephone or association directory listing) if it includes a statement or claim that is false, fraudulent, misleading, or deceptive. A statement is false, fraudulent, misleading, or deceptive if it:
 - 1. contains a material misrepresentation of fact which is likely to create an unrealistic expectation; or
 - 2. omits pertinent facts.

PRINCIPLE IX. Legal and Conduct Standards of Behavior. Alcohol and drug counselors uphold the law and have high standards in both professional and personal conduct.

Grounds for discipline under this principle include, but are not limited to, the following:

- 1. Conviction of any felony or misdemeanor, excluding minor traffic offenses, whether or not the case is pending an appeal. A plea or verdict of guilty or a conviction following an Alford Plea, or any other plea which is treated by the court as a plea of guilty and all the proceedings in which the sentence was deferred or suspended, or the conviction expunged shall be deemed a conviction within the meaning of this section.
- 2. Permitting, aiding, abetting, assisting, hiring or conspiring with an individual to violate or circumvent any of the laws relating to licensure or certification under any licensing or certification act.
- 3. Fraud-related conduct under this principle includes, but is not limited to, the following:
 - a. Publishing or causing to be published any advertisement that is false, fraudulent, deceptive or misleading.
 - b. Engaging in fraud, misrepresentation, deception or concealment of material fact in applying for certification or certification renewal.
 - c. Failing to cooperate with a board investigation in any material respect which includes but is not limited to:

- i. interfering with an investigation or disciplinary proceeding by willful misrepresentation of facts before the disciplining authority or its authorized representatives;
 - ii. by use of threats or harassment against, or inducement to any patient, client or witness to prevent them from providing evidence in a disciplinary proceeding
 - iii. by use of threats or harassment against any person to prevent or attempt to prevent a disciplinary proceeding or other legal action from being filed, prosecuted or completed.
 - d. Committing a fraudulent insurance act.
 - e. Signing or issuing, in the certified alcohol and drug counselor's capacity, a document or statement that the counselor knows, or ought to know, contains a false or misleading statement.
 - f. Practicing the profession under a false name or name other than the name under which the certification is held.
 - g. Impersonating any certified professional or representing oneself as a certified professional for which one has no current certification.
 - h. Charging a client or a third party payer for a service not performed, or submitting an account or charge for services that is false or misleading. This does not apply to charging for an unkept appointment by a client.
 - i. Offering, giving or promising anything of value or benefit to any federal, state, or local employee or official for the purpose of influencing that employee or official to circumvent federal, state, or local law, regulation or ordinance governing the certified counselor or the alcohol and drug profession.
4. Engaging in sexual conduct, as defined in the Iowa Code, with a client during a period of time in which a professional relationship exists and for five years after that period of time.

DEFINITIONS

See Glossary of Terms for definitions.

INVESTIGATION

Complaint Procedure. Any individual may file a complaint against a certified professional by submitting a completed “Ethics Violation Allegation Worksheet” (available on IBC’s web site at www.iowabc.org).

1. The Ethics Violation Allegation Worksheet shall be submitted to:

Executive Director
Iowa Board of Certification
2600 Grand Ave, Suite 114
Des Moines, IA 50312
Email: INFO@iowabc.org
2. A copy of the Worksheet is forwarded to the Ethics & Appeals Committee chairperson.
3. The Ethics Committee, at their next monthly meeting, determines which principle(s) may have been violated.

4. If a potential violation has been determined, an investigator is assigned and the investigation is started.
5. If, in committee review, the allegation does not warrant assignment of an investigation, the complainant and the person who is alleged to have violated the principle will be notified of that decision. The allegation worksheet will be maintained in a committee file.
6. The Executive Director sends a certified letter to the respondent, notifying him/her that a complaint has been received, that an investigation has begun, and that he/she will be sent correspondence by the investigator. **Note: not cooperating with an investigation can result in a violation of Principle VI-A-2.**
7. The Executive Director shall send a certified letter to the complainant stating that the investigation has begun and that the investigator may be in contact with him/her.
8. When the investigation is completed, the investigator will report to the Ethics Committee. The committee shall review the information and make one of the following recommendations to the hearing panel:
 - a. Disciplinary hearing be held, or
 - b. Dismiss the complaint
9. Following the hearing, the respondent and complainant are notified in writing of the actions taken by the Board.

Should further violations be uncovered in the course of an investigation, these would comprise an additional complaint by the Committee on Ethics and Appeals.

If a complaint has been filed, the Ethics Committee may, at its discretion, proceed with an investigation even if the complainant subsequently requests that the complaint be withdrawn.

HEARING PROCEDURES

Order for Hearing. Upon recommendation of the Committee on Ethics and Appeals, the IBC Board shall approve the date, time and place for an ethics hearing and shall appoint a hearing panel for the proceedings. A written notice of hearing will be sent to the complainant and the respondent at least 21 days prior to the hearing date.

- A. The hearing panel shall be comprised of three directors of the Board, excluding any member having a conflict of interest in the matter. At least one of the three members of the hearing panel shall be a certified professional.
- B. Both the respondent and complainant will be provided with a copy of the investigator's report and the hearing procedures.
- C. The notice of the hearing shall state:
 - a. The date, time, and location of the hearing; and
 - b. The respondent may, at his or her expense, be represented by legal counsel at the hearing; and
 - c. The rules by which the hearing shall be governed.

A hearing may only be postponed at the discretion of the hearing panel chair and/or the IBC Executive Director.

Conduct of Hearing. The hearing shall be conducted in compliance with the following rules:

- A. The hearing shall be conducted by the hearing chair as assigned by the Executive Director, an impartial administrative law judge, attorney, or other person designated by the Board.
- B. The investigator, IBC's Executive Director, or a designated representative shall present evidence in support of the Committee's recommendation before the hearing panel. The complainant and the respondent shall be allowed the opportunity to participate in the hearing. Witnesses will be called when appropriate, but shall only be present in the hearing during their testimony. The hearing shall be closed to the public.
- C. The hearing panel shall not be bound by common law or statutory rules of evidence, and may consider all evidence having probative value.
- D. No discovery shall be permitted and no access to Board files shall be allowed by the respondent except as specifically provided for herein. The Board shall keep all files in permanent form and confidential, unless otherwise provided or directed in writing by the President of the Board or the President's designee, for disciplinary purposes or by a specific rule of the IBC Board.
- E. After completion of the investigation and prior to the commencement of the hearing, members of the Board and hearing panel shall not discuss the case with either the complainant or the respondent in order to maintain neutrality and impartiality. The Executive Director may act as a source of general information to all parties.
- F. Members of the hearing panel may inquire and/or conduct relevant fact-finding to obtain the information necessary to make an accurate determination of the facts of the case. If additional violations are discovered during the hearing, it may result in additional sanctions.
- G. Board members and committee members who are not serving in an official capacity during the hearing shall not be present unless all parties present agree to such circumstances.
- H. A member of the IBC staff shall be responsible for record keeping at the hearing.
- I. The hearing shall be recorded.

Failure by Respondent to Appear. If a respondent, upon whom proper notice of hearing has been served, fails to appear either in person or represented by counsel at the hearing or otherwise respond to the complaint, the respondent shall be deemed to be at default and bound by the results of the hearing to the same extent as if the respondent had been present.

Right to Waive Hearing. At any time during the ethics investigation process, a respondent has the right to waive an ethics hearing by formal notification in written form with an original signature to IBC. *In so doing, the respondent stipulates that the allegations of the ethics violation(s) are correct.* As soon as practical, but no later than 90 days upon receipt of the waiver or scheduled hearing date, the Board shall determine any disciplinary sanctions. The decision of the Board shall be final and no appeal may be filed.

Deliberation of the Hearing Panel. Once the chairperson of the Committee on Ethics and Appeals or a representative designee has presented the case information, the complainant and the respondent have had an opportunity to speak, and the hearing panel has asked any questions, the hearing panel will meet

in closed session to discuss the facts. A member of the IBC staff will be present during the deliberation. All panel deliberations will be recorded.

Decision of the Hearing Panel. The hearing panel shall make the determination regarding violation(s) and disciplinary sanctions as founded, substantiated, unsubstantiated or unfounded.

Upon conclusion of the hearing, the hearing panel chair shall submit a written report to the IBC office which shall include:

1. A concise statement of the findings of fact;
2. A conclusion as to whether any specific Principles have been substantiated, undetermined or unsubstantiated; and
3. The sanctions, if any, imposed by the Panel.

The hearing panel's decision and the official hearing panel report shall be sent within 30 days by certified mail to both the respondent and the complainant and include information on how an appeal may be requested.

Discretion of the Hearing Panel. The following factors may be considered by the hearing panel in determining the nature and severity of the disciplinary sanction to be recommended:

1. The relative seriousness of the violation as it relates to assuring the citizens of this state a high standard of professional service and care;
2. The facts of the particular violation;
3. Any extenuating circumstances or other counter-vailing considerations;
4. The number of complaints;
5. Prior violations or complaints and/or sanctions;
6. Whether the violation was self-reported;
7. Whether remedial action has previously been taken;
8. The level of cooperation from the respondent; and
9. Other factors which may reflect upon the competency, ethical standards and professional conduct of the individual.

Method of Discipline. The hearing panel may impose the following disciplinary sanctions:

1. Temporary revocation or permanent revocation; or
2. Suspension of certification or application privileges; or
3. Denial of an application for certification;
4. Reprimand; or
5. Other sanctions which may be deemed appropriate, such as additional education, training, supervision, competency demonstration, assessment and completion of any recommendations resulting from the assessment and/or other additional requirements in conjunction with any of the above disciplinary sanctions.

Announcement of Decision. At its next scheduled regular meeting, the Board shall be notified of the hearing panel's decision. The decision and the official hearing panel report shall be sent by certified mail to both the respondent and the complainant and include information on how an appeal may be requested.

Confidentiality. At no time prior to the release of the decision by the hearing panel shall any portion or the whole thereof of any action be made public or be distributed to any persons other than the directors of the Board, its Committee on Ethics and Appeals, and its staff.

Publication of Decisions. The decision in any disciplinary proceeding shall be published in whatever manner deemed appropriate by the Board. The employer, if any, shall be notified by certified mail of the final decision of the Board if a violation was founded. IBC may report a disciplinary action against certified professionals to the Iowa Department of Public Health-Division of Health Promotion, Prevention and Addictive Behaviors.

Failure to Comply with Sanctions. Failure to comply with hearing panel sanctions by the date mandated in the hearing report shall result in failure by the sanctioned individual to recertify or to apply for any of IBC's credentials after that date. Extensions for meeting sanctions will not be granted absent verifiable extenuating circumstances as determined by a hearing panel.

