



Idaho Board of Alcohol/Drug Counselor Certification, INC.

# **ISAS MANUAL & APPLICATION FORMS**

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## **Welcome from the Idaho Board of Alcohol/Drug Counselor Certification, Inc.**

Thank you for your interest in applying for certification in the State of Idaho. This manual is a guide for the process of gaining the designation of Idaho Student of Addiction Studies (ISAS) under the auspices of the Idaho Board of Alcohol/Drug Counselor Certification, Inc. (IBADCC).

**Please note:** *Information contained herein may be changed without notice.*

**IBADCC** is an independent, non-profit corporation whose purpose is to set and maintain professional certification standards for practitioners in addictions counseling. This serves the profession by controlling the practitioner standards and qualifications at the state level and it provides the individual with a credential signifying professional competency.

Should you have any questions regarding the credentialing process, please direct your inquiries to:

**IBADCC**  
P.O. Box 1548  
Meridian, ID 83680  
208.468.8802  
email: [ibadcc@ibadcc.org](mailto:ibadcc@ibadcc.org)

**Please Note:** All certificates are the property of IBADCC and are subject to revocation!

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## **Section I:**

### *General information and requirements for ISAS Certification*

- 1) Information on the Application Process
- 2) Experience/Educational Requirements
- 3) Application Requirements
- 4) Certification Procedures
- 5) Renewal Procedures/Information regarding Education and Renewals
- 6) Requesting a Change of Name
- 7) Lapsed Certificate Policy
- 8) Inactive Status

## 1) Information on Application Process

Thank you for your interest in applying for certification in the State of Idaho. This is your **Application/Manual for Idaho Student of Addiction Studies**. Below is important information regarding the application process:

**APPLICATION FORMS:** Application forms are contained within the Manual and can be identified by our logo at the top. **No faxes or photocopies will be accepted.**

*ALL logoed pages **MUST** be returned to the IBADCC office for your application to be complete; this includes the signed Code of Ethics/Conduct Agreement form located in Section IV.*

**APPLICATION FEES:** Your application will not be processed until you submit a check for \$65.00. You have one (1) year from the date you begin the application process to complete your application. If a completed application has not been received by the IBADCC within that year, any materials sent to the IBADCC will be destroyed and the application will no longer be valid.

### **APPROVAL OF APPLICATION:**

**TESTING:** After your application is approved and your testing fee of \$160.00 has been received, a letter will be issued with instructions directing you to register for your test online. You will be able to select your testing date and center that is most convenient for you.

**Re-testing policy:** If for some reason you fail your exam, you will have to wait 90 days before you can retake your exam. The testing fee for re-test is reduced to 50% of the original cost, \$80.00. You may re-test two times within a year of your application.

**Please note:** You have one (1) year from your application approval date to pass your certification exam.

**Make sure that you follow all instructions carefully. If you have any questions, you may contact the IBADCC office.**

IBADCC  
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Any updates and/or changes to the manual will be posted on our website at [www.IBADCC.org](http://www.IBADCC.org).

## IDAHO STUDENT OF ADDICTION STUDIES (ISAS)

### 2) Experience/Educational Requirements:

A. The Idaho Student of Addiction Studies certificate holder is considered a “trainee” in the State of Idaho. The ISAS certification was developed through a collaborative effort between IBADCC, the Department of Health and Welfare, and the IDEAS! Consortiums, as a way of ensuring that those individuals considered “trainees” enter into the addictions treatment field with specific knowledge and skills to work with clients who have substance use disorders. The ISAS certificate also provides the trainee with some recognition while working towards their CADC or ACADC certification.

**Please Note:** *The ISAS certification is not recognized by the International Certification and Reciprocity Consortium, and consequently does not have reciprocity in other IC&RC states.*

B. Official college or university transcripts from an accredited institution, showing a passing grade in the following courses:

▪ Introduction to Drug & Society	3 credits	45 hours
▪ Family & Chemical Dependency	3 credits	45 hours
▪ Counseling Techniques 1	3 credits	45 hours
▪ Pharmacology	3 credits	45 hours
▪ Screening & Assessment	3 credits	45 hours
▪ Case Management	3 credits	45 hours
▪ Ethics for Addiction Counselors	3 credits	45 hours
▪ Blood Borne Pathogens	1 credit	15 hours
<b>Total for ISAS</b>	<b>22 credits</b>	<b>315 clock hours</b>

C. Completion of a 300 hour, supervised practicum, with a minimum of ten (10) hours in each of the 12 Core Functions (Section II). Candidates may meet this requirement either through a practicum course offered by an accredited educational institution, or by developing an Internship/Practicum Plan with the practicum supervisor (Section IV). Supervision is defined as a formal, systematic process that focuses on skill development and integration of knowledge and generally occurs early in a career. Supervision must take place in a setting where AODA counseling is being provided. Supervision may be a part of the eligible work experience. Supervision may be completed under more than one supervisor or agency. Please see Section II for additional information regarding supervision. A supervisor **MUST** meet one of the following requirements and **MUST provide documentation of qualifications:**

1. a **CADC** who has been certified for 3 years and has completed **15 hours of training** in supervision

**OR** 2. an **ACADC**

**OR** 3. a **CCS**

**OR** 4. a person with a **Master’s degree and license** in addictions counseling or **Master’s degree and certification** in addictions counseling

**OR** 5. an approved Health & Welfare **Clinical Supervisor** (QP) under IDAPA 16.07.20.02

### 3) Application Requirements (*No faxes or photocopies accepted.*)

- A. **LETTERS OF REFERENCE:** Three (3) letters of reference which are directly related to the applicant's professional knowledge and skills are required. (Reference forms are provided in Section IV of this manual).
- One (1) letter/form **MUST BE** submitted by the applicant's supervisor.
  - All letters of reference **MUST BE** sent directly to the IBADCC office by the person evaluating the applicant or in a sealed, signed envelope included with the application.
- B. **CRIMINAL HISTORY BACKGROUND CHECK:** Applicants must submit a copy of a State of Idaho, Health and Welfare Background check (background check cannot be more than three (3) years old). Applicants who currently do not have a Health and Welfare Background check or need an employer ID number to use for the background check may contact the IBADCC office for instructions.
- C. **EMPLOYMENT VERIFICATION FORMS:** Applicants must submit employment verification forms to verify work experience (Employment Verification forms are provided in Section IV.)
- D. **CODE OF ETHICS AGREEMENT:** Applicants **MUST** read the Ethics section of this manual, including the Code of Ethics and the Ethics Enforcement Procedure, and then submit a signed and dated Code of Ethics agreement. The Code of Ethics/Conduct agreement form is located in Section IV.
- E. **INTERNSHIP/PRACTICUM PLAN:** Applicants must complete a 300 hour supervised practicum, with a minimum of ten hours in each of the 12 Core Functions.
- F. **DISABILITY-RELATED NEEDS:** If you have a disability that requires special testing accommodations, please complete the forms located in Section IV. (optional)

### 4) Certification Procedures

#### **STEP I. Application (*No faxes or photocopies accepted.*)**

All candidates for certification must submit an application, with appropriate documentation, for review by the IBADCC. When it has been determined that the eligibility requirements have been met, the candidate will be notified.

#### **STEP II. Examination**

Applicants must pass a competency-based examination developed by the IBADCC Board.

**Please Note:**

- *A candidate who fails the exam may retest again in 90 days by submitting a check for \$80.00, a discount of 50% of the original test fee.*
- *A candidate may re-test up to two (2) times within a year of application approval.*
- *A candidate who fails three (3) certification tests must reapply and be accepted, prior to testing again.*
- *If you have any special accommodations needed at the exam, you will have to fill out the Documentation of Disability-Related Needs form. (Please see Section IV)*

A candidate guide for the examination manual is available for purchase at: [www.readytotest.com](http://www.readytotest.com)

Effective October 3, 2011, the IBADCC eliminated all *pencil and paper certification testing* and implemented computer based testing or CBT.

**The benefits of computer based test are:**

- Flexibility to test “on demand”
  - *No longer limited to only two (2) test cycles per year*
- Immediate scoring at the completion of your exam
  - *No longer will have to wait for your score*

Once your application has been approved and your testing fee has been received by IBADCC, a letter will be issued with instructions directing you to register for your test online. You will be able to select your testing date and the testing center that is most convenient for you.

- *You have one (1) year from your approval date to test. If you have not tested within that year your file will become inactive and a \$50 reactivation fee will be charged between year one and year two of the approval date. Two years after the approval date, the application will become suspended and the applicant must submit a current and complete application for certification.*

**Reschedule/Cancellation Policy:**

If you need to cancel or reschedule your test five (5) or more calendar days prior to the date, you will have to pay a \$25 rescheduling fee to IQT. Contact them at [www.isoqualitytesting.com](http://www.isoqualitytesting.com)

If you reschedule or cancel your test less than five (5) calendar days prior to the date, you will *forfeit* the full testing fee.

If you fail to show up for your examination at the scheduled time, do not have the proper identification, or do not have your admission letter, you will not be allowed to sit for your exam. You will *forfeit* the full testing fee.



**Test Day:**

You **MUST** have proper identification and your admission letter from IQT when you arrive at the test center.

For a list of current Testing Centers nearest you go to:

[www.isoqualitytesting.com/locations.aspx](http://www.isoqualitytesting.com/locations.aspx)

**STEP III. Certification**

Once you have passed the examination, will receive your certificate in the mail.

	<b>Fees</b>	
Application for Certification		\$65.00
CBT Exam		\$160.00
*Two Year Renewal Fee/State Certification		\$135.00
Duplicate Certificates		\$5.00
File Copying		\$ .10 per sheet
<i>It is the responsibility of the certificate holder to maintain record of renewal packages</i>		

**Please Note:** All certificates are the property of IBADCC and are subject to revocation!

**5) Renewal Procedures (No faxes or photocopies accepted.)**

A. Provide annual documentation of 800 hours of direct work experience with AODA clients within the 12 Core Functions, unless enrolled full time in an academic program leading to a degree in the Behavioral Sciences (i.e. Sociology, Social Work, Psychology, Social Science, Counseling, and Addiction Studies programs). Work experience is defined as supervised work experience, paid or voluntary.

1. Full or part time work experience, paid or voluntary.
2. Practicum can be used as a part of the work experience.
3. Attendance at A.A., N.A., etc. is not applicable toward work experience.

B. Documentation of Clinical Supervision within the 12 core functions for a total of 120 hours per year. The 120 hours being part of the required 800 hours of work experience. **Please note** that the supervisor **MUST** meet one of the following requirements and **MUST** provide documentation of qualifications:

1. a **CADC** who has been certified for 3 years and has completed **15 hours of training** in supervision
- OR** 2. an **ACADC**
- OR** 3. a **CCS**
- OR** 4. a person with a **Master’s degree and license** in addictions counseling or **Master’s degree and certification** in addictions counseling
- OR** 5. an approved Health & Welfare **Clinical Supervisor** (QP) under IDAPA 16.07.20.02

C. Documentation of 60 hours of continuing education is required with four (4) for those 60 hours being in Ethics training. A courtesy reminder letter will be mailed to you approximately 90 days before your certification expires. The renewal application **MUST** be postmarked or in the IBADCC Office by your certification expiration date.

**Please note:** *Grace Period, is defined as the day after a certification expires to the 30th day after. During that time, if a counselor has submitted their renewal and it was received and processed by the IBADCC office, the counselor is not considered to be expired. Please check with the IBADCC office if there is any question as to the counselor's status. If your paperwork is postmarked within 30 days after your expiration date, you will be charged a \$25.00 grace period fee; otherwise your certification will be considered lapsed.*

1. Education must include four (4) hours of Ethics training.

**As of January 1<sup>st</sup>, 2017 ethics must be face to face.**

**Face to face education is defined as in person with an instructor or through an electronic medium that allows for real-time interactivity with the instructor(s) as the educational content is presented.**

**The ethics hours cannot be an in house in-service training.**

2. Education must be related to the knowledge and skills necessary to perform the tasks within the Performance Domains (see Section II of this manual for additional information).
3. All education providers must be on the approved list at the time the education is recorded: NAADAC State of Idaho Department of Health and Welfare, NASW, NBCC, IC&RC, IBADCC or an accredited college/university. Documentation needs to include a copy of any certificates of completion or an official college/university transcript.
4. Education presented by the candidate does not count toward continuing education hours.