PROCEDURES AND REINSTATEMENT FOLLOWING DISCIPLINARY SANCTION(S)

Repossession of Certificate. If a respondent's IBC credential has been suspended, denied, or revoked, the respondent must return his or her certificate to IBC no later than twenty-one (21) days after he or she receives notice of the suspension, denial, or revocation. The IBC certificate remains the property of IBC. Failure to return the certificate as required may result in additional sanctions.

Reinstatement Following a Suspension. Upon expiration of the suspension period, the Board shall authorize reinstatement of the professional's credential for the balance of his or her certification period, unless:

1. The respondent did not submit a letter of application for reinstatement or the letter did not present facts which, if established, would be sufficient to enable the Board to determine that the basis for sanction no longer exists;
2. Another suspension or revocation of the respondent's certification has occurred;
3. The respondent has committed another violation of the Code of Ethics;
4. The respondent has failed to remit the recertification fees or make an application for recertification in a timely manner; or
5. The respondent has failed to comply fully with the terms of his or her suspension.

Possible Consideration Following Revocation. It is recognized that there may be mitigating circumstances which could warrant granting permission to apply for certification following revocation. This does not apply to a permanent revocation sanction.

1. Permission to apply for certification following revocation may be considered only after two years have lapsed from the date of the Board's final decision.
2. The request for permission to apply for certification shall be initiated by the respondent. The request shall present facts which, if established, would be sufficient to enable the Board to determine that the basis for sanction no longer exists.
3. Permission to seek certification following revocation is granted solely within the discretion of the Board.

Permanent Revocation. Permanent revocation of certification or application privileges shall be construed as lasting a lifetime without the possibility for reinstatement.

APPEALS OF DECISIONS OF HEARING PANEL

Notice of Right to Appeal. The respondent has the right to appeal the hearing panel's decision. The IBC office shall provide notice to the respondent that he or she may file an appeal of the hearing panel's decision.

Filing of Appeal. Appeals must be postmarked or personally delivered to IBC within thirty (30) days of receiving the certified notice of the hearing panel's decision. Appeals shall be addressed to:

Executive Director
Iowa Board of Certification
2600 Grand Ave, Suite 114
Des Moines, IA 50312

Administrative Fee for Appeals. A non-refundable administrative fee must be submitted to IBC with the party's written appeal.

Content of Appeal. The appeal shall contain the following information.

1. Name, address, and telephone number of appealing party;
2. A written statement of the reasons supporting the appealing party's dissatisfaction with the hearing panel's decision;
3. A statement of the relief desired by the appealing party;
4. Copies of all relevant documents;
5. Signature of the appealing party.

Review and Adjudication of Appeal. The Directors of the Board, excluding any member having a conflict of interest in the matter, will review the case within 75 days of receipt of the request for appeal. The original hearing panel members may participate in the review with at least one member representing the hearing panel's decision.

Review of the appeal shall include review of the written appeal, any relevant documents submitted for purposes of the appeal, and transcripts of the hearing panel proceedings.

The Board shall make the determination to do one of the following.

1. Uphold the decision of the hearing panel;
2. Overturn or otherwise alter the decision of the hearing panel; or
3. Recommend a new hearing.

Final Decision. If no request for an appeal is made within the required time frame stated above, the decision of the hearing panel shall be final. Once the appeal process is completed, the decision of the Board shall be final.

Respondents who waive their right to a hearing also waive their right to appeal the sanctions determined by the board.

GLOSSARY OF TERMS

Alcohol and Drug Counselor: A person who has applied for certification or who is certified as an alcohol and drug counselor by the Iowa Board of Certification.

Alcohol and Drug Specific: Includes history, uses, and pharmacology of stimulants, depressants, psychotherapeutic drugs, alcohol, tobacco, and various other substances as well as the psychological, biological and social aspects of substance abuse. Appropriate intervention for preventing and treating substance abuse in special populations is also acceptable. In simpler terms, the training must be either about chemical substances or directly relate the topic to substance use and abuse.

Board: Iowa Board of Certification.

CEU: Literally means a continuing education unit and is synonymous with "clock hour."

Client: A person who seeks or is assigned the services of an alcohol and drug counselor or agency, regardless of the setting in which the counselor works, and for five years after the termination of services which includes aftercare, growth group and/or continuing care.

Clock Hour: Sixty minutes of participation in an organized learning experience. The unit of measurement for Professional Development credit for alcohol and drug counselors.

Complainant: A person who has filed an official ethics complaint pursuant to these rules.

Continuing Education: The variety of forms of learning experiences including, but not limited to lectures, conferences, academic studies, institutes, workshops, extension studies, and home study programs undertaken by applicants.

Counseling Theories and Techniques: Philosophical and practical ways of thinking that offer a framework for understanding the client's world and guidelines for problem solving. Well-developed theories cover Metaphysics- how the world works, Ethics- how people should act, Logic- cause and effect in relationships, Epistemology- how people learn, and Ontology- the meaning of human existence. Examples of appropriate education in this category are Adlerian Therapy, Brief Therapy, Rational Emotive Therapy, and Rogerian Therapy.

Date of Application: The date on which the Iowa Board of Certification receives any portion of the completed application.

Disciplinary Proceeding: Any proceeding conducted under the authority of the Board.

Discipline: Any sanction the Board may impose upon a counselor for conduct which denies or threatens to deny the citizens of this state a high standard of professional care.

Distance Learning: Education that is obtained via Internet, home study programs, or other means in which the counselor works independently from an instructor and classroom (a non-live training). A limit of 20 clock hours can be earned by this method per recertification period.

Ethics: Moral and ethical conduct as described in the IBC Code of Ethics.

Experience: Actual work in the field of alcohol and drug counseling. This may include practicum, volunteer, or part-time counseling, if provided under direct supervision.

Hearing Panel: A panel comprised of directors of the Board, which conducts a disciplinary proceeding pursuant to these rules.

IBC: Iowa Board of Certification

IBC-Approved: When a training sponsor submits workshop materials to IBC demonstrating that a workshop has relevant content and requesting IBC CEU's for all participants.

In-Service Training: The education and training which occurs within the applicant's agency, only for agency staff and conducted only by agency staff.

Permanent Revocation: The permanent loss of certification or application privileges by IBC.

Racial/Ethnic: Covers training including, but not limited to, the following categories: American Indian/Alaskan Native, Asian, African American, Native Hawaiian/Pacific Islander, and Hispanic/Latino.

Reactivation: The process of certification becoming active following Inactive Status. This is done by completing the recertification application which can be found on the IBC web site.

Relevant Content: Content relevant to the development and maintenance of current competency in the delivery of alcohol and drug counseling. Such course content may include, but is not limited to, the Domains as defined in the Application Handbook.

Reprimand: A formal written reproof or warning. Two reprimands within a two year period will result in a six month suspension.

Residency Requirement: IBC's policy that the applicant must physically live and/or work in Iowa at least 51% of the time at the time of application for initial certification, recertification, and reactivation.

Respondent: A person who is seeking or who has obtained certification from the Iowa Board of Certification and against whom a complaint has been filed pursuant to this Code.

Revocation: The loss of IBC certification, including all related test scores.

Sexual Conduct: Includes kissing; touching of the clothed or unclothed inner thigh, breast, groin, buttocks, anus, pubes, or genitals; and sex acts which include intercourse, oral sex, and sexual contact with fingers, hands, objects.

Special Populations: Clients from various populations who are unique in their needs. Special Populations include age, race, national origin, religion, gender, economic status, sexual orientation, disability, HIV positive, veterans, rural or urban, dual diagnosis of mental health disorder and substance abuse, gangs, Post Traumatic Stress Disorder, impoverished, criminals, and abuse victims.

Sponsor: An organization or presenter seeking IBC hours for all participants at a specific workshop.

Substantiated Ethics Violation: There is proof that the ethics complaint/allegation is true, a sanction will be imposed, and a record of the violation will be indicated on IBC's website and will be kept in the professional's certification file.

Successful Completion: Meeting all criteria as specified by the sponsor for continuing education course credit.

Supervisor: A person who meets the criteria to conduct supervision for counselor certification purposes.

Suspension: A time-limited loss of certification or the privilege of making application for certification.

Undetermined Ethics Violation: The hearing panel is unsure of proof of the ethics allegation/complaint, sanctions and recommendations may be made by the hearing panel, and a record of these sanctions/recommendations will be kept in the professionals' certification file.

Unsubstantiated Ethics Violation: There is no proof that the ethics allegation/complaint is true, and no record of the complaint will be kept in the professional's certification file.

Workshop: A systematic learning experience, at least one hour in length, which deals with and is designed for the acquisition of tasks, knowledge, skills, and information for application in client care.

CHECKLIST

APPLICATION FOR ALCOHOL AND DRUG COUNSELORS

Applicants for must submit a completed application, which needs to include:

- Form 01, "Applicant Information" (tCADC, CADC, IADC, IAADC)
- Form 02, "Assurances and Release" (tCADC, CADC, IADC, IAADC)
- Form 03, "Education Resume" (tCADC, CADC, IADC, IAADC)
 - Have you requested your college(s) transcripts to IBC?
- Form 04, "Workshop Documentation" and copies of certificates of completion (tCADC, CADC, IADC, IAADC)
- Form 05, "Professional Experience Resume" (CADC, IADC, IAADC)
- Form 06, "Documentation of Domain Experience" (CADC, IADC, IAADC)
- A formal written job description obtained from your HR Dept. (CADC, IADC, IAADC)
- Completed Form 09, sent by supervisor (CADC, IADC, IAADC)
- Non-refundable fee of \$400.00 via cash, a check or money order payable to IBC, or payment made through the IBC website (tCADC, CADC, IADC, IAADC)

Addendum I

Members of International Certification and Reciprocity Consortium (IC&RC)

Following is the current list of states/countries that carry the IADC or IAADC credentials:

National

Alabama	Massachusetts	Texas
Arizona	Michigan	U.S. Air Force
Arkansas	Minnesota	U.S. Army
California	Mississippi	U.S. Navy
Connecticut	Missouri	Utah
Delaware	Nebraska	Vermont
District of Columbia	Nevada	Virginia
Florida	New Hampshire	West Virginia
Georgia	New Jersey	Wisconsin
Hawaii	New Mexico	
Idaho	New York	
Illinois	North Carolina	
Indian Health Services	Ohio	
Indiana	Oklahoma	
Iowa	Pennsylvania	
Kentucky	Puerto Rico	
Louisiana	Rhode Island	
Maryland	South Dakota	

International

Bermuda	Indonesia	Singapore
Canada	India	South Korea
Costa Rica	Israel	Spain
Germany	Japan	Sweden
Greece, Malta, Cyprus, Bulgaria	Mexico	United Kingdom
Hong Kong	Nicaragua	World Federation
Iceland/Nordic/Baltic	Pacific	Therapeutic Communities

Addendum II

tCADC, CADC & IADC DOMAINS

Examination Content

The 2013 IC&RC Alcohol & Drug Counselor Job Analysis identified four performance domains for the IC&RC Alcohol & Drug Counselor Examination. Within each performance domain are several identified tasks that provide the basis for questions in the examination. Following is the outline of the tasks that fall under each domain.

Candidates will note that the final 13 questions on the exam all relate to a single case study, which is presented with those questions at the end of the exam.

Domain	Weight on Exam:
1. Screening, Assessment, and Engagement	23%
2. Treatment Planning, Collaboration, and Referral	27%
3. Counseling	28%
4. Professional and Ethical Responsibilities	22%

Domain I: Screening, Assessment, and Engagement

Task 1: Demonstrate verbal and non-verbal communication to establish rapport and promote engagement.

Knowledge of:

1. Best practices related to interviewing techniques
2. Self-awareness and therapeutic use of self
3. Stages of change
4. How culture affects communication

Skill in:

1. Building trust and establishing rapport with clients
2. Recognizing and understanding verbal and non-verbal behaviors
3. Using stages of change to promote engagement

Task 2: Discuss with the client the rationale, purpose, and procedures associated with the screening and assessment process to facilitate client understanding and cooperation.

Knowledge of:

1. Criteria for evaluation of substance use disorders
2. Significance of diagnostic reports from laboratory tests
3. Behavior, patterns, and progressive stages of substance use disorders

4. States of intoxication, stages of withdrawal, psychological and physical effects of psychoactive substances
5. Patterns and methods of misuse and abuse of prescribed and over-the-counter medications
6. Current commonly used substances
7. How blood alcohol content affects behavior
8. Professional ethics and confidentiality

Skill in:

1. Utilizing interview techniques
2. Gathering and assessing information and summarizing data
3. Assessing and determining the severity of client psychoactive substance use

Task 3: Assess client's immediate needs by evaluating observed behavior and other relevant information including signs and symptoms of intoxication and withdrawal.

Knowledge of:

1. Current commonly used substances
2. How blood alcohol content affects behavior
3. Legal limits of blood alcohol content
4. Effects and interactions of using substances
5. Withdrawal symptoms
6. Behavioral management of an impaired person
7. Emergency procedures associated with overdose and acute withdrawal symptoms

Skill in:

1. Recognizing signs and symptoms of intoxication and withdrawal
2. Using interview techniques
3. Assessing verbal and non-verbal behavior
4. Referring to appropriate medical personnel

Task 4: Administer appropriate evidence-based screening and assessment instruments specific to clients to determine their strengths and needs.

Knowledge of:

1. The variety of substance use disorder assessment instruments and their limitations and strengths
2. The administration and scoring procedures for substance use disorder instruments
3. Diagnostic criteria for evaluating substance use
4. Behavior patterns and progressive stages of substance use disorders
5. Screening, brief intervention, and referral to treatment (SBIRT)
6. The role of the client's culture, demographics, and cognitive functioning in the assessment process

Skill in:

1. Selecting and administering assessment instruments

Task 5: Obtain relevant history and related information from the client and other pertinent sources to establish eligibility and appropriateness of services.

Knowledge of:

1. Information and resources regarding cultures, sexual orientation, gender and special needs
2. The significance of diagnostic reports from laboratory tests
3. Signs and symptoms of co-occurring mental health disorders
4. Interview processes, including objectives and techniques
5. The use and method of feedback to the client
6. How a client's financial circumstances influence treatment options

Skill in:

1. Identifying and understanding non-verbal behaviors
2. Building trust and establishing rapport
3. Gathering and assessing information
4. Identifying discrepancies in information given by client and/or concerned others
5. Determining the importance of the relationship between the client and concerned others
6. Assessing the appropriateness of involving concerned others in the assessment process
7. Recognizing a need for more in-depth information from other professionals
8. Effective use of open- and closed ended questions and other interview techniques

Task 6: Screen for physical needs, medical conditions, and co-occurring mental health disorders that might require additional assessment and referral.

Knowledge of:

1. Appropriate screening and assessment tools
2. Screening and identification of issues outside the scope of practice of a substance abuse counselor that require referrals
3. Conditions commonly associated with substance use e.g. physical needs, medical conditions and co-occurring mental health disorders
4. Crisis Intervention

Skill in:

1. Applying the use of screening and assessment instruments
2. Using interview techniques
3. Collaborating with multiple disciplinary teams to determine course of action

Task 7: Interpret results of screening and assessment and integrate all available information to formulate diagnostic impression, and determine an appropriate course of action.

Knowledge of:

1. Criteria for diagnosis of substance use disorder
2. Behaviors indicative of other addictive disorders
3. Conditions commonly associated with substance use e.g. physical needs, medical conditions and co-occurring mental health disorders
4. The relationship between substance use and trauma
5. The various manifestations of client ambivalence related to readiness to change
6. Treatment options
7. Detoxification
8. Laboratory data related to substance use disorders

Skill in:

1. Identifying and understanding verbal and non-verbal behaviors
2. Prioritizing the information obtained from the client relative to the assessment
3. Organizing and summarizing client data and clinical impressions
4. Documenting information in a concise, clinically accurate and objective manner
5. Recognizing client needs
6. Communicating treatment options

Task 8: Develop a written summary of the results of the screening and assessment to document and support the diagnostic impressions and treatment recommendations.

Knowledge of:

1. Interpretation of results to integrate all available information, formulate diagnostic impressions, and determine an appropriate course of action
2. The elements of a bio psychosocial assessment
3. Appropriate recommendations for treatment planning
4. Diverse communication styles and systems
5. The various manifestations of client ambivalence relative to stages of change
6. Clinically appropriate documentation practices

Skill in:

1. Documenting information in a concise, clinically accurate and objective manner
2. Organizing and summarizing client data, reports from other professionals, and clinical impressions

Domain II: Treatment Planning, Collaboration, and Referral

Task 1: Formulate and 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.

Knowledge of:

1. The purpose of the assessment and treatment planning process
2. Client ambivalence encountered during assessment process
3. Criteria for evaluating substance use disorders

Skill in:

1. Building trust and establishing rapport with the client
2. Eliciting feedback to assure understanding of information given
3. Communicating effectively
4. Presenting technical information in a manner appropriate to the client
5. Writing obtainable and measurable goals with the client

Task 2: Use ongoing assessment and collaboration with the client and concerned others to review and modify the treatment plan to address treatment needs.

Knowledge of:

1. How culture, demographics and other client characteristics affect response to treatment
2. Risk factors that relate to suicide, homicide, family violence, self-injury, and other harmful behaviors
3. Methods to respond to client in crisis
4. Circumstances which may necessitate a change in the course of treatment

Skill in:

1. Collaborating with client and, when appropriate, concerned others to negotiate adjustments to the treatment plan
2. Using client feedback to enhance treatment
3. Documenting any adjustments to the treatment plan

Task 3: Match client needs with community resources to facilitate positive client outcomes.

Knowledge of:

1. Community resources to meet client needs
2. Appropriate practices regarding case consultation
3. Appropriate practices for handling confidential client information

Skill in:

1. Assessing client's needs for referral
2. Identifying professional and agency limitations

3. Responding to client and/or family in crisis
4. Planning and facilitating referral
5. Developing and maintaining working relationships with other professionals

Task 4: Discuss rationale for a referral with the client.

Knowledge of:

1. Referral rationale for group, individual and family counseling
2. Methods of responding to a client and/or family in crisis
3. Professional scope of practice in substance use disorder counseling
4. Personal/professional strengths and limitations
5. Strengths and limitations of other service providers
6. Philosophies and approaches of outside community resources
7. Rationale, benefits, and modalities of other treatment providers
8. Level of care placement criteria

Skill in:

1. Communicating warmth, respect and acceptance of cultural and individual differences
2. Communicating (oral and written)
3. Collaborating with multidisciplinary team members
4. Coordinating care

Task 5: Communicate with community resources regarding needs of the client.

Knowledge of:

1. Consultation and referral within confidentiality guidelines
2. Oral/written communication
3. Agency's policies regarding case consultation
4. Services available to family and significant others especially as they affect access to treatment and the recovery process

Skill in:

1. Explaining the rationale for decisions affecting confidentiality
2. Making clear and concise oral/written case presentations
3. Gathering, organizing, and interpreting data for case consultation
4. Interpreting written reports of other professionals
5. Seeking and responding to information from other professionals relative to own knowledge of the case
6. Identifying and using sources of supervision and consultation
7. Establishing trust and rapport with colleagues
8. Identifying appropriateness of request for information from consultation source
9. Communicating with community resources

Task 6: Advocate for the client in areas of identified needs to facilitate continuity of care.

Knowledge of:

1. Skills and services provided by other professionals
2. How to maintain working relationships with other professionals
3. Oral/written communication
4. Follow-up process with referral sources
5. Advocacy techniques
6. Eligibility requirements for funding
7. Level of care placement criteria
8. Knowledge of symptoms of substance use disorders

Skill in:

1. Collaborating with outside resources and professionals
2. Preparing comprehensive and relevant documentation in a timely manner
3. Matching client's needs with resources
4. Making clear and concise oral/written case presentations
5. Gathering, organizing, and interpreting data for case consultation
6. Establishing trust and rapport with colleagues

Task 7: Evaluate the effectiveness of case management activities to ensure quality service coordination.

Knowledge of:

1. Skills and services provided by other professionals
2. How to maintain working relationships with other professionals
3. Utilization of consultation results
4. Understanding all aspects of the referral process
5. Understanding importance of service coordination
6. Documentation procedures for referral and follow-up
7. Individual differences (i.e., culture, ethnicity, race, age, gender, sexual orientation, HIV/AIDS status, religion) and how these differences affect all aspects of substance use disorder treatment

Skill in:

1. Communicating warmth, respect, and acceptance of cultural and individual differences
2. Effective verbal and written communication
3. Identifying and addressing personal and organizational limitations
4. Organizing and interpreting relevant information and data
5. Preparing comprehensive and relevant documentation in a timely manner
6. Applying organizational policies and procedures
7. Interpreting written reports of other professionals
8. Identifying and using sources of supervision and consultation
9. Conducting effective service coordination
10. Identifying possible conflicts of interest with outside resources

Task 8: Develop a plan with the client to strengthen ongoing recovery outside of primary treatment.