## **6) Requesting a Change of Name**

IBADCC maintains records under your full legal name. This pertains to changing your name on your records **AFTER** you have legally changed your name.

You may submit a **Request for Name Change** (form is last page of manual).

**Along with** your request, copies of the following supporting documentation are required to change your name:

- Copy of documentation showing your name as it currently appears
  - picture ID preferred; or
  - birth certificate or social security card acceptable; or
  - your current IBADCC certificate

AND

- A copy of your marriage license/certificate; or
- A copy of name change by court order; or
- valid state issued driver license with new name; or
- Social security card with new name

Mail your completed ***Request for Name Change*** along with required documentation to IBADCC, PO Box 1548, Meridian, ID 83680. **If you would like a new certificate with the name change before your next renewal, please enclose \$5.00 check or money order.**

## 7) Lapsed Certificate Policy

Certifications at any level that have been expired between days 31-180 days (6 months) may be renewed, if the counselor seeking recertification is in good standing with IBADCC, has abided by the IBADCC Code of Ethics, and completes the following procedure:

- 1) Return completed renewal application for re-certification with a check for \$235. (*\$135 regular renewal fee and \$100 lapsed certificate processing fee.*)
- 2) Documentation of 30 hours of CEUs, two (2) of which must be Ethics training annually. Please note: *Counselors whose certifications have been expired between 31 to 180 days (6 months) may not engage in scope of practice activities for hire during this period.*

*Receipt of renewal documentation is based on postmarked date; this date is honored for items pending review by the Education Committee. Additionally, certifications at any level that have been expired more than six (6) months MUST go through the process of reapplying and retesting for their certification, unless inactive status was approved.*

## 8) Inactive Status

Certifications at any level may be made “inactive” for a minimum of one (1) year and a maximum of three (3) years with IBADCC approval. The intention of the “inactive status” is to provide an avenue for certified members to place their certification “on hold” in the event of major life challenges, such as illnesses, deaths in the family, etc. Certified members must submit a letter of request to the IBADCC.

During the period of inactivity, the counselor cannot receive payment for services performed in the substance abuse field and must submit twenty (20) hours of continuing education units annually, which includes the required two hours of Ethics training, and to abide by the IBADCC Code of Ethics. No certification fee will be charged during the period of inactivity and no certificate will be issued. To return to active status, the counselor must pay the current renewal fee.

**Please note:** An “inactive status” cannot be requested for a certification which is lapsed or under a current ethics investigation.

## **Section II:**

*Definitions and descriptions of specific skill sets needed for certification*

- 1) Instructions for Documentation of Supervision
- 2) Twelve Core Functions
- 3) Performance Domains and Tasks

## 1) Instructions for Documentation of Supervision

The Supervisor **MUST** document supervision (see Supervision Verification form in Section IV of this manual) of 120 hours per year in the 12 Core Functions, with a minimum of ten (10) hours in each core function.

**Please note:** If supervision has occurred at more than one agency, documentation must be completed for each agency where supervision occurred.

A supervisor shall be interpreted to mean, *a person who is knowledgeable of chemical dependency treatment and rehabilitation methods and has the ability to judge the capability and competence of an addictions counselor.*

D. The supervisor must be willing to accept the responsibility of monitoring and evaluating the performance of the addictions counselor “trainee” and hold one of the following requirements and **MUST provide documentation of qualifications:**

1. a **CADC** who has been certified for 3 years and has completed **15 hours of training** in supervision

**OR** 2. an **ACADC**

**OR** 3. a **CCS**

**OR** 4. a person with a **Master’s degree and license** in addictions counseling or **Master’s degree and certification** in addictions counseling

**OR** 5. an approved Health & Welfare **Clinical Supervisor** (QP) under IDAPA 16.07.20.02

Supervision forms are provided in Section IV of this manual.

### **Modes of Supervision:**

Supervision can be delivered in a variety of modes and mediums. Methods of supervision include, but are not limited to:

#### **INDIVIDUAL SUPERVISION**

**Face-to-Face:** Involves a one-to-one supervisor/supervisee relationship; implies regularly scheduled meetings to be conducted for the purpose of supervision.

**Appraisal** (with intermittent Performance reviewed): This method involves the formal agency process of annual evaluation. It is the overall summation, the total overview of a counselor’s performance.

**Assigned Reading:** This implies the developmental and educational aspect of supervision. Reading materials may be a supportive and constructive component of the supervision process.

**Audio Tape Video Tape:** This may involve peer use of training tapes, as well as the use of taped (audio or video) sessions, for the purpose of review and evaluation of actual sessions. In using tapes for the latter purposes of evaluating counselor skills, counselor feedback should be involved. A sample consent form is included in this manual (see below) in order to ensure that clients understand and agree to being taped for supervision purposes.

**Behavior Rehearsal:** This mode of supervision is similar to role playing, yet behavior rehearsal will usually focus on more specific behaviors and skills. Behavior rehearsals offer “before the fact”.

**Consultation:** This process of supervision is counselor-initiated. Unlike face-to-face supervision, this method is normally more spontaneous. It involves the review of generic skills.

**Demonstration:** In this process, the supervisor acts as the demonstrator. This process also involves the feedback process. It is the responsibility of the supervisor to involve and solicit counselor feedback to assure that the demonstration has been understood. This is different from Behavior/Rehearsal where the counselor is the demonstrator.

**Direct Observation:** Entails first-hand observation of on-the-job performance.

**Evaluative:** This review of counselor performance is an ongoing process. This process is supervisor-initiated and involves the day-to-day performance review. For example, this process includes the review of charts, notes, etc.

**Explanation/Directive:** This entails one-way communication from the supervisor to the supervisee. Essentially, the supervisor is dictating counselor actions and behavior.

**One-Way Screen:** A form of direct observation which removes the actual presence of the supervisor from the situation, i.e., view from one-way mirror.

**Outside Consultation:** Using this method of supervision delivery, an expert is brought in the program for the purposes of review and evaluation of training.

**Role playing:** In this method of supervision, the emphasis is on the evaluation of generic counseling skills. This process normally involves the creation of contrived situations, or may involve the re-creation of counselor/client situation “after the fact.”

**Sanctions:** The imposition of constructive discipline.

**Verbatim Record and Written Report:** This involves the review, by the supervisor, or the client records, progress notes, verbatim transcriptions of counselor/client interviews, etc.

**Work Review:** This process involves the review of counselor case loads.

### **GROUP SUPERVISION**

When using assigned reading, audio tape, verbatim record and video tape methods of supervision in group situations, the definitions would be altered slightly to reflect the change in counselor and supervisor numbers. These methods, when used in group situations, are usually training devices.

**Case Conference/Treatment Review:** This form of supervision entails the presentation by a counselor, of a case. This does not imply the one way communication of reporting a case, but involves review and feedback.

**Group:** Supervision by more than one (1) supervisor.

**Peer Consultation:** This includes the exchange of ideas in both formal and informal situations. This may include meetings of professional associations, groups and guilds. This process must involve evaluation and feedback or the process becomes an educational function, not a supervisory function.

**Support Group:** This pertains to a group of staff sessions aimed at dealing with interpersonal and intrapersonal problems, i.e., working to prevent staff burn-out.

**Team Development** (treatment enhancement): The evaluation of how counselors act as a team in the delivery of service: an evaluation of group cohesiveness and team effectiveness. The enhancement of treatment is the consequence of the supervisory process.

### **What is Considered Adequate Supervision?**

Minimally adequate supervision involves face-to-face interpersonal relationship between the supervisor and the supervisee. Therefore, mere written evaluation forms and written reports would constitute as inadequate supervision.

Minimally adequate supervision, at its best, involves the use of methods from both individual and group supervision. Any one method, in and of itself, would constitute inadequate supervision. While it is preferred and recommended that no more than two-thirds of a counselor's supervision should involve group supervision; it is preferred and recommended that the focus of a counselor's supervision be on individual counselor's methods, and it is recognized that supervision should be modeled to meet the unique needs of the individual counselor.

**Please note:** For the purpose of certification, supervised training must be attained in a work setting in the addictions counseling field; classroom experience is not acceptable.



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**SAMPLE CONSENT FORM TO RECORD SESSION  
FOR AUDIO & VIDEO TAPE SUPERVISION**

I, \_\_\_\_\_ (client), understand that this session is being either audio or video recorded. I further understand that the sole use of these tapes will be for the professional supervision of \_\_\_\_\_ (counselor). These tapes will not be used for educational or other purposes with out further and specific consent. The confidentiality laws apply to the recordings exactly as they apply to me personally.

I hereby give my consent for the recording of this session under the conditions listed above.

Client \_\_\_\_\_ Date \_\_\_\_\_

Counselor \_\_\_\_\_ Date \_\_\_\_\_

.....

## 2) Twelve Core Functions

The Twelve Core Functions of an alcohol/drug abuse counselor are used as standards for counselor competency.

**I. Screening:** The process by which the client is determined appropriate and eligible for admission to a particular program.

### Global Criteria

- 1) Evaluate psychological, social, and physiological signs and symptoms of alcohol/drug use and abuse.
- 2) Determine the client's appropriateness for admission or referral.
- 3) Determine the client's eligibility for admission or referral.
- 4) Identify any coexisting conditions (medical, psychiatric, physical, etc.) that indicate need for additional professional assessment and/or services.
- 5) Adhere to applicable laws, regulations and agency policies governing alcohol and drug abuse services.

### EXPLANATION

This function requires that the counselor consider a variety of factors before deciding whether or not to admit the potential client for treatment.

It is imperative that the counselor uses appropriate diagnostic criteria to determine whether the applicant's alcohol and drug use constitutes abuse. All counselors must be able to describe the criteria they use and demonstrate their competence by presenting specific examples of how the use of alcohol and drugs has become dysfunctional for a particular client.

The determination of a particular client's appropriateness for a program requires the counselor's judgment and skill and is influenced by the program's environment and modality (i.e., inpatient, outpatient, residential, pharmacotherapy, detoxification, or daycare). Important factors include the nature of the substance abuse, the physical condition of the client, the psychological functioning of the client, outside supports/resources, previous treatment efforts, motivation, and philosophy of the program.

The eligibility criteria are generally determined by the focus, target population and funding requirements of the counselor's program or agency. Many of the criteria are easily ascertained. These may include the client's age, gender, place of residence, legal status, veteran status, income level and the referral source. Allusion to following agency policy is a minimally acceptable statement.

If the applicant is found ineligible or inappropriate for this program, the counselor should be able to suggest an alternative.

**II. Intake:** The administrative and initial assessment procedures for admission to the program.

### **Global Criteria**

- 1) Complete required documents for admission to the program.
- 2) Complete required documents for program eligibility and appropriateness.
- 3) Obtain appropriately signed consent when soliciting from or providing information to outside sources to protect client confidentiality and rights.

### **EXPLANATION**

The intake usually becomes an extension of the screening when the decision to admit is formally made and documented. Much of the intake process includes the completion of various forms. Typically, the client and counselor fill out an admission or intake sheet, document the initial assessment, complete appropriate release of information, collect financial data, sign consent for treatment, and assign the primary counselor.

**III. Orientation:** Describing to the client the following: general nature and goals of the program; rules governing client conduct and infractions that can lead to disciplinary action or discharge from the program; in a non-residential program, the hours during which services are available; treatment cost to be borne by the client, if any; and client rights.

### **Global Criteria**

- 1) Provide an overview to the client by describing program goals and objectives for client care.
- 2) Provide an overview to the client by describing program rules, and client obligations and rights.
- 3) Provide an overview to the client of program operations.