Knowledge of:

1. Recovery process and relapse dynamics
2. Techniques to interrupt the relapse process
3. Residual effects of substance use as it affects the relapse process
4. External factors (e.g., peers, family, the environment, support groups) that influence recovery and relapse
5. Developmental stages of recovery
6. How to develop an individualized recovery plan that meets the unique needs of the client
7. Integrated service delivery within the continuum of care
8. Confidentiality best practices and administrative rules
9. Treatment planning and discharge criteria
10. Available self-directed support

Skill in:

1. Educating the client and concerned others about the recovery and relapse process
2. Recognizing client manifestations of the relapse process
3. Assessing a client's risk factors for relapse
4. Educating the client in understanding their individual relapse signs and symptoms
5. Assisting the client in intervening in the relapse process
6. Assessing community resources to support recovery
7. Guiding the client through the developmental stages of recovery
8. Collaborating with the client in developing and writing a recovery plan
9. Creating, maintaining, and monitoring effective follow-up with the client
10. Preparing client and concerned others in separation issues inherent in the referral and aftercare process
11. Recognizing addiction substitution
12. Obtaining, updating, and reviewing data related to the client
13. Explaining to the client impressions of progress and problems in the treatment process
14. Providing comprehensive and individualized discharge planning and referral services
15. Feedback procedures (e.g., reflection, reframing, interpretation, clarification)

Task 9: Document treatment progress, outcomes, and continuing care plans.

Knowledge of:

1. Informed consent and limitations of confidentiality
2. Specific rules of the treatment provider related to continuum of care and record keeping formats
3. Basic formats for written documentation in objective/medical charting
4. Components of treatment or continuing care plans according to best practices
5. Documentation standards in clinical record

Skill in:

1. Providing timely record keeping
2. Preparing clear, complete and concise written communication
3. Reporting in observable and measurable terms

Task 10: Utilize multiple pathways of recovery in treatment planning and referral.

Knowledge of:

1. Benefits and limitations of the 12 Steps and 12 Traditions
2. Benefits and limitations of other recovery support approaches
3. Benefits and limitations of harm reduction based models of recovery
4. Ways in which medical consultation and treatment may enhance the recovery process

Skill in:

1. Providing unbiased information regarding treatment approaches and assist the client in choosing the best alternative
2. Explaining difficult or contradicting concepts to clients in language that helps them understand differences in approaches to recovery
3. Collaborating with other professionals to maximize support for the recovery process

Domain III: Counseling

Task 1: Develop a therapeutic relationship with clients, families, and concerned others to facilitate transition into the recovery process.

Knowledge of:

1. Methods and techniques for client engagement
2. Counseling approaches (e.g., empathy, active listening, authenticity, appropriate self-disclosure)
3. Appropriate use of boundaries
4. Positive reinforcement (e.g., identifying client strengths, instilling hope, identifying client potential)
5. Transference and countertransference

Skill in:

1. Using reinforcing and affirming behaviors
2. Staying consistent in the professional role
3. Demonstrating a non-judgmental attitude
4. Identifying and interpreting verbal and non-verbal behaviors
5. Asking open-ended questions
6. Responding therapeutically
7. Determining relevant therapeutic approaches appropriate to stages of recovery
8. Responding appropriately to ambivalence

9. Identifying and managing transference and countertransference
10. The termination process, techniques, and effects

Task 2: Provide information to the client regarding the structure, expectations, and purpose of the counseling process.

Knowledge of:

1. Counseling and therapeutic process specific to substance use
2. Stages of treatment
3. Methods and techniques for enhancing client engagement
4. Recovery-oriented behavior
5. Feedback procedures (e.g., reflection, reframing, interpretation, clarification)

Skill in:

1. Communicating effectively
2. Responding therapeutically
3. Responding appropriately to ambivalence
4. Identifying and interpreting verbal and non-verbal behavior
5. Explaining the treatment process

Task 3: Continually evaluate the client's safety, relapse potential, and the need for crisis intervention.

Knowledge of:

1. Recovery and relapse process
2. Risk factors associated with relapse
3. Feedback procedures
4. Various forms of reinforcement
5. Defense mechanisms and appropriate counseling approaches
6. Recovery-oriented systems of care (ROSC)
7. Services provided in the community and necessary referral information
8. Crisis Intervention
9. Non-life/life-threatening crises situations and impact on recovery

Skill in:

1. Obtaining, updating, reviewing, and synthesizing data related to the client
2. Communicating clearly and concisely
3. Utilizing counseling techniques
4. Building trust and establishing rapport through various counseling techniques
5. Maintaining a non-judgmental attitude
6. Assessing risk potential and responding appropriately
7. Utilizing crisis intervention techniques and documenting results
8. Utilizing crisis situations to facilitate the recovery process

Task 4: Apply evidence-based, culturally competent counseling strategies and modalities to facilitate progress towards completion of treatment objectives.

Knowledge of:

1. Appropriate counseling techniques for client needs
2. Various psychosocial needs and intrinsic motivations
3. Different types of groups, their purposes, function, and parameters
4. Various facilitator roles and techniques
5. Group dynamics and stages of group functioning
6. How differences among various populations (e.g., cultural, ethnicity, race, age, gender, sexual orientation) affect response to treatment
7. How peer influence and the community environment encourages or discourages substance use disorders
8. Family dynamics and theories of family counseling
9. Client resistance strategies and the modalities to assist the client

Skill in:

1. Observing and responding to family interaction
2. Applying different family counseling techniques
3. Assisting family members to differentiate between individual needs and family needs in the treatment process
4. Orienting clients for group counseling
5. Managing membership issues (e.g., turnover, dropout, adding new members)
6. Establishing an environment to support trust among group members
7. Developing cohesiveness and identity among group members
8. Using group dynamics for individual and group growth
9. Guiding group process appropriate to the developmental stage of the group
10. Terminating the counseling process with the group or an individual member
11. Determining relevant strategies appropriate to different therapeutic stages
12. Selecting and implementing appropriate counseling approaches

Task 5: Assist families and concerned others in understanding substance use disorders and engage them in the recovery process.

Knowledge of:

1. Substance use disorder as a primary disease, including symptomatology and pharmacology
2. Behavior patterns and progressive stages of substance use disorder
3. How substance abuse disorders affect society and the family of the substance user
4. Adverse effect of combining various types of psychoactive drugs, as well as over-the-counter medications
5. The potential for cross and multiple dependencies
6. The dynamics of relapse

7. Effect of substance abuse on various body systems (e.g., endocrine, immune, reproductive system, skeletal, neurological, muscular, respiratory, circulatory, digestive)
8. Patterns and methods of misuse and abuse of prescribed and over-the counter medications
9. Learning styles and teaching methods
10. Family dynamics and roles

Skill in:

1. Communicating effectively
2. Conveying respect for personal differences
3. Evaluating the reception of the information provided
4. Time management and organizing information

Task 6: Document counseling activity and progress towards treatment goals and objectives.

Knowledge of:

1. Oral/written communication
2. Acceptable documentation standards
3. Record keeping requirements
4. Skills and services provided by other professionals

Skill in:

1. Making clear and concise oral/written case presentations
2. Gathering and organizing data for case consultation
3. Identifying and using sources of supervision and consultation

Task 7: Provide information on issues of identity, ethnic background, age, sexual orientation, and gender as it relates to substance use, prevention and recovery.

Knowledge of:

1. A variety of cultures
2. Personal biases
3. Diagnoses of substance use disorders, treatment issues, support group and prevention strategies

Skill in:

1. Communicating effectively
2. Conveying respect for individual needs

Task 8: Provide information about the disease of addiction and the related health and psychosocial consequences.

Knowledge of:

1. 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
2. Health consequences of substance use and its relationship to other chronic disease such as diabetes, heart disease, cirrhosis and other effects of chemical substances on the body
3. Life skills, including but not limited to, stress management, relaxation, communication, assertiveness, and refusal skills
4. Emotional, cognitive, and behavioral aspects of substance use
5. Sociological and environmental effect of substance use
6. Continuum of care and resources available to develop an understanding of prevention, intervention, treatment, and recovery

Skill in:

1. Educating the client, family, and concerned others about the disease of addiction and the related health and psychosocial consequences
2. Effective oral and written communication
3. Adapting education style to the specific needs of the client

Domain IV: Professional and Ethical Responsibilities

Task 1: Adhere to established professional codes of ethics and standards of practice to uphold client rights while promoting best interests of the client and profession.

Knowledge of:

1. Applicable professional codes of ethics
2. Professional standards of practice
3. Client rights
4. Consequences of violating codes of ethics, confidentiality laws, and client rights
5. Jurisdictional specific rules and regulations regarding best practices
6. Grievance processes
7. Agency policies and procedures
8. Confidentiality and privacy laws

Skill in:

1. Applying professional codes of ethics to professional practice
2. Developing professional competencies through continuing education, professional supervision and training
3. Applying best practices regarding client rights

Task 2: Recognize diversity and client demographics, culture and other factors influencing behavior to provide services that are sensitive to the uniqueness of the individual.

Knowledge of:

1. Differences found in diverse populations
2. Culturally sensitive counseling techniques
3. Different resources to assist in working with clients who are members of a diverse population

Skill in:

1. Advocating for client specific needs
2. Recognizing client feelings and behaviors that result from their respective culture
3. Conveying respect for culture and diversity in the therapeutic process
4. Adapting therapeutic strategies to specific client needs
5. Assessing client substance use in light of client's cultural context
6. Assessing counselor bias

Task 3: Continue professional development through education, self-evaluation, clinical supervision, and consultation to maintain competence and enhance professional effectiveness.

Knowledge of:

1. Education and training methods which promote personal/professional growth
2. Current professional literature on substance use
3. Information sources on current trends in the substance use field
4. Personal and professional strengths and limitations
5. Self-evaluation techniques
6. Emerging trends in the treatment of addiction
7. Clinical supervision and consultation utilization

Skill in:

1. Assessing personal training needs
2. Selecting and participating in appropriate training programs
3. Reading, interpreting, and applying professional literature
4. Applying evidence-based practices to the counseling process
5. Developing professional goals and objectives
6. Using self-assessment for personal and professional growth
7. Eliciting and using feedback from colleagues and supervisors
8. Accepting both constructive criticism and positive feedback

Task 4: Identify and evaluate client needs that are outside of the counselor's ethical scope of practice and refer to other professionals as appropriate.