### **EXPLANATION**

Orientation may be provided before, during and/or after the client's screening and intake. It can be conducted in an individual, group, or family context. Portions of the orientation may include other personnel for certain specific aspects of the treatment, such as medication.

**IV. Assessment:** The procedures by which a counselor/program identifies and evaluates an individual's strengths, weaknesses, problems and needs for the development of a treatment plan.

#### **Global Criteria**

- 1) Gather relevant history from client including but not limited to alcohol and drug abuse, using appropriate interview techniques.
- 2) Identify methods and procedures for obtaining corroborative information from significant secondary sources regarding client's alcohol and drug abuse and psycho-social history.
- 3) Identify appropriate assessment tools.
- 4) Explain to the client the rationale for the use of assessment techniques in order to facilitate understanding.
- 5) Develop a diagnostic evaluation of the client's substance abuse and any coexisting conditions based on the results of all assessments in order to provide an integrated approach to treatment. Planning must be based on the client's strengths, weaknesses, and identified problems and needs.

#### **EXPLANATION**

Although assessment is a continuing process, it is generally emphasized early in treatment. It usually results from a combination of focused interviews, testing and/or record reviews.

The counselor evaluates major life area (i.e. physical health, vocation development, social adaptation, legal involvement and psychological functioning) and assesses the extent to which alcohol and drug use has interfered with the client's functioning in each of these areas. The result of this assessment should suggest the focus of treatment.

**V. Treatment Planning:** Process by which the counselor and the client identify and rank problems needing resolution; establish agreed upon immediate and long-term goals; and decide upon a treatment process and the resources to be utilized.

#### **Global Criteria**

- 1) Explain assessment results to client in an understandable manner.
- 2) Identify and rank problems based on individual client needs in the written treatment plan

- 3) Formulate agreed upon immediate and long-term goals using behavioral terms in the written treatment plan.
- 4) Identify the treatment methods and resources to be utilized as appropriate for the individual client.

#### **EXPLANATION**

The treatment contract is based on the assessment and is a product of negotiation between the client and the counselor to assure that the plan is tailored to the individual's needs. The language of the problem, goal, and strategy statements should be specific, intelligible to the client and expressed in behavioral terms. The statement of the problem must concisely elaborate on the client's needs previously identified. The goal statements refer specifically to the identified problem and may include a set of objectives ultimately intended to resolve or mitigate the problem. The goals must be expressed in behavioral terms in order for the counselor and client to determine progress in treatment. (Both immediate and long-term goals should be established.) The plan or strategy is a specific activity that links the problem with the goal. It describes the services, who will perform them, when they will be provided, and at what frequency. Treatment planning is a dynamic process and the contracts must be regularly reviewed and modified as appropriate.

**VI. Counseling** (individual, group, and significant others): The utilization of special skills to assist individuals, families or groups in achieving objectives through exploration of a problem and its ramifications; examination of attitudes and feelings; consideration of alternative solutions; and decision-making.

#### **Global Criteria**

- 1) Select the counseling theory or theories which apply.
- 2) Apply technique(s) to assist the client, group, and/or family in exploring problems and ramifications.
- 3) Apply technique(s) to assist the client, group, and/or family in examining the client's behavior, attitudes, and/or feelings if appropriate in the treatment setting.
- 4) Individualize counseling in accordance with cultural, gender, and lifestyle differences.
- 5) Interact with the client in an appropriate therapeutic manner.
- 6) Elicit solutions and decisions from the client.
- 7) Implement the treatment plan.

## **EXPLANATION**

Counseling is a relationship in which the counselor helps the client mobilize resources to resolve his or her problem and/or modify attitudes and values. The counselor must be able to demonstrate a working knowledge of various counseling approaches. These methods may include: Reality Therapy, Transactional Analysis, Strategic Family Therapy, Client Centered Therapy, etc.

Furthermore, the counselor must be able to explain the rationale for using a specific approach for the particular client. For example, a behavioral approach might be suggested for clients who are resistant and manipulative or have difficulty anticipating consequences and regulating impulses. On the other hand, a cognitive approach may be appropriate for a client who is depressed, yet insightful and articulate.

Also, the counselor should explain his or her rationale for choosing a counseling approach in an individual, group, or significant other context. Finally, the counselor should be able to explain why a counseling approach or context changed during treatment.

**VII. Case Management:** Activities which bring services, agencies, resource, or people together within a planned framework of action toward the achievement of established goals. It may involve liaison activities and collateral contacts.

### **Global Criteria**

- 1) Coordinate services for client care.
- 2) Explain the rationale of case management activities to the client.

## **EXPLANATION**

Case management is the coordination of a multiple service plan. Case management decisions must be explained to the client. By the time many alcohol and drug abusers enter treatment they tend to manifest dysfunction in a variety of areas. For example, a heroin addict may have hepatitis, lack job skills and have a pending criminal charge. In this case, the counselor might monitor his medical treatment, make a referral to a vocational rehabilitation program and communicate with representatives of the criminal justice system.

The client may also be receiving other treatment services such as family therapy and pharmacotherapy, within the same agency. These activities must be integrated into the treatment plan and communication must be maintained with the appropriate personnel.

**VIII. Crisis Intervention:** Those services which respond to an alcohol and/or other drug abuser's needs during acute emotional and/or physical distress.

## **Global Criteria**

- 1) Recognize the elements of the client crisis.
- 2) Implement an immediate course of action appropriate to the crisis.
- 3) Enhance overall treatment by utilizing crisis events.

### **EXPLANATION**

A crisis is a decisive, crucial event in the course of treatment that threatens to compromise or destroy the rehabilitation effort. These crises may be directly related to alcohol or drug use (i.e., overdose or relapse) or indirectly related. That latter might include the death of a significant other, separation/divorce, arrest, suicide gestures, and a psychotic episode or outside pressure to terminate treatment. If no specific crisis is presented in the Written Case, rely on and describe a past experience with a client. Describe the overall picture-before, during, and after the crisis.

It is imperative that the counselor be able to identify the crises when they surface, attempt to mitigate or resolve the immediate problem and use negative events to enhance the treatment efforts, if possible.

**IX. Client Education:** Provision of information to individuals and groups concerning alcohol and drug abuse and the available services and resources.

## **Global Criteria**

- 1) Present relevant alcohol and drug use/abuse information to the client through formal and/or informal processes.
- 2) Present information about available alcohol and drug services and resources.

### **EXPLANATION**

Client education is provided in a variety of ways. In certain inpatient and residential programs, for example, a sequence of formal classes may be conducted using a didactic format with reading materials and films. On the other hand, an outpatient counselor may provide relevant information to the client individually or informally. In addition to alcohol and drug information, client education may include a description of self-help groups and other resources that are available to the clients and their families. The applicant must be competent in providing specific examples of the type of education provided to the client and the relevance to the case.

**X. Referral:** Identifying the needs of a client that cannot be met by the counselor or agency and assisting the client to utilize the support systems and community resources available.

## **Global Criteria**

- 1) Identify need(s) and/or problem(s) that the agency and/or counselor cannot meet.
- 2) Explain the rationale for the referral to the client.
- 3) Match client needs and/or problems to appropriate resources.
- 4) Adhere to applicable laws, regulations and agency policies governing procedures related to the protection of the client's confidentiality.
- 5) Assist the client in utilizing the support systems and community resources available.

### **EXPLANATION**

In order to be competent in this function, the counselor must be familiar with community resources, both alcohol and drug, as well as others, and should be aware of the limitations of each service and the limitations might adversely impact the client. In addition, the counselor must be able to demonstrate a working knowledge of the referral process, including confidentiality requirements and outcomes of the referral.

Referral is obviously closely related to case management when integrated into the initial and on-going treatment plan. It also includes, however, aftercare or discharge planning referrals that take into account the continuum of care.

**XI. Report and Record Keeping:** Charting the results of the assessment and treatment plan, writing reports, progress notes, discharge summaries and other client-related data.

## **Global Criteria**

- 1) Prepare reports and relevant records integrated available information to facilitate the continuum of care.
- 2) Chart pertinent ongoing information pertaining to the client.
- 3) Utilize relevant information from written documents for client care.

### **EXPLANATION**

The report and record keeping function is important. It benefits the counselor by documenting the client's progress in achieving his or her goals. It facilitates adequate communication between co-workers. It assists the counselor's supervisor in providing timely feedback. It is valuable to other programs that may provide services to the client at a later date. It can enhance the accountability of the program to its licensing/funding sources. Ultimately, if performed properly, it enhances the client's entire treatment experience. The applicant must prove personal action in regard to the report and record keeping function.



**XII. Consultation with Other Professionals in Regard to Client Treatment/Services:** Relating with in-house staff or outside professionals to assure comprehensive, quality care for the client.

### **Global Criteria**

- 1) Recognize issues that are beyond the counselor's base of knowledge and/or skill.
- 2) Consult with appropriate resources to ensure the provision of effective treatment services.
- 3) Adhere to applicable laws, regulations and agency policies governing the disclosure of client-identifying data.
- 4) Explain the rationale for the consultation to the client, if appropriate.

### **EXPLANATION**

Consultations are meetings for discussion, decision-making and planning. The most common consultation is the regular in-house staffing in which client cases are reviewed with other members of the treatment team. Consultations may also be conducted in individual sessions with the supervisor, other counselors, psychologists, physicians, probation officers, and other service providers connected to the client's case.

## **3) Performance Domains and Tasks**

Performance Domain and Tasks is the addiction counselor's tool box of expert knowledge and their corresponding functions.

### **I. Assessment**

#### **Task 1:**

Using interview techniques, gather relevant information from the client in order to obtain current status and history.

#### **Task 2:**

Gather and evaluate information from sources other than the client, utilizing client-consented interviews and/or written reports, to validate his/her reports and provide a more complete history.

#### **Task 3:**

Observe and document psychological, social and physiological signs and symptoms of alcohol and drug abuse and dependence in the client to make an accurate diagnosis and formulate a treatment plan.

Task 4:

Determine the client's appropriateness and eligibility for admission or referral to a range of programs by assessing the match between the client's needs and program target populations and services.

Task 5:

Request from the client appropriately signed release when soliciting from or providing information to outside sources to protect client confidentiality.

Task 6:

Recognize signs and symptoms that indicate the need to refer the client for additional professional assessment services when such assessment is outside the areas of the counselor's expertise.

Task 7:

Develop a written diagnostic summary based on the results of separate assessments performed by an alcohol/drug abuse counselor and/or a multi-disciplinary team including physical/chemical use/abuse history, psychological, psychiatric, social, spiritual, recreational, nutritional, educational, vocational, and/or legal information to provide an integrated approach to diagnosis and treatment planning.

Task 8

Document ongoing treatment needs identified by regular assessments performed throughout the continuum of care and negotiate adjustments to the treatment plans to assure new treatment needs are addressed.

Task 9:

Formulate mutually agreed upon goals, objectives, and treatment methods based upon assessment findings of the client's strengths, weaknesses, needs and problems for the purpose of directing a course of treatment.

Task 10:

Select, administer, score, and interpret for clients the result of AODA assessment instruments in order to provide accurate, standardized measurements of data relating to the client's problems.

Task 11:

Explain the purpose, rationale and methods associated with the assessment process to the client to assure understanding and compliance.

## II. Counseling

### Task 1:

Establish rapport and trust with client, family members and related systems by providing a safe environment in order to facilitate self-exploration, disclosure, problem-solving and interaction.

### Task 2:

In the initial counseling session, provide specific information to the client regarding the structure, expectations and limitations of the counseling process in order to promote a trusting relationship; and assist the client in decision-making regarding the treatment process.

### Task 3:

Assist the client, family members and significant others in identification, clarification and expression of feelings by teaching, modeling and interacting in order to improve relationships, self-esteem and feeling recognition.

### Task 4:

Provide individual therapy, using relevant and current client data with an appropriate therapeutic approach to meet the client's needs, problems, strengths and weaknesses to promote a quality recovery process.

### Task 5:

Provide family education with client and/or significant others within a conducive setting to promote individual and system growth.

### Task 6:

Provide group therapy by modeling, directing and facilitating developmental stages within the group in order to promote growth.