Knowledge of:

1. Physical disorders that may complicate treatment of substance use disorders
2. The relationship between psychoactive substance use and trauma
3. The relationship between psychoactive substance use and other mental and emotional disorders
4. Crisis situations that need an immediate response
5. The diversity of services provided within the community and necessary referral information
6. Services available to family and concerned others as they affect treatment and the recovery process
7. The continuum of care
8. Potential conflicts of interest

Skill in:

1. Assessing the need for referral to outside services
2. Protecting and communicating client rights
3. Identifying appropriate resources for specific client needs
4. Collaborating with outside resources
5. Identifying personal and agency limitations
6. Identify legitimacy and legality of requested information

Task 5: Uphold client's rights to privacy and confidentiality according to best practices in preparation and handling of records.

Knowledge of:

1. Best practices for handling confidential client information
2. Essential components of client records and their uses
3. Regulations governing storage and destruction of records
4. Electronic health record utilization

Skill in:

1. Communicating effectively and sharing of client records within the rules and regulations of confidentiality
2. Applying appropriate laws and regulations for the handling of confidential information

Task 6: Obtain written consent to release information from the client and/or legal guardian, according to best practices.

Knowledge of:

1. Best practices for handling confidential client information
2. Essential components of client records and their uses

Skill in:

1. Applying appropriate laws and regulations for the handling of confidential information

Task 7: Prepare concise, clinically accurate, and objective reports and records.

Knowledge of:

1. Significance of presenting symptoms
2. Related physical and behavioral health concerns that could affect treatment
3. Client progress
4. Critical incidents and crisis intervention
5. Factors effecting prognosis development
6. Appropriate and relevant recommendations

Skill in:

1. Summarizing and synthesizing relevant client information
2. Reporting in observable and measurable terms
3. Timely record keeping

Addendum III tCADC/CADC/IADC Examination Reference List

The following resources were compiled as suggested reading to assist candidates preparing for the IC&RC Alcohol & Drug Counselor examination. Consulting these and other references may be beneficial to candidates. Please note that this is not a comprehensive listing of all references and that not all questions on the examination came from these references.

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Addendum IV

IAADC DOMAINS

Examination Content

The **2014 Advanced Alcohol & Drug Counselor** Job Analysis identified four performance domains for the IC&RC Advanced Alcohol & Drug Counselor Examination:

Domain	Weight on Exam:
1. Screening, Assessment, and Engagement	23%
2. Treatment Planning, Collaboration, and Referral	18%
3. Counseling and Education	28%
4. Ethical and Professional Responsibilities	31%

Within each performance domain are several identified tasks that provide the basis for questions in the examination. Following is the outline of the tasks that fall under each domain.

DOMAIN I: Screening, Assessment, and Engagement

Task 1 Demonstrate verbal and non-verbal skills to establish rapport and promote engagement with persons served presenting at all levels of severity.

Knowledge of:

1. Stages of change and recovery process
2. Role of empathy and active listening in the engagement process
3. Interview process including objectives and techniques
4. Protection and limitations offered by laws and regulations related to confidentiality and ethical codes in the treatment of the person served
5. Culturally-based considerations that may influence the treatment and recovery process
6. Social, professional, and institutional biases that impact effective treatment of individuals
7. Current evidence-based theories and principles concerning human behavior, development, and bio/psycho/social approaches as they relate to the person served
8. Behavioral indicators of decreased engagement
9. Motivation enhancement techniques

Skill in:

1. Sharing compassion, empathy, respect, flexibility, patience, persistence and hope with all individuals, regardless of their level of need or stage of recovery
2. Establishing and maintaining a professional relationship through objective, empathic detachment and the management of personal biases with a non-judgmental, non-punitive demeanor and approach
3. Demonstrating sensitivity to and respect for all persons

4. Responding to the unique communication and learning styles of the person served
5. Facilitating the participation of support persons, family members, and other service providers and welcoming them as collaborators
6. Eliciting the viewpoint of the person served while acknowledging the strengths and challenges in their recovery
7. Enhancing and maintaining the individual's motivation
8. Communicating clearly and concisely, both verbally and in writing
9. Applying cultural competence
10. Communicating and applying the protections and limitations offered by laws and regulations related to confidentiality in the treatment of the person served
11. Responding to engagement interfering events

Task 2 Discuss with persons served the rationale, purpose, and procedures associated with the screening and assessment process to facilitate understanding and cooperation.

Knowledge of:

1. Criteria for evaluation of substance use, mental health and/or other health conditions
2. Signs, symptoms, and progressive stages of substance use disorders
3. Signs, symptoms, and progressive stages of mental disorders
4. Full continuum of substance use behavior
5. States of intoxication, stages of withdrawal, and long-term psychological and physical effects of psychoactive substances
6. Patterns and methods of misuse of prescribed and over-the-counter medications
7. Physical conditions associated with substance use and mental disorders
8. Strengths-based wellness, resilience, and recovery models
9. Evidence-based and developmentally sensitive screening tools
10. Signs of abuse, neglect, domestic violence, and other trauma
11. Diagnostic criteria
12. Placement criteria
13. Risks and benefits of treatment options for substance use, mental health and/or other health conditions
14. Informed consent

Skill in:

1. Using interviewing techniques
2. Using motivation enhancement techniques
3. Gathering and assessing information and summarizing data
4. Assessing and determining the severity of substance use and co-occurring disorders of the person served
5. Building trust and establishing rapport with the person served
6. Recognizing and understanding non-verbal behaviors
7. Following established psychometric procedures when using standardized measures

Task 3 Assess the immediate needs and readiness for change of the person served through evaluation of observed behavior and other relevant signs and symptoms of co-occurring substance use and/or mental health disorders.

Knowledge of:

1. Signs and symptoms of intoxication, withdrawal, and mental disorders to determine level of care
2. Interventions and strategies to effectively respond to various presentations
3. Crisis intervention strategies
4. Cultural impact on observed behavior
5. Legal and ethical considerations

Skill in:

1. Identifying level of impairment
2. Identifying level of risk
3. Applying techniques for assessing readiness for change
4. Providing safe and effective care of the person served demonstrating symptoms of mental disorders
5. Providing safe and effective care of the person served experiencing psychoactive substance effects

Task 4 Recognize the interactions between co-occurring substance use, mental health and/or other health conditions.

Knowledge of:

1. Mental health including process addictions, substance use, and other health care issues that may require more extensive evaluation
2. Trauma throughout the life cycle
3. The impact of substances on personality, mood, anxiety, and thought disorders
4. The impact of personality, mood, anxiety, and thought disorders on substance use
5. The impact of trauma on substance use
6. The impact of substance use on trauma
7. The impact of trauma on personality, mood, anxiety, and thought disorders
8. The impact of personality, mood, anxiety, and thought disorders on trauma
9. The impact of substance use on physical health conditions and related treatments
10. The impact of physical health conditions and related treatments on substance use
11. The impact of personality, mood, anxiety, and thought disorders and related treatments on physical health conditions
12. The impact of physical health conditions and related treatment on personality, mood, anxiety, and thought disorders
13. The interactive relationships between substance use, trauma, and personality, mood, anxiety, thought disorders, and physical health conditions

Skill in:

1. Accurately assessing substance use in the presence of symptoms of co-occurring mental health and physical health conditions
2. Accurately assessing mental health issues in the presence of symptoms of co-occurring substance use and physical health conditions
3. Identifying conditions that present risk for harm and facilitating appropriate referrals
4. Individualizing responses taking into account the unique influences that impact substance use, mental health, and recovery of the person served
5. Identifying interactions between health care issues, prescribed medications, and other substance use
6. Addressing issues related to traumatic experiences in a sensitive and informed manner

Task 5 Assess for appropriateness of consultation and referral for Medication Assisted Treatment (MAT) for substance use and/or mental health disorders.

Knowledge of:

1. Specific screening tools for co-occurring mental health disorders
2. Medications and other drugs that may interact with MAT medications
3. Medical/psychiatric conditions that may interact with MAT medications
4. Rules and regulations that pertain to confidentiality
5. Importance of discussion with the person served of the need for consultation
6. Eligibility criteria for MAT
7. Distribution protocols of medications used for MAT
8. MAT resources
9. Side effects of medications used for MAT
10. Various medications used to manage cravings, withdrawal, and relapse
11. Awareness of exiting stigma and misinformation related to MAT

Skill in:

1. Identifying substances that may potentiate or reduce effectiveness of MAT medications
2. Recognizing medical/psychiatric conditions that may interact with MAT medications
3. Determining appropriateness of when and with whom consultation should occur
4. Communicating and applying rules and regulations pertaining to confidentiality
5. Communicating clearly and concisely the need for consultation to the person served
6. Collaborating with the person served to initiate consultation
7. Educating the person served and concerned others on MAT and available resources
8. Evaluating existing knowledge and biases of the person served related to MAT
9. Discussing MAT treatment options and assisting the person served in determining next steps

Task 6 Identify screening and assessment tools that are appropriate to the demographics of the person served.

Knowledge of:

1. Valid and reliable screening and assessment tools
2. Applications and limitations of screening and assessment tools

Skill in:

1. Selecting and applying appropriate screening and assessment instruments
2. Explaining the rationale for the use of specific tools
3. Interpreting the results obtained during the screening and assessment process
4. Explaining the results obtained during the screening and assessment process to the person served

Task 7 Use clinical interviews and assessment instruments to obtain and document relevant bio/psycho/social/spiritual information from the person served and/or concerned others.

Knowledge of:

1. Data collection including collateral information and stage specific interviewing techniques
2. Interrelationship of substance use, trauma, physical health, mental health, spirituality, and social environment
3. Crisis intervention strategies including emergency procedures
4. Psychosocial stressors and trauma
5. Cultural norms as differentiated from psychopathology
6. Diagnostic and placement criteria

Skill in:

1. Identifying and understanding non-verbal communications
2. Discerning the relevance and accuracy of data obtained from the person served, concerned others, and collateral sources
3. Interpreting and integrating information obtained from the person served, concerned others, and collateral sources
4. Organizing and summarizing client data and clinical impressions
5. Documenting clear, concise reports and summaries in an objective manner
6. Recognizing and responding to the unique needs of persons served that may impact their ability to participate fully in the screening and assessment process
7. Assessing risk factors and initiating appropriate interventions and referrals
8. Distinguishing between cultural norms and psychopathology

Task 8 Screen for risk of harm to person served and/or others.