### Task 7:

Identify group, purpose, rules, goals and membership criteria for group members through formal and informal means to facilitate interaction and communication.

### Task 8:

Assist clients, family members and significant others in establishing and maintaining new behaviors or changes in behavior in order to minimize relapse through teaching, modeling and other counseling techniques.

### Task 9:

Intervene in life crisis situations with client or significant others in order to prevent or cope with that crisis by utilizing needed resources and identifying and teaching new skills.

Task 10:

Provide care and follow-up appropriate to the client's needs, utilizing a variety of approaches after the initial phase is completed.

Task 11:

Assess ongoing issues and related progress with clients, family and significant others in order to promote growth through periodic review of goals and accomplishments.

Task 12:

Provide current and accurate information and education to the client, family members, and significant others through written materials and other educational forums in order to prevent initiation or progression of the disease of alcohol/drug dependency.

Task 13:

Acknowledge and respect cultural and life-style diversities as they relate to emotional, spiritual and physical health with all clients, family members and significant others to affirm differences through accepting attitudes and behaviors.

Task 14:

Assist clients, family, and significant others in the recognition of the role of defense mechanisms (especially denial and minimization) through confrontation, teaching and eliciting feedback, in order to further the recovery process.

Task 15:

Evaluate and assess through case review the effectiveness of the chosen counseling approaches and processes to ensure quality.

### **III. Case Management**

Task 1:

Obtain and maintain information about community resources and services by establishing contact with other service providers in order to evaluate the appropriateness of referring the client.

Task 2:

Match the community resources with client needs in order to improve the effectiveness of treatment by paying particular attention to cultural and life-style characteristics of the client.

Task 3:

Verbally explain to the client the necessity for referral in order to ease the transition to other service providers.

Task 4:

Demonstrate proficiency in maintaining client records in accordance with prescribed standards to ensure quality care.

Task 5:

Consult with supervisors, counselors, professionals and/or other service providers by discussing one's own case to assure comprehensive, quality care for the client.

Task 6:

Present cases to other treatment team members in order to facilitate decision making and planning by using a written or oral method.

Task 7:

Assist other treatment team members by providing alternative input on their cases in order to develop comprehensive, quality care for the client.

Task 8:

Verbally explain to the client the need for consultation and obtain written consent when needed in order to provide quality care.

Task 9:

Provide a program overview to the client by describing goals, objectives, rules and obligations in order to agree upon mutual expectations.

Task 10:

Provide education for the client about self-help groups by supplying appropriate information in order to encourage participation.

Task 11:

Advocate for client's interests in targeted systems by negotiating plans in order to help resolve client's problems.

Task 12:

Provide information through appropriate contacts with outside agencies in order to ensure adequate funding for services provided.

Task 13:

Maintain a network of community resources, through regular communication, in order to enhance client's treatment.

Task 14:

Ascertain client impairment by assuring utilization of appropriate laboratory tests in order to determine the course of treatment.

Task 15:

Obtain evaluation through regular consultation with supervisors and peers in order to assess case management techniques

#### **IV. Education**

Task 1:

Provide relevant education to the client through formal and informal processes to introduce specific knowledge to support the recovery process.

Task 2:

Provide relevant education to family members and significant others through formal and informal processes to introduce specific knowledge to help support the recovery process.

Task 3:

Provide alcohol and drug education to schools, service clubs, business, industry and labor, media representatives, political and community leaders and other significant persons to raise awareness and enhance community support.

Task 4:

Provide drug and alcohol education and information to colleagues and other professionals via lectures, discussions and meetings to enhance professional exchange of information and ensure continuum of care for the client.

#### **V. Professional Responsibility**

Task 1:

Demonstrate ethical behaviors by adhering to established professional codes of ethics in order to maintain professional standards and safeguard the best interests of the client.

Task 2:

Adhere to federal, state, and agency regulations regarding alcohol and drug abuse treatment by following appropriate procedures to protect client rights.

Task 3:

Interpret and apply information from current counseling and alcohol and drug abuse literature to improve client care and enhance professional growth.

Task 4:

Recognize the importance of individual differences by gaining knowledge about personality, cultures, life-styles and other factors influencing client behavior in order to provide services that are sensitive to the uniqueness of the individual.

Task 5:

Develop and utilize a range of options to explore and discuss personal feelings and concerns about clients when these concerns may be interfering with the counseling relationship.

Task 6:

Conduct self-evaluations of professional performance applying ethical, legal, and professional standards to enhance self-awareness and performance by identifying strengths and limitations.

Task 7:

Obtain appropriate continuing professional education by ongoing assessment of one's own training needs in order to promote professional growth.

Task 8:

Assess and participate in regular supervision and consultation sessions to facilitate clinical and administrative growth.

Task 9:

Develop and utilize strategies to maintain personal, physical and mental health in order to ensure professional effectiveness.

Task 10:

Establish and maintain good relations with civic groups, other professionals, government entities and the community in general through open communication and supportive involvement to expand community resources.

## **Section III:**

*Code of Ethics: Outline of a treatment professional's highest standard of behavior*

- 1) Ethics Preamble
- 2) Ethics Definitions
- 3) Rules of Conduct
- 4) Appendix A. Discussions
- 5) Disciplinary Procedures
- 6) Ethical Standards Report
- 7) Code of Conduct Agreement



## Code of Ethics

### Ethics Preamble

The Idaho Board of Alcohol/Drug Counselor Certification (referred to herein as "the Board" or "IBADCC") provides certification for substance abuse counselors and prevention specialists in the State of Idaho. The purpose of the IBADCC's voluntary certification process is to assure consumers, the public, and employers, that individuals certified by IBADCC are capable and competent, have been through a certain organized set of experiences, and have been judged to be qualified.

IBADCC is dedicated to the principle that professionals in the field of alcohol and drug treatment must conform their behavior to the highest standards of ethical practice. To that end, the IBADCC has adopted this Certified Professional Code of Ethics (referred to herein as "the Code" or "the Code of Ethics"), to be applied to all professionals, certified, or seeking certification.

The Board is committed to investigate and sanction those certified professionals or those seeking certification who breach this Code. Certified professionals or those seeking certification are therefore encouraged to thoroughly familiarize himself/herself with the Code and to guide their behavior according to the Rules set forth within this Code.

The Board has determined that all substantiated ethics violations will be posted on the IBADCC website for public disclosure. The public disclosure of the final outcome of ethics cases on the website is appropriate and legal. The ethics posting will be final findings, after appeals have been exhausted, these outcomes will remain posted for an eighteen month cycle of recertification.

### Ethics Definitions

**Consumer:** Any person seeking or assigned the services of a IBADCC certified professional or person seeking certification, regardless of the certified professional or person seeking certification's work setting.

**Complainant:** A person who files a formal complaint with the IBADCC against a certified professional or a person seeking certification under IBADCC jurisdiction.

**Certified Professional:** Any person who holds any credential issued by IBADCC.

**Dual Relationship:** Any relationship between the certified professional or person seeking certification and a client outside of the professional relationship. Examples include but are not limited to: social, financial, or business relationships with clients.

**Ethics Committee:** IBADCC standing committee charged with the responsibility of investigating or sanctioning certified professionals or persons seeking certification who breach the Code of Ethics, as well as amending and reviewing all appropriate documentation, and charged with all other responsibilities deemed necessary.

**Hearing Officer:** The President of the Board or his designated board member appointee, a non-voting member of the Hearing Committee, will preside over the Appeal Hearing.

**Immediate Family:** A spouse, child, parents, parent-in-laws, siblings, grandchild, grandparents, and other household members of the Certified Professional or Person Seeking Certification.

**Person Seeking Certification:** Any individual who has an application for certification, at any level, on file with the IBADCC.

**Respondent:** A certified professional or person seeking certification who is the subject of a formal complaint alleging a breach of the Code of Ethics.

**Sexual Misconduct:** When a certified professional or person seeking certification engages, attempts to engage, or offers to engage a consumer in sexual behavior, or any behavior, whether verbal or physical, which is intended to be sexually arousing, including kissing; sexual intercourse, either genital or anal; cunnilingus; fellatio; or the touching by either the professional or person seeking certification or the consumer of the other's breasts, genital areas, buttocks, or thighs, whether clothed or unclothed.

**Supervisee:** An individual that works under the direct supervision of a certified professional, and works in the capacity of delivering direct services to consumers of addiction services.

## Rules of Conduct

The following Rules of Conduct adopted by the Idaho Board of Alcohol/Drug Counselor Certification, Inc. set forth the minimum standards of conduct which all certified professionals or those seeking certification are expected to honor. Failure to comply with an obligation or prohibition set forth in the Rules may result in discipline by the IBADCC.

Discussion sections accompany some of the Rules. These discussions are intended to interpret, explain, or illustrate the meaning of the rules, but the rules themselves remain the authoritative statements of the conduct for which disciplinary action may be imposed.

### 1. Applicability

1.1 The rules within this IBADCC Certified Professional Code of Ethics apply to all professionals certified by or seeking certification through IBADCC.

## **2. Professional Standards**

2.1 A certified professional or person seeking certification shall meet and comply with all terms, conditions, or limitations of any professional certification or license which they hold.

2.2 A certified professional or person seeking certification shall not perform services outside of their area of training, expertise, competence, or scope of practice.

2.3 A certified professional or person seeking certification shall not fail to obtain an appropriate consultation or make an appropriate referral when the consumer's problem is beyond the area of training, expertise, competence, or scope of practice of the certified professional or person seeking certification.

2.4 A certified professional or person seeking certification shall not in any way participate in discrimination on the basis of race, color, sex, sexual orientation, age, religion, national origin, socio-economic status, political belief, psychiatric or psychological impairment, physical disability, or the amount of previous therapeutic or treatment occurrences.

2.5 Through the awareness of the negative impact of racial, sexual, religious, gender, marital status, nationality or physical stereotyping and discrimination, the addiction professional guards the individual rights and personal dignity of the client and/or participant(s). When client/participant(s) possess diverse or non-familiar cultural and ethnic backgrounds, addiction professionals are motivated to learn about cultural and ethnic sensitivities in order to provide the highest level of care.

2.6 A certified professional or person seeking certification shall seek therapy for any psychoactive substance abuse or dependence, psychiatric or psychological impairment, emotional distress, or for any other physical health related adversity that interferes with their professional functioning, and where any such conditions exist and impede their ability to function competently, a certified professional or person seeking certification shall request inactive status for medical reasons for a minimum of one (1) year and a maximum of three (3) years. Counselors desiring inactive status must submit a letter of request to the IBADCC.

2.7 A certified professional or person seeking certification has a responsibility both to the client and/or participant(s) and to the organization within which the service is performed to maintain a high standard of ethical conduct. The moral, ethical and legal standards of behavior of the certified professional or person seeking certification are a personal matter to the same degree as they are for any other citizen, except as these may compromise the fulfillment of their professional responsibilities or reduce the trust in addiction professionals or those seeking certification held by the general public. This includes:

- Awareness of the prevailing community standards and of the possible impact upon the quality of professional services provided by their conformance to or deviation from these standards;
- Serve as a role model in the certified professionals or person seeking certifications' use of alcohol or other mood altering drugs.
- Reporting to an employer, supervisor, colleague or the addiction professional or person seeking certification's intervention program when difficulty with mood altering substance(s) are experienced

2.8 The certified professional or person seeking certification shall not discontinue professional services to a consumer nor shall the certified professional or person seeking certification abandon the consumer without facilitating an appropriate therapeutic closure of professional services for the consumer.

2.9 A certified professional or person seeking certification shall not reveal confidential information obtained as the result of a professional relationship, without the prior written consent from the recipient of services, except as authorized or required by law.

### **3. Unlawful Conduct**

3.1 Being convicted or found guilty, regardless of adjudication, or entering a plea of *nolo contendere* to any crime relating to the certified professional or person seeking certification's ability to practice the substance abuse counseling profession to include intervention, prevention, and criminal justice services shall be grounds for disciplinary action.