Knowledge of:

1. Indicators of serious threat of harm to self or others
2. High-risk correlates and protective factors
3. Medical, substance use, mental health, environmental, and cultural stressors
4. Signs and symptoms of and appropriate responses to high-risk medical complications including withdrawal, medication toxicity, and overdose
5. Resources and referral sources
6. Confidentiality
7. Crisis assessment, intervention, and management strategies
8. Jurisdictional reporting requirements

Skill in:

1. Gathering relevant information using all available resources
2. Assessing acuity of risk to self and others
3. Engaging and communicating clearly and concisely with the person served and support systems
4. Determining the presence or extent of an emergency or crisis situation
5. De-escalation techniques
6. Environmental management
7. Linking to resources and referral sources
8. Documenting the required elements of a crisis situation
9. Evaluating support system

Task 9 Formulate diagnosis(es) based on the signs and symptoms of co-occurring substance use and/or mental health disorders by interpreting observable behavior, objective data, and results of interviews and assessment.

Knowledge of:

1. Substance use and mental health diagnostic criteria
2. Effects of psychoactive substances
3. Assessment tools
4. Diverse symptom presentation
5. Obtain, use, and interpret objective data and quantitative analysis
6. Best practices in collection, interpretation, and limitations of objective data

Skill in:

1. Using interviewing techniques
2. Synthesizing information
3. Observing behaviors
4. Applying best practices for level of care
5. Selecting appropriate assessment tool based on the person served and setting
6. Interpreting results of the assessment

7. Selecting an appropriate data collection method based on presenting symptoms
8. Prioritizing diagnostic focus
9. Assessing risk and triaging care

Task 10 Utilize the appropriate placement criteria to determine the level of care.

Knowledge of:

1. Risk assessment and interpretation
2. Evaluating withdrawal and other physical health risks
3. Levels of care
4. Placement criterion
5. Multiple dimensions of evaluation
6. Treatment matching
7. Community resources

Skill in:

1. Applying best practices for level of care
2. Evaluating multiple dimensions
3. Using treatment matching tools
4. Monitoring care on multiple dimensions
5. Adjusting care and practice patterns based on evaluation of multiple dimensions

Task 11 Develop a comprehensive written summary based on the results of screening and bio/psycho/social/spiritual assessment to support the diagnosis (es) and treatment recommendations.

Knowledge of:

1. Best practices in documentation
2. Current bio/psycho/social/spiritual and substance use terminology

Skill in:

1. Condensing a variety of data into an understandable summary
2. Using a variety of data pertinent to the client
3. Developing a diagnostic impression
4. Identifying problem areas and a summary of strengths and weaknesses
5. Identifying needs of the client
6. Interpreting data
7. Developing clear, concise, written summary of data
8. Synthesizing data
9. Communicating clearly and concisely, both verbally and in writing
10. Case formulation

DOMAIN II: Treatment Planning, Collaboration, and Referral

Task 1 Discuss diagnostic assessment, findings, and recommendations with the person served and concerned others.

Knowledge of:

1. Strategies for clearly, objectively, effectively, and empathically presenting the assessment data
2. Relevance of specific screening and assessment tools in evaluating symptom severity
3. Recovery supports
4. Collaterals
5. Readiness of change of the person served
6. Goals, beliefs, and attitudes of the recovery process from the perspective of the person served

Skill in:

1. Presenting assessment data clearly, objectively, and empathically
2. Evaluating the extent to which the data presented is understood and accepted
3. Communicating appropriately, both verbally and non-verbally, with diverse populations
4. Identifying and prioritizing needs collaboratively with the person served
5. Developing and implementing integrated treatment and recovery goals using measurable objectives with the person served
6. Coordinating with collateral contacts and recovery supports
7. Increasing motivation for engagement

Task 2 Formulate and prioritize mutually agreed upon specific and reasonable short and long-term goals, measurable objectives, treatment methods, and resources based upon ongoing assessment findings that address the interactive relationship of each disorder identified.

Knowledge of:

1. Evidence-based practices and emerging research for specific combinations of co-occurring disorders
2. Interventions matched to stages of change
3. Resources, interventions, and services to address a range of recovery related needs
4. Barriers to integrated care

Skill in:

1. Developing collaboratively an integrated treatment and recovery plan
2. Linking persons served with resources and supports that promote recovery
3. Identifying and mitigating barriers to achieve treatment and recovery goals
4. Identifying and implementing stage specific short and long-term goals
5. Formulating measurable and objective short and long-term goals
6. Incorporating the strengths, needs, abilities, and preferences of the person served
7. Translating goals into measurable and actionable steps

Task 3 Identify and facilitate access to community resources to support ongoing recovery.

Knowledge of:

1. Special needs of the person served
2. Community resources including interagency and intra-agency resources to meet the needs of the person served
3. Appropriate practices for handling confidential information of the person served
4. Appropriate practices regarding case consultation

Skill in:

1. Establishing and maintaining collaborative relationships with community resources
2. Advocating for expansion of community resources to address existing gaps
3. Assessing appropriateness of a referral
4. Identifying professional and agency limitations
5. Responding to the person served and/or family in crisis
6. Planning and facilitating referral
7. Ongoing assessment of the referral effectiveness and facilitating access to additional services as needed

Task 4 Collaborate with the person served in reviewing and modifying the treatment plan based on an assessment of progress and the level of readiness to address substance use and/or mental health goals.

Knowledge of:

1. Phases of treatment
2. Values, culture, demographics, physical and mental health of the person served and how they affect assessment and response to treatment
3. Risk factors that relate to medical, substance use, mental health, environmental, and cultural stressors
4. Treatment planning process
5. Crisis prevention and stabilization techniques
6. Circumstances which may necessitate a change in the course of treatment
7. Stages of change

Skill in:

1. Identifying appropriate adjustments to the treatment plan based on ongoing assessment
2. Collaborating with the person served on adjustments to the treatment plan
3. Updating intervention strategies as case conceptualization evolves
4. Ongoing integration of new data into case conceptualization
5. Documenting any adjustments and/or additions to the treatment plan
6. Recognizing changing treatment needs and preferences of the person served
7. Involving concerned others in the treatment planning and review process when clinically indicated
8. Devising realistic goals based on understanding of the needs of the person served

9. Collaborating with the person served to select treatment approaches based on their needs and preferences
10. Translating goals into measurable and actionable steps

Task 5 Develop a plan with the person served to strengthen ongoing recovery outside of primary treatment.

Knowledge of:

1. Continuing care principles
2. Treatment and support services
3. Impact of peer and community resources
4. Resources available to assist persons served who are members of special populations
5. Re-entry strategies
6. Elements of a recovery-oriented system of care
7. Recovery and wellness planning
8. Evidence-based practices for the treatment and management of chronic health conditions
9. Multiple pathways of recovery

Skill in:

1. Educating the person served about the importance of recovery as an ongoing process
2. Guiding the person served through the development of a continuing care plan
3. Assessing effectiveness of community resources

Task 6 Document treatment progress, outcomes, and continuing care plans.

Knowledge of:

1. Best practices in documentation
2. Best practices in clinical terminology

Skill in:

1. Writing objective, timely, clear, and concise records that comply with all regulations
2. Synthesizing, analyzing, and summarizing information from multiple resources for use in preparing client records

Task 7 Adapt intervention strategies to the unique needs of the person served, recognizing multiple pathways of recovery.

Knowledge of:

1. Impact of values, culture, demographics, and physical and mental health on treatment
2. Differences found in special populations and how those differences affect assessment and response to treatment
3. Culturally competent counseling techniques
4. Guidelines regarding discriminatory practices

5. Personal biases and professional limitations
6. Information and resources

Skill in:

1. Using appropriate strategies
2. Monitoring and modulating transference and countertransference
3. Communicating with diverse populations
4. Creating a therapeutic environment
5. Identifying culture as defined by the person served

Task 8 Determine effectiveness and outcome of referrals through ongoing evaluation and documentation.

Knowledge of:

1. Expected outcomes related to referrals
2. Protocols for information exchange with referral sources
3. Mechanisms to monitor treatment response related to referrals
4. Follow-up strategies
5. Strengths and limitations of referral sources

Skill in:

1. Using evaluation techniques to assess individual and/or aggregate referral outcomes
2. Developing an individualized follow-up strategy to promote continuity of care

Task 9 Document all collaboration, consultation, and referrals.

Knowledge of:

1. Best practices in documentation
2. Best practices in clinical terminology

Skill in:

1. Writing objective, timely, clear, and concise records that comply with all regulations
2. Synthesizing, analyzing, and summarizing information from multiple resources for use in preparing client records

Task 10 Collaborate with other professionals.

Knowledge of:

1. The respective roles and scopes of practice of a multidisciplinary team
2. Role of peer support services
3. Interventions to support the work of the team and to enhance outcomes

Skill in:

1. Serving as an effective member of an interdisciplinary team
2. Exhibiting leadership by directing, guiding, or influencing the collaboration and service delivery of the health care team
3. Respecting and responding to the leadership displayed by other providers in a health care setting or team
4. Resolving differences of opinion or conflicts quickly and without acrimony
5. Responding timely to requests for consultation
6. Adapting interventions to a collaborative setting and interdisciplinary teams

DOMAIN III: Counseling and Education

Task 1 Develop a therapeutic relationship with persons served, families, and concerned others.

Knowledge of:

1. Transference and countertransference
2. Power differential intrinsic to the therapeutic relationship
3. Factors that contribute to the successful establishment and maintenance of therapeutic relationships
4. Methods to measure engagement
5. Best practices in engagement
6. Culturally relevant approaches
7. Strategies for re-engagement
8. Indicators for treatment dropout

Skill in:

1. Maintaining professional boundaries with objectivity and empathic detachment
2. Recognizing and responding appropriately to transference and countertransference
3. Demonstrating compassion, empathy, respect, flexibility, and hope
4. Communicating with integrity and honesty
5. Enhancing motivation to promote and sustain change

Task 2 Continually evaluate the safety and relapse potential of the person served and develop strategies to anticipate as well as respond to crises.