3.2 A certified professional or person seeking certification shall not use, possess, or sell any controlled or psychoactive substance. Being convicted or found guilty, regardless of adjudication, or entering a plea of *nolo contendere* to any crime which involves the use of any controlled or psychoactive substance shall be grounds for disciplinary action.

3.3 If a certified professional or person seeking certification is reprimanded by any agency or organization through any administrative proceedings, this may be grounds for disciplinary action by this body.

### **4. Sexual Misconduct**

4.1 A certified professional or person seeking certification shall not engage in any form of sexual contact/behavior with consumers. The prohibition shall apply with respect to any consumer of the agency by which the certified professional or person seeking certification is employed, regardless of whether or not the consumer is on their caseload. For the purposes of determining the existence of sexual misconduct the professional-consumer relationship, once established, is deemed to continue for a minimum of five (5) years after the termination of services or the date of the last professional contact with the consumer.

4.2 A certified professional or person seeking certification shall not:

- Engage a supervisee in sexual misconduct (as defined in the Code's Glossary) during the period a supervisory relationship exists.
  
- Engage in sexual misconduct (as defined in the Code's Glossary) with any immediate family member or guardian of a consumer during the period of time services are being rendered to the consumer, during the entire professional consumer relationship pursuant to rule 4.1.

## **5. Fraud-Related Conduct**

5.1 A certified professional or person seeking certification shall not:

- Present or cause to be presented a false or fraudulent claim, or any proof in support of such claim, to be paid under any contract or certificate of insurance;
  
- Prepare, make or subscribe to a false or fraudulent account, certificate, affidavit, proof of loss or other document or writing, with knowledge that the same may be presented or used in support of a claim for payment under a policy of insurance; or
  
- Present or cause to be presented a false or fraudulent claim or benefit application, or any false or fraudulent proof in support of such a claim or benefit application, or false or fraudulent information which would affect a future claim or benefit application, to be paid under any employee benefit program.

5.2 A certified professional or person seeking certification shall not use misrepresentation in the preparation of an application or in the procurement of recertification as an alcohol or drug certified professional, or assist another in the preparation of an application for certification or in the procurement of registration, certification or re-certification through misrepresentation. The term "misrepresentation" includes but is not limited to the misrepresentation of professional qualifications, certification, accreditation, affiliations, employment experience, educational experience, the plagiarism of application and recertification materials, or the falsification of references.

5.3 A certified professional or person seeking certification shall not use a title designation, credential or license, firm name, letterhead, publication, term, title, or document which states or implies an ability, relationship, or qualification that does not exist.

5.4 A certified professional or person seeking certification shall not practice under a false name or under a name other than the name under which his or her certification or license is held.

5.5 A certified professional or person seeking certification shall not sign or issue in the professional capacity a document or a statement that the certified professional or person seeking certification knows or should have known to contain a false or misleading statement.

5.6 A certified professional or person seeking certification shall not produce, publish, create, or partake in the creation of any false, fraudulent, deceptive, or misleading advertisement.

## **6. Exploitation of Consumers**

6.1 A certified professional or person seeking certification shall not develop, implement, or maintain exploitative relationships with current or past consumers.

6.2 A certified professional or person seeking certification shall make every effort to avoid dual relationships with clients that could impair professional judgment or increase the risk of harm to the client. When a dual relationship cannot be avoided, the certified professional or person seeking certification needs to take appropriate precautions such as informed consent, supervision, or documentation to ensure that no exploitation occurs.

6.3 A certified professional or person seeking certification shall not misappropriate property from a consumer.

6.4 A certified professional or person seeking certification shall not enter into a relationship with a consumer which involves financial gain to the certified professional or person seeking certification or a third party resulting from the promotion or the sale of services unrelated to treatment or of goods, property, or any psychoactive substance.

6.5 A certified professional or person seeking certification shall not promote to a consumer for personal gain, any unnecessary, ineffective or unsafe psychoactive substance, or any unnecessary, ineffective or unsafe device, treatment, procedure, product or service.

6.6 A certified professional or person seeking certification shall not solicit gifts or favors from consumers.

6.7 A certified professional or person seeking certification shall not offer, give, or receive commissions, rebates, or any other forms of remuneration for a consumer referral.

## **7. Safety & Welfare**

7.1 In circumstances where the certified professional or person seeking certification becomes aware, during the course of providing or supervising professional services, that a condition of clear and imminent danger exists that a consumer may inflict serious bodily harm on another person or persons, the certified professional or person seeking certification shall, consistent with federal and state regulations concerning the confidentiality of alcohol and drug counseling records, take reasonable steps to warn any likely victims of the consumer's behavior.

7.2 In circumstances where the certified professional or person seeking certification becomes aware, during the course of providing or supervising professional services, that a condition of clear and imminent danger exists that a consumer may inflict serious bodily harm to himself or herself, the certified professional or person seeking certification shall, consistent with federal and state regulations concerning the confidentiality of alcohol and drug counseling records, take reasonable steps to protect that consumer.

7.3 A certified professional or person seeking certification shall not administer to himself or herself any psychoactive substance to the extent or in such manner as to be dangerous or injurious to a consumer of services, to any other person, or to the extent that such use of any psychoactive substance impairs the ability of the certified professional or person seeking certification to safely and competently provide professional counseling services.

## **8. Records Management**

8.1 A certified professional or person seeking certification shall not falsify, amend, knowingly make incorrect entries, or fail to make timely essential entries into the consumer record.

8.2 A certified professional or person seeking certification shall follow all Federal and State regulations regarding consumer records.

## **9. Assisting Unlicensed Practice**

9.1 A certified professional or person seeking certification shall not refer a consumer to a person that the certified professional or person seeking certification knows or should know is not qualified by training, experience, certification, or license to perform the delegated professional responsibility.

## **10. Discipline in Other Jurisdictions**

10.1 A certified professional or person seeking certification shall not practice substance abuse counseling during the period of any denial, suspension, revocation, probation, or other restriction or discipline on certification, license, or other authorization to practice issued by any certification authority or any state, province, territory, tribe, or the federal government.

## **11. Cooperation with the Board**

11.1 A certified professional or person seeking certification shall cooperate in any investigation conducted pursuant to this Code of Ethics and a certified professional or person seeking certification shall not interfere with an investigation or a disciplinary proceeding or attempt to prevent a disciplinary proceeding or other legal action from being filed, prosecuted, or completed. Interference attempts may include but are not limited to:

- The willful misrepresentation of facts before the disciplining authority or its authorized representative;
- The use of threats or harassment against, or an inducement to, any consumer or witness in an effort to prevent them from providing evidence in a disciplinary proceeding or any other legal action;
- The use of threats or harassment against, or an inducement to, any person in an effort to prevent or attempt to prevent a disciplinary proceeding or other legal action from being filed, prosecuted or completed.

11.2 A certified professional or person seeking certification shall report any violation of the Code of Ethics. Failure to report a violation may be grounds for discipline.

11.3 A certified professional or person seeking certification who has firsthand knowledge of the actions of a respondent or a complainant shall cooperate with an IBADCC complaint investigation or disciplinary proceeding. Failure or an unwillingness to cooperate in a IBADCC complaint investigation or disciplinary proceeding shall be grounds for disciplinary action.

11.4 A certified professional or person seeking certification shall not file a complaint or provide information to the IBADCC which the certified professional or person seeking certification knows or should have known is false or misleading.

11.5 In submitting any information to the Board, a certified professional or person seeking certification shall comply with any requirements pertaining to the disclosure of consumer information established by the federal or state government.



## **Appendix A: Discussions**

### **Rule 2.2 Discussion**

A certified professional or person seeking certification should not use a modality or a technique if the certified professional or person seeking certification does not have the education, training, or skills to perform a modality or a technique in a competent or qualified manner.

### **Rule 2.3 Discussion**

Most certified professionals or those seeking certification strive to achieve and maintain the highest level of professional competence. In order to provide the highest standard of therapy for consumers, certified professionals or those seeking certification must maintain the commitment to assess their own personal strengths, limitations, biases, and effectiveness. When a certified professional or person seeking certification recognizes that a consumer's therapeutic needs exceed their education, training, and capabilities, the certified professional or person seeking certification must pursue advice and counsel from colleagues and supervisors. When a consumer's therapeutic issues are outside their level of professional functioning or scope of practice, the certified professional or person seeking certification must refer the consumer to another professional who will provide the appropriate therapeutic approach for the consumer.

### **Rule 2.7 Discussion**

Private conduct of a certified professional or person seeking certification remains a personal matter to the same degree as any other person. However, when conduct compromises the fulfillment of professional responsibilities, the certified professional or person seeking certification bears the responsibility for any misconduct in all areas of their professional life. When the personal life, of a certified professional or person seeking certification, begins to adversely affect professional performance and the quality of service delivered, putting the consumer at risk. The certified professional or person seeking certification must take sufficient and immediate action to resolve any personal adversity, which interferes with their professional functioning. This may include but is not limited to seeking professional assistance or requesting inactive status for medical reasons.

The certified professional or person seeking certification should expect his or her employer to intervene when the certified professional's personal problems begin to adversely affect their performance with consumers and coworkers.

### **Rule 2.8 Discussion**

The certified professional or person seeking certification shall not discontinue professional services to a consumer unless: services have been completed; the consumer requests the discontinuation; alternative or replacement services are arranged; or the consumer is given reasonable opportunity to arrange alternative or replacement services.

**Rule 2.9 Discussion**

Except as may otherwise be indicated in this Code, certified professionals or those seeking certification are expected to preserve all consumer confidences and refrain from revealing confidential information obtained as a result of the certified professional-consumer or person seeking certification-consumer relationship, except as may be authorized by the consumer or required or authorized by law. Certified professionals or those seeking certification are expected to be familiar with and act in accordance with federal and state regulations concerning confidentiality of participant records and identifying information.

**Rule 3.3 Discussion**

Any public record pertaining to an arrest, charge, disposition or sentencing of a certified professional or person seeking certification, shall be deemed as conclusive evidence of guilt of the felony or misdemeanor for which he or she has been convicted. If that felony or misdemeanor relates to the individual's ability to practice the substance abuse counseling profession, the fact of conviction shall also be proof of violation of this Rule. Some specific examples within this section include but are not limited to crimes involving violence, use or sale of drugs, fraud, theft, sexual misconduct, or other felonies. All proceedings in which the sentence has been deferred, suspended, adjudication withheld, or a conviction expunged shall be deemed a conviction within the meaning of this section. For example, an IBOL investigation of a certified professional or person seeking certification could provide the independent grounds for an investigation.

**Rule 4.1 Discussion**

The Board finds that the effects of the certified professional-consumer or person seeking certification-consumer relationship can be powerful and subtle and that consumers can be influenced consciously and subconsciously by the unequal distribution of power inherent in such relationships. Furthermore, the Board finds that the effects of the establishment of a professional-consumer relationship can endure after services cease to be rendered. The certified professional or person seeking certification is responsible for acting in the best interest of the consumer even after the termination of services. The professional shall not engage in or request sexual contact with a former consumer at any time if engaging with that consumer would be exploitative, abusive or detrimental to that consumer's welfare. A certified professional-consumer or person seeking certification-consumer relationship is established between a professional and a person once a professional renders, or purports to render addictions, prevention, or criminal justice services including but not limited to, counseling, assessment, or treatment to that person. A formal contractual relationship, the scheduling of professional appointments or payment of a fee for services are not necessary conditions for the establishment of a professional-consumer relationship, although each of these may be evidence that such a relationship exists.

**Rule 5.1 Discussion**

The term "fraudulent claim" includes but is not limited to charging a consumer or a third-party payer for a service not performed or submitting an account or charge for services that is false or misleading. It does not include charging for a missed appointment.

**Rule 6.1 & 6.2 Discussion**

Certified professionals or those seeking certification must remain "honest and self-searching in determining the impact of their behavior on the consumer. Ethical problems are often raised when a certified professional or person seeking certification blends his or her professional relationship with a consumer with another kind of relationship. Behavior is unethical when it reflects a lack of awareness or concern about the impact of the behavior on the consumers. Certified professionals or those seeking certification who engage in more than one role with consumers may be trying to meet their own financial, social, or emotional needs." (1993, Corey G., Corey M., and Callanan P.)