Knowledge of:

1. Indicators of threat of harm to self or others
2. Bio/psycho/social stressors
3. Specific instruments to assess risk of harm to self and others
4. Indicators for symptom re-emergence for both mental and substance use disorders
5. Personal biases that may impact objectivity
6. Role of counselor including professional limitations in a crisis situation
7. Impact of trauma

8. Interaction between mental health, substance use, and other physical health conditions and the increased risk for symptom re-emergence
9. De-escalation techniques

Skill in:

1. Assessing acuity of symptoms and service intensity needs
2. Recognizing and responding to person-specific indicators
3. Administering and interpreting risk assessment instruments
4. Conveying empathy, respect, and hope to the person served during a crisis
5. Engaging the person served, their family, and concerned others
6. Addressing the unique risk factors of the person served when developing and implementing a prevention plan
7. Recognizing and responding to verbal and non-verbal cues in order to prevent crisis situations
8. Applying best practices in trauma informed care

Task 3 Apply evidence-based, culturally competent counseling strategies and modalities to facilitate progress towards completion of treatment objectives.

Knowledge of:

1. Integrated models of assessment, intervention, and recovery
2. Best practices in counseling theories and techniques
3. Bio/psycho/social needs and intrinsic motivations
4. Types of groups, their purposes, function, and parameters
5. Group dynamics and stages of group functioning
6. Influence of culture on treatment
7. Family dynamics and theories of family counseling
8. Personal biases that may impact objectivity
9. Professional limitations

Skill in:

1. Observing and responding to interactions between the person served, the family, and concerned others
2. Applying family counseling techniques
3. Establishing an environment of support and trust
4. Developing cohesiveness and identity among group members
5. Using group dynamics for individual and group growth
6. Terminating the counseling process
7. Determining relevant interventions appropriate to stage of treatment
8. Selecting and implementing appropriate counseling approaches
9. Making appropriate referrals
10. Matching integrative strategies and theoretical approaches to the strengths, needs, and goals of the person served
11. Using theories of change and strength based interviewing techniques

Task 4 Document services provided and progress toward goals and objectives.

Knowledge of:

1. Best practices in documentation
2. Best practices in clinical terminology

Skill in:

1. Writing objective, timely, clear, and concise records that comply with all regulations
2. Synthesizing, analyzing, and summarizing information from multiple resources for use in preparing client records

Task 5 Educate the person served regarding the structure, expectations, and limitations of the counseling process.

Knowledge of:

1. Counseling and therapeutic process specific to substance use and co-occurring disorders
2. Stages of treatment
3. Methods and techniques for enhancing client engagement
4. Feedback procedures (e.g., reflection, reframing, interpretation, clarification)
5. Limitations of the counseling process
6. Current research and emerging trends in treatment
7. Learning styles and educational techniques

Skill in:

1. Communicating
2. Responding therapeutically
3. Responding to ambivalence
4. Identifying and interpreting verbal and non-verbal behavior
5. Explaining the treatment process
6. Matching education strategies to the person served
7. Assessing effectiveness of education strategies and making adaptations

Task 6 Utilize individual and group counseling strategies and modalities to match the interventions with the level of readiness of the person served to address substance use and/or mental health goals.

Knowledge of:

1. Theories of group dynamics and development
2. Stage of change theories
3. Motivation enhancement techniques
4. Best practices in counseling
5. Assessment tools to measure the level of readiness and motivation

Skill in:

1. Facilitating a therapeutic environment
2. Interpreting information obtained from assessments
3. Communicating
4. Facilitating the change process
5. Identifying the readiness to change
6. Resolving ambivalence
7. Modifying ineffective techniques
8. Facilitating groups
9. Counseling effectively in an individual and group setting
10. Applying best practice counseling techniques
11. Applying trauma informed strategies
12. Adapting counseling strategies
13. Adjusting engagement techniques

Task 7 Adapt counseling strategies to match the unique characteristics and choices of the person served.

Knowledge of:

1. Interactions of substance use, mental, and physical health disorders
2. Diverse populations and how differences affect assessment and response to treatment
3. Information and resources regarding culture, lifestyles, gender, and special needs
4. Unique influences culture, lifestyles, gender, and special needs have on behavior
5. Culturally relevant counseling techniques
6. Personal biases and professional limitations
7. Current research and emerging trends

Skill in:

1. Using appropriate strategies for diverse populations
2. Communicating effectively with diverse populations
3. Creating a therapeutic environment for diverse populations
4. Incorporating current research and emerging trends in the counseling process
5. Identifying professional limitations and seeking professional growth
6. Monitoring and modulating transference and countertransference
7. Educating the person served on the interactions of substance use, mental, and physical health disorders

Task 8 Educate the person served and concerned others about the biological and psychiatric effects of substance use and misuse.

Knowledge of:

1. Substance use disorders as a primary disease, including symptomatology and pharmacology
2. Behavior patterns and progressive stages of substance use disorders

3. Interactions of substance use, mental, and physical health disorders including symptoms, stages, behavior patterns, and pharmacology
4. The effect of substance use and mental disorders on the family and concerned others
5. Drug interactions
6. Cross addictions
7. Trends in psychoactive substance use
8. Signs of symptom re-emergence
9. Criteria for evaluation of substance use disorders
10. Sexually transmitted diseases and their relation to substance use disorders
11. Compromise of body system functions as a result of substance use, including but not limited to, endocrine, immune, sexual, skeletal, neurological, muscular, respiratory, circulatory, and digestive
12. Incidence and prevalence of HIV/AIDS among substance users
13. Assets and liabilities of medical and pharmacological interventions
14. Learning theory and practices
15. Neurobiology of addiction and psychiatric conditions
16. Current research and emerging trends
17. Educational resources

Skill in:

1. Conveying respect
2. Communicating
3. Responding therapeutically
4. Responding to ambivalence
5. Identifying and interpreting verbal and non-verbal behavior
6. Matching education strategies with the person served
7. Assessing effectiveness of education strategies and making adaptations

Task 9 Educate the person served and concerned others about pharmacotherapies for substance use and mental health disorders.

Knowledge of:

1. Pharmacology as it relates to substance use and mental disorders
2. Psychological effects of substances use disorders
3. Withdrawal syndromes
4. Current literature and emerging trends on neurobiology
5. Current literature and emerging trends on pharmacotherapy
6. Drug interactions
7. Effects of psychoactive substances on children and adolescent development
8. The effect of substance use and mental disorders on the family and concerned others
9. Models of prevention, treatment, and recovery from substance use and mental disorders.
10. Acute and chronic impact of trauma on substance use, mental, and physical disorders
11. Potential side effects of medications
12. Personal biases

13. Interactions of substance use, mental, and physical health disorders including symptoms, stages, behavior patterns, and pharmacology
14. Benefits and limitations of pharmacotherapy
15. Counseling techniques used in conjunction with pharmacotherapy
16. Importance of counseling as part of pharmacotherapy
17. Professional limitations
18. Clinical indicators for referral

Skill in:

1. Conveying respect
2. Communicating
3. Responding therapeutically
4. Responding to ambivalence
5. Identifying and interpreting verbal and non-verbal behavior
6. Matching education strategies with the person served
7. Assessing effectiveness of education strategies and making adaptations
8. Discussing treatment options
9. Exploring biases of the person served

Task 10 Assist families and concerned others in understanding the symptoms of specific disorders, their interactive effects including the relationship between symptoms and stressors, co-occurring substance use and/or mental health disorders, and the use of strategies that sustain recovery and maintain healthy relationships.

Knowledge of:

1. Diagnostic criteria
2. Effects of substance use, mental, and physical health disorders on the person served, the family, and concerned others
3. Drug interactions
4. Relationship between stressors and the risk of substance use and mental disorder symptom re-emergence
5. Community resources
6. Symptoms of co-occurring substance use and mental health disorders
7. Interactions of substance use, mental, and physical health disorders
8. Importance of medication compliance
9. Outcome data
10. Acute and chronic impact of trauma on substance use, mental, and physical disorders

Skill in:

1. Collecting outcome data
2. Engaging the family and concerned others in becoming a recovery support
3. Maintaining co-occurring treatment best practices throughout the entire treatment cycle
4. Conveying respect
5. Communicating

6. Responding therapeutically
7. Responding to ambivalence
8. Identifying and interpreting verbal and non-verbal behavior
9. Matching education strategies
10. Assessing effectiveness of education strategies and making adaptations

Task 11 Identify and adapt education strategies to the unique needs of the person served and concerned others.

Knowledge of:

1. Education techniques
2. Learning styles
3. Cognitive development through the life span
4. Best practices in prevention strategies

Skill in:

1. Communicating
2. Conveying respect
3. Applying a variety of educational techniques
4. Matching education strategies to diverse populations
5. Assessing effectiveness of education strategies and making adaptations
6. Responding therapeutically
7. Responding to ambivalence
8. Overcoming resistance
9. Establishing and maintaining a productive education setting

Task 12 Communicate needed subject matter in a clear, understandable, culturally, and developmentally appropriate manner.

Knowledge of:

1. Communication styles, strategies, and supports that facilitate rapport with diverse populations
2. Factors in the treatment environment that support or inhibit collaborative relationships
3. Cognitive development through the life span

Skill in:

1. Engaging persons served and concerned others as collaborators
2. Demonstrating sensitivity and respect
3. Identifying and addressing intrapersonal attitudes, values, and beliefs that may impede the development of an inclusive collaborative relationship
4. Monitoring and adjusting environmental factors that may adversely impact the therapeutic milieu

Task 13 Utilize outcome data to continually adapt counseling strategies and update treatment plan to maximize clinical effectiveness.

Knowledge of:

1. Outcome measures
2. Screening instruments
3. Implications of symptom re-emergence on the counseling process
4. Various perspectives and needs of stakeholders involved in the treatment process
5. Best practices in counseling

Skill in:

1. Interpreting and utilizing outcome data
2. Collaborating with the person served on adjustments to the treatment plan
3. Adjusting strategies based on information obtained from concerned others in the treatment process
4. Documenting progress for ongoing review with the person served and concerned others

Task 14 Educate the person served and support system about self-efficacy and empowerment.

Knowledge of:

1. Personal rights and responsibilities
2. Pertinent laws and regulations
3. Strategies for negotiation and advocacy
4. Assertiveness training techniques
5. Barriers and discriminatory practices which may occur in the treatment and recovery process
6. Service systems and resources

Skill in:

1. Using role-playing techniques and assertiveness training
2. Supporting access to resources and navigating systems
3. Encouraging empowerment
4. Promoting confidence and self-efficacy
5. Accessing self-efficacy

DOMAIN IV: Professional and Ethical Responsibilities

Task 1 Adhere to established professional codes of ethics and standards of practice.