The nature of the consumer-professional relationship is such that the consumer remains vulnerable to the real or perceived influences of the certified professional or person seeking certification. Certified professionals or those seeking certification, who are in a position to influence a consumer's behavior, may impose their own desires upon the consumer.

**Rule 6.6 Discussion**

When a certified professional or person seeking certification "plays" or "preys" upon the consumer's gratitude for counseling services; or covertly or overtly implies or states that the consumer remains indebted to the certified professional or person seeking certification and should "repay" him or her through gifts or other favors, their unique position of trust and responsibility with the consumer not only becomes jeopardized, but the certified professional or person seeking certification has also engaged in actions antithetical to the counseling profession.

**Rule 6.7 Discussion**

Notwithstanding this provision, a certified professional or person seeking certification may pay an independent advertising or marketing agent compensation for advertising or marketing services rendered on their behalf by such agent, including compensation for referrals of consumers identified through such services on a per consumer basis.

**Rule 7.1 Discussion**

If during the course of treating a participant, a certified professional or person seeking certification becomes aware that a consumer intends or is likely to commit some act which may result in serious bodily harm to another person or persons and there is a clear and imminent danger of such harm occurring, the certified professional or person seeking certification has a duty to take reasonable steps to warn such persons. In doing so, the certified professional or person seeking certification should be aware that state and federal regulations set forth rules concerning the confidentiality of certified professional-consumer or person seeking certification-consumer communications and consumer records and identifying information. In cases where the threat is of the commission of a crime on agency premises or against agency personnel, the rules may allow disclosure of the circumstances of the threatened crime and identity of the consumer directly to law enforcement officers. In some instances, however, in order to warn the likely victims of the consumer's actions it may be necessary for the certified professional or person seeking certification or their agency to make an emergency application to a court for an order permitting disclosure of information concerning the consumer or communications from the consumer before such information can be disclosed.

**Rule 7.2 Discussion**

If during the course of treating a participant, a certified professional or person seeking certification becomes aware that a consumer intends or is likely to inflict serious bodily harm to himself or herself and that there is a clear and imminent danger of such harm occurring, the certified professional or person seeking certification has a duty to take reasonable steps to protect the consumer. In doing so, the certified professional or person seeking certification should be aware that state and federal regulations set forth rules concerning the confidentiality of certified professional-consumer or person seeking certification consumer communications and consumer records and identifying information.

Under those rules, it may be permissible in some cases to communicate information about an individual if done in a manner that does not disclose the individual's status as a participant in alcohol or drug abuse counseling. In other cases, however, in order to protect the consumer, it may be necessary for the certified professional or person seeking certification or their agency to make an emergency application to a court for an order permitting disclosure of information concerning the consumer or communications from the consumer before such information can be disclosed.

**Rule 11.5 Discussion**

The primary commitment of the certified professional or person seeking certification is to the health, welfare, and safety of a consumer. As an advocate for the consumer, the certified professional or person seeking certification must take appropriate action to report instances of incompetent, unethical, or illegal practice by other certified professionals or those seeking certification that places the rights or best interests of the consumer in jeopardy.

## Disciplinary Procedures

### Definitions

<b>Appeal Hearing</b>	A formal hearing conducted when a respondent appeals the decision of the Ethics Committee.
<b>Applicant</b>	A person who has submitted an application for certification with the IBADCC but is not yet certified.
<b>Certified Individual</b>	A person who holds a professional credential administered by the IBADCC.
<b>Complainant</b>	A person who files a formal complaint with the IBADCC against an IBADCC certified individual or applicant.
<b>Consent Order</b>	A voluntary agreement worked out between the Respondent and the IBADCC that carries the same weight as a final decision by the Ethics Committee/ Board of Directors.
<b>Ethical Complaint</b>	A formal notice to the IBADCC alleging that a certified individual or applicant breached the IBADCC Code of Ethics.
<b>Hearing Committee</b>	A committee made up of three members and the hearing officer to hear, consider, and make recommendations when a respondent appeals the decision of the Ethics Committee/Board of Directors.
<b>Hearing Officer</b>	The President of the Board or his designated board member appointee, a non-voting member of the Hearing Committee, will preside over the Appeal Hearing.
<b>Probative Value</b>	Evidence or facts which tend to prove the existence of other facts or issues.
<b>Respondent</b>	A certified individual or applicant who is the subject of an ethical complaint alleging a breach of the IBADCC Code of Ethics.
<b>Revocation</b>	A sanction resulting in the complete forfeiture of the IBADCC certification or application for certification.

<b>Sanction</b>	A penalty intended to enforce compliance with the Code of Ethics. Sanctions may or may not include required payment of fines and/or completion of educational requirements.
<b>Summary Suspension</b>	An immediate suspension of a certified individual's credentials(s) or application for certification when a preponderance of the evidence contained in the ethical complaint supports emergency action while the case is being investigated.
<b>Suspension</b>	A sanction resulting in the temporary forfeiture of IBADCC certification or application for certification for a specified period of time.
<b>Written Reprimand</b>	A sanction that is a formal, written document expressing disapproval and/or providing a warning in regard to the Respondent's behavior.

## **I. Confidentiality of Proceedings**

- A. Except as is otherwise provided herein, all information, notes, reports, transcripts, and any other documentation of any kind that are generated or received during the course of an ethics investigation, including the ethics committee meetings and appeal hearings, shall be kept confidential by the IBADCC.
  
- B. The respondent is entitled to a full and complete copy of the:
  - 1. IBADCC Ethics Complaint
  - 2. Investigation Summary Report
  - 3. Ethics Committee's Recommendation for Action
  - 4. Hearing Committee's Finding of Fact and Recommendation for Action.
  
- C. The complainant is entitled to a full and complete copy of the:
  - 1. The Ethics Committee's Recommendation for Action
  - 2. The Hearing Committee's Finding of Fact and Recommendation for Action

## **II. Conflict of Interest**

- A. In all cases,
  - 1. The Chair of the Ethics Committee will direct ethics investigation with the Ethics Committee members.
  - 2. IBADCC Ethics Committee shall conduct investigative activities, including interviewing relevant persons and collecting and receiving evidence and other documents related to the case.
  
- B. Should the Ethics Committee Member have a conflict of interest with any party, the duties of said person shall be delegated by the Chair of the IBADCC Ethics Committee and said person shall be recused from any involvement in the case, including investigation and sanction activities.

## **III. Code of Ethics Sanctions**

- A. Possible sanctions for the violation of the Code of Ethics include but are not limited to:
  - i. Written Reprimand
  - ii. Summary Suspension
  - iii. Consent Order
  - iv. Suspension
  - v. Revocation
  - vi. Denial of Application for Certification
  
- B. The IBADCC may impose any sanction deemed appropriate for the founded violation(s). There is not a requirement that sanctions are imposed in any particular order.

- C. In conjunction with official sanctions, the IBADCC may impose fines, educational requirements, and other conditions deemed necessary and appropriate.
- D. If assessed, fines will be imposed according to the following schedule:
  - 1. First offense: \$500
  - 2. Second Offense: \$700
  - 3. Third offense: \$1,000
- E. The Ethics Committee may consider the applicant's or certified individual's past history in regard to ethical sanctions and disciplinary actions when determining the appropriate sanctions for the current ethics case.
- F. A third offense in a two-year period will automatically result in an immediate summary suspension and sanctions shall include a suspension or revocation of the credential(s).
- G. Public notice of all ethics cases resulting in sanctions shall be published on the IBADCC's web-based public access database. Such notice shall include the name of the Respondent, the rule(s) violated, and the sanction imposed. Web-based notice shall be published the first business day following the date the sanctions are applied. Such notice is permanent and will not be removed from the database.

#### **IV. The Complaint Process**

- A. The IBADCC will not accept anonymous complaints.
- B. All complaints must be submitted in writing on the official IBADCC Ethics Violation Report form, which can be accessed at [www.ibadcc.org](http://www.ibadcc.org) or by calling the IBADCC office and requesting an official IBADCC Ethics Complaint form.
- C. The IBADCC will accept phone calls from individuals wishing to discuss a particular situation for the purposes of determining if an ethical complaint should be filed. These phone calls are to be directed to an Ethic Committee member as available. Based on the content of the discussion, the IBADCC will either:
  - i. Recommend the issue be dismissed, or
  - ii. Recommend the caller file a formal ethical complaint
- D. Should the IBADCC become aware of a possible breach of the Code of Ethics, A Board of Director member may, on behalf of the IBADCC, file a formal complaint against a certified individual or person seeking certification.
- E. In the instance that a formal complaint has been filed and the complainant subsequently requests to revoke said complaint, the IBADCC may choose to proceed with the investigation.



- F. Completed complaint forms should be mailed to:  
**Ethics Committee Chairperson**  
**IBADCC**  
**P.O. Box 1548**  
**Meridian, ID 83680**
- G. The Ethics Committee Chairperson shall:
- a. Review all formal complaints within 14 business days of receipt to determine if the preponderance of the evidence contained within the complaint warrants opening of an investigation.
  - b. Contact the complainant by certified mail within seven (7) business days of the IBADCC's decision to:
    1. Issue a summary suspension and open an ethics investigation,
    2. Open an ethics investigation, or
    3. Dismiss the case.
    4. Extenuating circumstances – notification can be postponed for up to two more weeks with documentation.
- H. Within seven (7) business days of determining that the IBADCC will open an ethics investigation, the IBADCC shall send, by certified mail, notice to the respondent of such. The notice shall include:
1. A complete copy of the official IBADCC Ethics Complaint, to include the name of the respondent.
  2. The date by which the respondent must submit, to the IBADCC, a written response to the complaint, which shall be no more than 30 business days from the date of the notice.
- I. In the written response, respondents are encouraged to submit their interpretation of the situation or conduct under investigation, including:
1. Any and all facts and circumstances concerning the alleged ethics violation, and
  2. Documentation or other evidence directly related to these circumstance, and
  3. Names and contact information of witnesses who can assist in the investigation.
- J. Misrepresentation by either the respondent or complainant, failure to provide information, or failure to cooperate with the investigation may be grounds for the IBADCC to open a subsequent ethical complaint against the respondent or complainant.
- K. Should the respondent fail to respond by the specified date in the formal notice, the IBADCC will assume guilt and will proceed with sanctions as necessary and appropriate.

## V. The Investigation Process

- A. The initial investigation shall be conducted by an IBADCC Ethics Committee Member, under the direct supervision of the Ethics Chairperson. The initial investigation shall include, but is not limited to, the gathering of documentation and other evidence from:
  1. The Complainant
  2. The Respondent
  3. Others identified by the complainant and/or the respondent.
  
- B. Upon completion of the initial investigation, the Ethics Committee Member shall conduct a review of all evidence received to date from the complainant, respondent, and others involved in the investigation following receipt of respondents reply.
  
- C. Based on a preponderance of the evidence, the Ethics Committee Member shall make one of the following recommendations to the Chairperson of the Ethics Committee:
  1. Dismiss the case without further investigation,
  2. Close the investigation and prepare the case for submission to the Ethics Committee, or
  3. Continue the investigation.
  
- D. The Ethics Chairperson may determine:
  1. No violation has occurred and that no further investigation is warranted. If so,
    - a. The Ethics Committee Member will develop an Investigative Summary Report for approval by the Ethics Committee.
    - b. The Ethics Committee will report any action taken at the next IBADCC Board of Directors meeting.
  
  2. Allegations are founded and the investigation is complete. If so,
    - a. The Chairperson of the Ethics Committee will prepare an Investigative Summary Report for review and recommended action by the Ethics Committee.
  
    - b. Sanctions will be applied and the ethics investigation will not be closed until the recommendation of the Ethics Committee is deemed final and the case is closed.
  
  3. Further investigation is warranted.

## **VI. Consent Order**

- A. A consent order shall:
  - 1. Be the final action and have the same force and effect of an order made by the Ethics Committee.
  - 2. Result in a waiver of additional procedural steps in front of the Ethics Committee, or an Ethics Hearing Committee.
  - 3. Result in a waiver of the right to challenge or contest the sanctions included in the Consent Order in front of the Ethics Committee or an Ethics Hearing Committee.
- B. At any point after the commencement of the investigation, the respondent may, in writing, request negotiation of a Consent Order.
- C. The IBADCC may, at its discretion, agree to or reject the offer of request to negotiate a Consent Order.
  - 1. If the request is granted, the IBADCC will defer the proceedings a reasonable time to permit negotiation of a Consent Order.
  - 2. If the request is denied, the investigation will proceed as planned.

## **VII. Action by the Ethics Committee**

- A. The Ethics Committee shall receive a completed Investigation Summary Report and the full ethics investigation file for all cases where the investigation is complete. The Investigation Summary Report shall include, but is not limited to the:
  - 1. Complaint,
  - 2. A summary of the investigation conducted, including the respondent's rebuttal to the complaint,
  - 3. Recommended sanctions, and
  - 4. Grounds for recommendation(s).
- B. No later than 30 business days from receipt of the Investigation summary Report and investigation file, the Chair of the Ethics Committee shall issue a written *Recommendation for Action*, which shall include:
  - 1. A copy of the Investigation Summary Report,
  - 2. The committee's finding of fact, and
  - 3. The committee's recommendation for action

- C. The Ethics Committee's *Recommendation for Action* shall call for one of the following actions:
1. Dismissal of the complaint
  2. Return of the complaint to the Ethics Committee Member for further investigation
  3. Sanctions
- D. If the Ethics Committee recommends returning the complaint to the Ethics Committee Member for further action, the recommendation must detail the additional information desired by the Committee for consideration.
- E. If the Ethics Committee recommends sanctions, the recommendation must detail the sanctions to be imposed, including fees, educational requirements, and time frames for compliance.
- F. Within seven business days of the determination by the Ethics Committee, the IBADCC Ethics Chair shall send, by certified mail, a letter to the complainant and the respondent detailing the outcome of the investigation.
1. If the case has been dismissed, the letters to the complainant and respondent must state that the investigation has determined that no breach of the Code has occurred and the case has been dismissed.
  2. If the case has resulted in sanctions:
    - a. The letter to the complainant must state that the investigation is complete, the rule(s) that have been breached, and the sanctions(s) to be applied.
    - b. The letter to the respondent must state that the investigation is complete, the rule(s) that have been breached, the sanction(s) to be applied, and the process to appeal the results of the investigation.
- G. The Chair of the Ethics Committee shall present the committee's written Recommendation for Action to the Board of Directors at its next regularly scheduled meeting.

## **VIII. The Appeal Process**

- A. A respondent may, within 20 business days of receipt of the Ethics Committee's decision, submit a written *Request for an Appeal Hearing* to the IBADCC. This request must include the evidentiary basis for the items to be appealed.

- B. The *Request for an Appeal Hearing* should be mailed to:  
**IBADCC, Executive Director, Appeal Hearing**  
**P.O. Box1548**  
**Meridian, ID 83680**
- C. Within seven (7) business days of receipt of the Request for an Appeal Hearing, the Executive Director shall, by email, notify the President of the Board of such request.
- D. Within 20 business days of notice from the Executive Director of the *Request for an Appeal Hearing*, the President of the Board shall:
1. Appoint a Hearing Committee, whose members must not:
    - a. Be a member of the standing Ethics Committee
    - b. Have any prior involvement in the case, and/or
    - c. Have other actual or perceived conflict of interest with any of the parties to the case.
  2. Schedule the Appeal Hearing for a date no less than 20 days and no more than 90 days from the date the *Notice of Appeal Hearing* is sent to the Respondent.
- E. The Executive Director will send, by certified mail, a written *Notice of Appeal Hearing* to both the respondent and the complainant. Such notice shall advise the respondent and complainant of the following:
1. The date, time, and location of the Appeal Hearing,
  2. The names of the Appeal Hearing committee members, and
  3. A copy of the IBADCC Disciplinary Procedures, directing them to the section on the Appeal Hearing process, including notice that:
    - a. Prior to the hearing, there shall be no contact between the respondent and the complainant, or the respondent and the IBADCC, for purposes of discussing any part of the case, including actions from receipt of the complaint through the request for an appeal hearing.
    - b. Any request for postponement of the Appeal Hearing must be served in writing to the IBADCC at least 10 business days prior to the scheduled date. The decision to grant or deny the request for postponement is solely that of the IBADCC.
- F. The Appeal Hearing shall be governed by the following rules:
1. The Appeal Hearing shall be presided over by the Hearing Officer, which is a non-voting member of the Hearing Committee.
  2. The respondent shall have the burden of proof at the Appeal Hearing.

3. The Hearing Committee shall not be bound by common law or statutory rules of evidence and may consider all facts having reasonable probative value:

- a. The Hearing Committee will base its decision solely upon the evidence presented at the hearing.
- b. No discovery is permitted and no access to IBADCC files is permitted.
- c. Objections concerning evidence will be resolved by the Hearing Officer.

4. The IBADCC shall be represented by the Chair of the Ethics Committee or its designee.

5. Any party, at the party's own expense, may be advised by counsel at the hearing

6. Any party, at the party's own expense, may request the services of a court reporter at the hearing. If the respondent elects to hire a court reporter, the respondent must provide a copy of the transcript, without charge, to the IBADCC.

7. Evidence may be presented and witnesses cross-examined by both sides.

8. The respondent shall present its case to the Hearing Committee first, which will include all evidence submitted for consideration.

9. The IBADCC shall present its case to the Hearing Committee second, which will include all evidence submitted for consideration.

- a. At the hearing, the Chair of the Ethics committee or its designee, will present evidence in support of the recommendation by the Ethics Committee.
- b. Such evidence is limited to the evidence already gathered, the Recommendation for Action, and the Investigation summary Report, to support the Ethics Committee's recommendations.

10. The Appeal Hearing is closed to the public.

G. Should the respondent fail to attend the hearing, whether represented by counsel or not, it shall be deemed as a waiver of the appeal and the appeal will be dismissed and the decision of the Board of Directors will stand.

- H. Within 20 business days of the conclusion of the Appeal Hearing, the Hearing Officer will prepare and submit, to the Executive Director of IBADCC, a written *Finding of Fact and Recommendation for Action*, which shall call for one of the following actions:
  - 1. Dismissal of the complaint.
  - 2. Sanctions.
- I. If the Hearing Committee recommends sanctions, the recommendation must detail the sanctions to be imposed, including fines, educational requirements, and time frames for compliance.
- J. The Chair of the Hearing Committee shall present the Hearing Committee's written *Finding of Fact and Recommendation for Action* to the Board of Directors at its next regularly scheduled meeting.
- K. Within seven (7) business days of the final determination by the Hearing Committee, the Executive Director shall send, by certified mail, a letter to the complainant and the respondent detailing the outcome of the investigation.
  - 1. If the case has been dismissed, the letters to the complainant and respondent must state that the investigation has determined that no breach of the Code has occurred and the case has been dismissed.
  - 2. If the case has resulted in sanctions by the Hearing Committee:
    - a. The letter to the complainant must state that the appeal hearing is complete, the rule (s) that have been breached, and the sanction(s) to be applied.
    - b. The letter to the respondent must state that the appeal hearing is complete, the rule(s) that have been breached, the sanction(s) to be applied, and a statement that the decision is not open to further appeal.

## **IX. Reinstatement following Disciplinary Action**

- A. When a respondent's credential is suspended, the certified individual may not use the credential during the period of suspension.
- B. Once the suspension period has expired, the President of the Board of Directors may authorize reinstatement of the credential, unless:
  1. An additional complaint has been received and accepted by the IBADCC for investigation,
  2. An additional disciplinary action has been taken against the individual,
  3. The respondent has failed to maintain renewal payments and CEUs during the time of the suspension, or
  4. The respondent has failed to comply with the terms of the sanction.
- C. Typically, revocation of credentials will not be overturned. Respondents may petition the IBADCC to request permission to petition the Board of Directors to overturn a revocation. The IBADCC maintains sole discretion to grant the respondent permission to petition the Board. If granted, such petition will not be submitted for Board consideration until:
  1. A minimum of 36 months has passed since the effective date of the revocation, and
  2. The respondent has submitted a written request and reasonable rationale as to why permission to petition the board should be granted, and,
  3. The respondent has paid the IBADCC \$1000 as reimbursement for the cost of the disciplinary proceedings incurred by the Board.
  4. In the event the Board of Directors approves a petition for reversal of revocation, the respondent must reapply for certification, starting the process as a new applicant, and must meet all standards in place at the time of application, including passing the IC & RC exam, even if said exams have already been successfully passed.
  5. In the event the revoked certification is reversed, a provisional certificate can be granted subject to the following:
    - a. 2,000 hours of supervised work with AODA clients
    - b. 100 hours of direct supervision by IBADCC approved supervisor.



**X. Statement on Cultural Norms**

- A. The IBADCC recognizes that there may be some cultural differences regarding the interpretation of the Code of Ethics. In cases where cultural norms are used as a defense against a complaint, the IBADCC may seek the assistance of cultural leaders, teachers, elders, or others to assist in understanding the cultural norms in question.
  
- B. The IBADCC will strive to be appropriately sensitive to cultural differences throughout the disciplinary process.

**XI. Reports to Other Agencies**

- A. If during the course of the investigation it appears that criminal misconduct has occurred, the Ethics committee members may report such allegations to the appropriate law enforcement agency.
  
- B. If the investigation results in sanctions, the Ethics Committee Member may report such to other licensing boards, certification boards, and/or employers.

## **ETHICAL STANDARDS REPORT**

This form is to be used as a cover sheet and summary form in the submission of ethical complaints involving the conduct of individuals holding a certification from IBADCC. The form must be signed by the complaining party which attests to the veracity of the complaint, the fact that this complaint will be shared with the respondent, and understanding of the individual responsibilities and processes stated in the **IBADCC** Ethical Enforcement Procedure: the applicable portions or which are provided as attachments to this cover sheet.

**COMPLAINANT:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: Work: \_\_\_\_\_ Home \_\_\_\_\_

**RESPONDENT:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: Work: \_\_\_\_\_ Home: \_\_\_\_\_

**SUMMARY OF COMPLAINT:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

*(Add additional pages as necessary and attach all other pertinent documents)*

The IBADCC is an autonomous affiliate of the International Certification & Reciprocity Consortium



## Code of Conduct Agreement

I hereby attest that I have read the IBADCC Code of Ethics and Code of Conduct and will maintain the ethical professional practice as outlined in the Code of Ethics and Code of Conduct.

I agree to refrain from alcohol/drug abuse or misuse as long as I remain a practicing professional in this field.

I further agree to voluntarily relinquish my Certificates to IBADCC and to follow their guidelines for re-instatement should I have a relapse as a recovering person, or should I violate the adherence to any part and /or all of this code.

\_\_\_\_\_  
Signature (must be original)

\_\_\_\_\_  
Date

**This is a copy of the form you will need to sign in order to apply for your ISAS, which is located in Section IV.**

## **Section IV:**

*All forms needed for application of certification. (No faxes or photocopies accepted.)*

### Application for Certification Forms

- Application Checklist
- Application for Certification
- Employment Verification Forms
- Documentation of Education and Ethics Training
- Clinical Supervision Verification
- Background Check Affidavit
- Example of Department of Health and Welfare Notice of Clearance
- Letters of Reference (3 sets)
- Code of Ethics/Code of Conduct Agreement
- Practicum/Internship Plan
- Documentation of Disability-Related Needs (optional)
- Request for Special Accommodations (optional)



Idaho Board of Alcohol/Drug Counselor Certification, INC.