Knowledge of:

1. Differences between ethics, laws, and morals
2. Applicable professional codes of ethics pertaining to agency, discipline, and/or scope of practice
3. Rights of the person served
4. Consequences of violating applicable codes of ethics

5. Professional standards of practice
6. Cross-cultural competencies for mental health and substance use services
7. Overt and subtle forms of discrimination
8. Prevailing court precedent
9. Anti-discrimination guidelines

Skill in:

1. Translating applicable codes of ethics into professional behavior
2. Communicating clearly and concisely, both verbally and in writing
3. Assessing personal and system bias
4. Navigating difference between ethics, law, morality, and agency policies and procedures

Task 2 Adhere to jurisdictionally specific rules and regulations regarding best practices in coordinating and/or providing co-occurring substance use, mental health, and health services.

Knowledge of:

1. Mandatory reporting requirements
2. Applicable statutes, regulations, and agency policies
3. Applicable confidentiality regulations and consequences of non-compliance
4. Processes to address complaints and grievances
5. Anti-discrimination guidelines

Skill in:

1. Interpreting and integrating policies, procedures, and regulations
2. Adhering to confidentiality regulations
3. Communicating relevant statutes, regulations, complaints, and grievance procedures to the person served
4. Applying anti-discrimination guidelines
5. Complying with mandatory reporting requirements

Task 3 Demonstrate cultural competence.

Knowledge of:

1. Diverse populations and how differences affect assessment and response to treatment
2. Relationship between substance use and various cultures, values, and lifestyles
3. Feelings of the person served which stem from their particular culture and/or lifestyle
4. Counseling methods relevant to the needs of diverse groups
5. Dynamics of family systems in various cultures and lifestyles
6. Need to explore and identify cultural values
7. Advocacy needs specific to various cultures and lifestyles
8. Expectations and beliefs about treatment interventions that are influenced by culture
9. Anti-discrimination guidelines

Skill in:

1. Assessing and interpreting culturally specific behaviors and lifestyles
2. Conveying respect for cultural and lifestyle diversity in the therapeutic process
3. Acknowledging differences between the counselor and the person served and how they affect the treatment process
4. Adapting therapeutic strategies to the needs of the person served
5. Seeking supervision regarding cultural competence
6. Identifying professional imitations
7. Making appropriate referrals

Task 4 Recognize personal biases, including feelings, concerns, and other issues to minimize impact of these variables in the counseling process.

Knowledge of:

1. Personal and professional strengths and limitations
2. Importance of utilizing supervision
3. Various value systems

Skill in:

1. Identifying, evaluating, and managing boundary issues
2. Eliciting and utilizing feedback from supervisors, colleagues, and the person served
3. Monitoring and modulating transference and countertransference
4. Adjusting engagement to the therapeutic process
5. Making appropriate referrals

Task 5 Continue professional development through education, self-evaluation, clinical supervision, and consultation.

Knowledge of:

1. Methods for establishing professional development goals
2. Education, certification, credentialing requirements, and scope of practice restrictions
3. Current professional literature and resources on emerging substance use, mental health, and co-occurring treatment practices
4. Resources for education and training in evidence-based substance use, mental health, and integrated treatment practices
5. Supervision in the ongoing assessment of professional skills and development
6. Resources for clinical and administrative supervision and consultation
7. Function and need for clinical and administrative consultation and technical assistance

Skill in:

1. Assessing professional development and training needs
2. Selecting and accessing training and educational opportunities
3. Critically interpreting professional literature

4. Applying practical and professional knowledge and experience
5. Recognizing professional capabilities and limitations in providing integrated treatment
6. Reviewing and consulting on clinical issues
7. Accepting and utilizing constructive criticism and positive feedback

Task 6 Identify and evaluate the needs of the person served that are outside of the counselor's scope of practice and refer to other professionals as appropriate.

Knowledge of:

1. Diversity of services provided within the community and necessary referral information
2. Services available to the person served, family, and concerned others as they affect treatment and the recovery process
3. Continuum of care
4. Ethical guidelines
5. Legal and regulatory parameters
6. Community resources, philosophies, and approaches
7. Consultation and referral confidentiality guidelines

Skill in:

1. Assessing the need for referral to outside services
2. Protecting and communicating client rights
3. Identifying appropriate resources for specific client needs
4. Collaborating with outside resources
5. Identifying professional and agency limitations
6. Identifying legitimacy and legality of requested information
7. Identifying clinical and medical indicators that are outside the scope of practice
8. Planning and facilitating referral
9. Discussing rationale for referral with the person served
10. Coordinating care

Task 7 Understand and apply current, relevant research literature to improve the care of the person served and enhance the counselor's professional development.

Knowledge of:

1. Research-based models and strategies
2. Peer reviewed research literature
3. Reputable literature sources

Skill in:

1. Developing programs
2. Applying best practice materials
3. Gaining cooperation from agencies, staff, and professionals
4. Critically evaluating research literature

5. Advocating for implementation of best practices and emerging trends

Task 8 Understand and utilize technological advances in service delivery.

Knowledge of:

1. Electronic health record platforms
2. Confidentiality best practices in utilization of technology
3. Boundary issues related to social media
4. Emerging trends in technology
5. Technology's ability to improve treatment

Skill in:

1. Using technology to access, collect, summarize, and transmit data
2. Using an electronic health record to retrieve relevant information and to document care concisely
3. Using computer-based and web-based tools to screen, assess, and provide services to the person served
4. Employing telehealth applications to ensure access to appropriate care and delivery of health care
5. Communicating with the person served and concerned others using secure, online, mobile, and smart technology and devices

Task 9 Protect the integrity of the profession and best interests of persons served by identifying, addressing, and advocating for impaired professionals.

Knowledge of:

1. Professional codes of ethics and professional guidelines for competence
2. Services available for impaired professionals
3. Professional responsibilities related to reporting impaired professionals
4. Self-care obligations
5. Reporting obligations and procedures

Skill in:

1. Developing and maintaining professional boundaries
2. Applying intervention techniques
3. Consulting with a supervisor
4. Advocating for policy change
5. Advocating for impaired professional services

Task 10 Protect the integrity of the profession and best interests of persons served by identifying and addressing unethical practices.

Knowledge of:

1. Applicable professional codes of ethics pertaining to agency, discipline, and/or scope of practice
2. Rights and responsibilities of the person served
3. Role delineation between counselor, peer support, and sponsor
4. Consequences of violating codes of ethics
5. Mandatory reporting requirements
6. Reporting obligations and procedures

Skill in:

1. Translating professional codes of ethics into ethical and professional behavior
2. Developing and maintaining professional boundaries
3. Respecting the rights of the person served and encouraging responsibility
4. Modeling ethical behavior
5. Applying agency policies and procedures into practice
6. Navigating differences between ethics, law, morality, and agency policies and procedures
7. Addressing concerns about ethics in an objective, respectful, and direct manner
8. Seeking supervision

Task 11 Uphold the rights of the person served to privacy and confidentiality according to jurisdictionally specific rules and regulations.

Knowledge of:

1. Professional codes of ethics pertaining to agency, discipline, and/or scope of practice
2. Rights and responsibilities of the person served
3. Mandatory reporting requirements and procedures
4. Consequences of non-compliance
5. Processes to address complaints and grievances
6. Elements of documentation following an emergent, non-consented disclosure
7. Procedures following an unintentional breach of confidentiality
8. Best practices for handling confidential information

Skill in:

1. Interpreting and integrating policies, procedures, and regulations
2. Applying confidentiality regulations
3. Communicating relevant statutes, regulations, complaints, and grievance procedures to the person served
4. Complying with mandatory reporting requirements
5. Obtaining informed, written consent
6. Providing education on the importance and regulations regarding confidentiality and the rights of the person served

Task 12 Obtain required written consent to release information from the person served and/or legal guardian.

Knowledge of:

1. Current federal, state, local, and program regulations
2. Regulations regarding informed consent
3. Best practices for handling confidential information
4. Limitations of informed consent

Skill in:

1. Keeping timely, clear, complete, and concise records that comply with regulations
2. Explaining and assessing comprehension of confidentiality rights of the person served
3. Seeking consultation when there is a question regarding the ability to provide informed consent to the person served

Task 13 Prepare timely, concise, clinically accurate, and objective reports and records.

Knowledge of:

1. Essential elements of reports and records
2. Best practices in documentation
3. Best practices in clinical terminology

Skill in:

1. Writing objective, timely, clear, and concise records that comply with all regulations
2. Synthesizing, analyzing, and summarizing information from multiple resources for use in preparing client records
3. Analyzing, synthesizing and summarizing information

Task 14 Advocate for and assist the person served in navigating the service delivery system.

Knowledge of:

1. Expected outcomes related to treatment service provisions
2. Protocols for information exchange with other service providers
3. Mechanisms to monitor treatment response and available alternatives
4. Follow-up strategies
5. Community resources
6. Agency resources
7. Barriers in the service delivery system
8. Professional responsibilities in service engagement

Skill in:

1. Monitoring and evaluating techniques to assess treatment outcome focused services
2. Communicating relevant information with other service providers in a timely fashion
3. Utilizing current information to facilitate access to additional services as needed

4. Developing an individualized follow-up strategy to ensure continuity of care whenever possible
5. Identifying risk factors
6. Conveying respect and empathy
7. Planning and facilitating referrals
8. Building relationships with other service providers

Task 15 Provide all services in a trauma-informed manner.

Knowledge of:

1. Impact and consequences of traumatic experiences on individuals, families, and communities
2. Trauma-informed treatment planning strategies that support recovery
3. Prevalence of trauma in persons with substance use and/or mental disorders
4. Trauma-related symptoms and behaviors originating from traumatic experiences
5. Types of trauma
6. Characteristics of trauma
7. Trauma-specific services
8. Trauma screening tools
9. Barriers and challenges to trauma informed screening and assessment
10. Biology and neurology of trauma
11. Strategies for preventing secondary traumatization
12. Signs and symptoms of compassion fatigue and vicarious trauma
13. Relationships between trauma, physical health conditions, substance use and mental disorders

Skill in:

1. Evaluating and initiating the use of appropriate trauma-related screening and assessment tools.
2. Screening universally for histories, experiences, and symptoms of trauma
3. Implementing interventions from a collaborative, strengths-based approach, appreciating the resilience of trauma survivors
4. Recognizing trauma regardless of its acknowledgment by the person served
5. Promoting trauma awareness and understanding
6. Seeking supervision
7. Reducing risks of traumatization
8. Enhancing protective factors
9. Applying risk reduction strategies

Addendum V

IAADC Examination Reference List

The following resources were compiled as suggested reading to assist candidates preparing for the IC&RC Advanced Alcohol and Drug Counselor Examination. Consulting these and other references may be beneficial to candidates. Please note that this is not a comprehensive listing of all references and that not all questions on the examination came from these references.

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