### Application Checklist

Complete all questions on the application with specific information. It is the responsibility of the applicant to submit **complete** documentation. **No faxes or photocopies accepted. All signatures must be original.**

**Please note:** *Incomplete applications will not be eligible for testing until they are complete and all documentation has been received at the IBADCC office.*

The items listed below are required for the application and must be returned.

- \_\_\_\_\_ 1. Application Fee
- \_\_\_\_\_ 2. Application for ISAS Certification
- \_\_\_\_\_ 3. Employment Verification Form(s)
- \_\_\_\_\_ 4. Documentation of Education and Ethics Training Official Transcripts  
(Official if seal is unbroken)
- \_\_\_\_\_ 5. Certification of Clinical Supervision
- \_\_\_\_\_ 6. Background Check Affidavit
- \_\_\_\_\_ 7. **Copy of** State of Idaho, Health and Welfare Background Check  
(Background Check accepted within 3 years of application date)
- \_\_\_\_\_ 8. Three (3) Letters of Reference that attest to your professional  
knowledge and skills. **Please note:** *These letters MUST be  
returned to the IBADCC office in a **signed** sealed envelope with  
application or sent in directly from each reference.*
- \_\_\_\_\_ 9. Code of Ethics/Code of Conduct Agreement
- \_\_\_\_\_ 10. Internship/Practicum Plan
- \_\_\_\_\_ 11. Documentation of Disability –Related Needs (optional)
- \_\_\_\_\_ 12. Request for Special Accommodations (optional)



Idaho Board of Alcohol/Drug Counselor Certification, INC.

**Application for Idaho Student of Addiction Studies (ISAS)**

APPLICANT: \_\_\_\_\_  
Please print your legal name.

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Social Security Number: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Birth date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Telephone No. Home: \_\_\_\_\_ Work: \_\_\_\_\_

Email Address: \_\_\_\_\_

Have you been subject to any disciplinary action by any licensing or certification boards, or have you had any certificate or license revoked by any board? \_\_\_Yes \_\_\_No If you answered yes, please explain:

List other Certifications or Licenses \_\_\_\_\_

**WORK HISTORY:** IBADCC may contact your past employers to verify this information. Please list your past employers in the alcohol/drug field. Be sure to include an **Employment Verification Form** for each employer listed below.

1. Employer Name: \_\_\_\_\_

How long employed? \_\_\_\_\_ Type of work: \_\_\_\_\_

2. Employer Name: \_\_\_\_\_

How long employed? \_\_\_\_\_ Type of work: \_\_\_\_\_

3. Employer Name: \_\_\_\_\_

How long employed? \_\_\_\_\_ Type of work: \_\_\_\_\_

Total Hours of Employment: \_\_\_\_\_

Please indicate your highest level of completed education:  
\_\_\_\_ High School \_\_\_\_ Associate's \_\_\_\_ Bachelor's \_\_\_\_ Master's \_\_\_\_ Doctorate

**Have you ever been charged or convicted of any crime (felony or misdemeanor)?**  
**No** \_\_\_\_\_ **Yes** \_\_\_\_\_ **If Yes, please attach an explanation.**



Idaho Board of Alcohol/Drug Counselor Certification, INC.

### Employment Verification Forms

Employer: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone: \_\_\_\_\_

Applicant \_\_\_\_\_

Position Held \_\_\_\_\_

Responsibilities \_\_\_\_\_

Dates of Employment \_\_\_\_\_ To \_\_\_\_\_

Total Hours \_\_\_\_\_ **Please note:** If work experience has been limited to alcohol only or drug abuses only, please indicate this in the total hours space.

Name of Immediate Supervisor \_\_\_\_\_

Signature of Employer \_\_\_\_\_  
(must be original)

Title \_\_\_\_\_

Date \_\_\_\_\_

**Please Note:** If verification by more than one employer is required to meet the requirements, please make additional copies of this form.





Idaho Board of Alcohol/Drug Counselor Certification, INC.

**Documentation of Education and Ethics Training**

Institution \_\_\_\_\_ Major: \_\_\_\_\_

Degree(s) Awarded: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

- Documentation required:**  
 Official college/university transcripts must be received in the original, sealed envelope by IBADCC office personnel. The sealed envelope may come from the institution or be included with the application.

Course Title	Credit	Date Completed
Introduction to Drugs & Society	3 credits	
Family & Chemical Dependency	3 credits	
Counseling Techniques 1	3 credits	
Pharmacology	3 credits	
Screening & Assessment	3 credits	
Case Management	3 credits	
Ethics for Addiction Counselors	3 credits	
Blood Borne Pathogens	1 credit	
<b>Total Education</b>	22 credits	

Course Title	Credits	College/University	Course ID	Grade
Introduction to Drugs & Society				
Family & Chemical Dependency				
Counseling Techniques 1				
Pharmacology				
Screening & Assessment				
Case Management				
Ethics for Addiction Counselors				
Blood Borne Pathogens				



Idaho Board of Alcohol/Drug Counselor Certification, INC.

Clinical Supervision Verification

ISAS Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

\*Applicant: Please attach a copy of your job description or learning plan in your application

Clinical Supervision MUST total 120 hours with a minimum of ten (10) in each of the 12 Core Functions: Screening, Intake, Orientation, Assessment, Treatment Planning, Counseling, Case Management, Crisis Intervention, Client Education, Referral, Reports and Record Keeping, and Consultation with other professionals. These are work and/or internship hours.

CLINICAL SUPERVISION VERIFICATION

Qualifications for Clinical Supervisor: (supervisor must meet one of the criteria below and provide documentation)

- 1. a CADC who has been certified for 3 years and has completed 15 hours of training in supervision
OR 2. an ACADC
OR 3. a CCS
OR 4. a person with a Master's degree and license in addictions counseling or Master's degree and certification in addictions counseling
OR 5. an approved Health & Welfare Clinical Supervisor (QP) under IDAPA 16.07.20.02

Clinical Supervisor: \_\_\_\_\_ Certification #: \_\_\_\_\_
(must be original)

Individual supervision hours: \_\_\_\_\_ Group supervision hours: \_\_\_\_\_
Total supervision hours: \_\_\_\_\_ (cannot include education/classroom hours)
(Individual and Group)

A copy of supervisors' licensure and/or proof of supervisory training must be submitted with this form.

Please Note: a minimum of one-third of the total number of hours shall be dedicated to individual time with the supervisor, and the remaining two-thirds of the total hours can be conducted in group setting and shall include discussion of problem cases.

Areas identified by clinical supervisor for professional development in 12 Core Functions: \_\_\_\_\_

\_\_\_\_\_

Identified plan for professional development: \_\_\_\_\_

\_\_\_\_\_

Applicant Signature (must be original) \_\_\_\_\_ Date \_\_\_\_\_

Supervisor's Signature (must be original) \_\_\_\_\_ Date \_\_\_\_\_

Title \_\_\_\_\_ Agency \_\_\_\_\_

PLEASE NOTE: The Idaho Student of Addiction Studies CANNOT perform any of the 12 Core Functions independently (unobserved) until the clinical supervisor ascertains the competency of the trainee. Documentation of this competency must be noted on this form and retained in trainee's file.



- Possession of sexually exploitative material, as defined by Section 18-1507A, Idaho Code
- Rape, as defined by Section 18-6101, Idaho Code
- Robbery, as defined by Section 18-6501, Idaho Code
- Felony stalking, as defined by Section 18-7905, Idaho Code
- Sale or barter of a child, as defined by Section 18-1511, Idaho Code
- Sexual abuse or exploitation of a child, as defined by Sections 18-1506 and 18-1507, Idaho Code
- Video Voyeurism, as defined by Section 18-6609, Idaho Code
- Enticing of Children, as defined by Section 18-1509 and 18-1509A, Idaho Code
- Inducing individuals under eighteen years of age into prostitution or to Patronize a prostitute as defined by Sections 18-5609 and 18-5611, Idaho Code
- Any felony punishable by death or life imprisonment
- Attempt, conspiracy, or accessory after the fact as defined by Sections 18-306, 18-1701, and 18-205, Idaho Code, to commit any of the designated crimes.

**Please note:** *At no time will you be able to hold a certification through the IBADCC with any of the above listed disqualifying offenses.*

C. That I have not been convicted or received a withheld judgment within the past five years for the following crimes:

- Burglary as defined by Section 18-1401, Idaho Code
- Grand theft as defined by Section 18-2407(1), Idaho Code
- Felony Theft as defined by Section 18-2403, Idaho Code
- Forgery of and fraudulent use of a financial transaction card as defined by Sections 18-3123 and 18-3124, Idaho Code
- Forgery and counterfeiting as defined by Section 18-3601 through 18-3620, Idaho Code
- Insurance fraud as defined by Sections 41-293 and 41-294, Idaho Code
- Public assistance fraud as defined by Sections 56-227 and 56-227A, Idaho Code
- Any felony involving a controlled substance
- Arson in the third degree as defined by Section 18-804, Idaho Code
- Aggravated Assault as defined by Section 18-905, Idaho Code
- Aggravated Battery as defined by Section 18-907 (1), Idaho Code
- Attempt, conspiracy or accessory after the fact as defined by Sections 18-306, 18-1701 and 18-205 Idaho Code, to commit any of the disqualifying five year offenses

Further, the affiant sayeth naught.

DATED this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

Name

STATE OF IDAHO    )  
                              : ss  
County of \_\_\_\_\_ )

On this \_\_\_\_ day of \_\_\_\_\_, 20\_\_, before me, the undersigned, a Notary Public in and for said State, personally appeared \_\_\_\_\_ known to me to be the person  
(signature) (must be original)  
whose name is subscribed to this instrument and acknowledged that he/she executed the same.

WITNESS my hand and seal.

NOTARY PUBLIC FOR IDAHO  
Residing at:  
My Commission Expires:

**Example of Department of Health and Welfare Notice of Clearance**



IDAHO DEPARTMENT OF  
**HEALTH & WELFARE**

C.L. "Butch" Otter – Governor  
RICHARD M. ARMSTRONG – Director

DAVID TAYLOR – Deputy Director  
Bureau of Audits & Investigations  
Criminal History Unit  
1720 WestgateDr., Ste A  
Boise, ID 82704  
PHONE 208-332-7990  
TOLL FREE 1-800-340-1246  
FAX 208-332-7991

Candidate  
4354 Anywhere  
Boise, ID 83427

Date

**NOTICE OF CLEARANCE**

**Applicant:**

Verification Number:

The Department has completed the criminal history background check and the applicant has passed effective 10/24/2011. No Disqualifying Crimes were revealed. Items revealed solely from the FBI, are listed for the applicant. The agency issuing your license or certification may request you provide them with the specifics of any FBI information.

The background check is fingerprint based and includes information obtained from the FBI, National Criminal History System, Idaho Bureau of Criminal Identification and Idaho Driving Records, Idaho Child Abuse Registry, Idaho Adult Protection Registry, Sex Offender Registry, Idaho Nurse Aid Registry and the National Medicare/Medicaid Provider Exclusion List.

If there are any questions about the process or results, contact the criminal history unit at (208) 332-7990, or toll free at 1-800-340-1246. Additional information about the criminal history background check process and applicant status is available at the web site. <https://chu.dhw.idaho.gov>.

Sincerely,

**Gwenda Plaisance**

Gwenda Plaisance



Idaho Board of Alcohol/Drug Counselor Certification, INC.

**Letters of Reference**

- Letters of reference **MUST** be mailed, by the reference directly to the IBADCC office or sealed in a signed envelope and included in the application package.
- Please state who will be writing Letters of Reference on your behalf. One letter is required from your current supervisor and two letters are required from people who are acquainted with your professional knowledge and skills.

1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_

**AFFIDAVIT**

I certify that I voluntarily make this application, and freely submit myself to the evaluation of the Idaho Board of Alcohol/Drug Counselor Certification. I will accept the decision of the Board, and do accept full responsibility for any and all consequence of the process of seeking certification.

To the best of my knowledge, the information contained herein is true and correct. I authorize the members or representatives of the Idaho Board of Alcohol/Drug Counselor Certification to contact and obtain information or opinions from any references, employers or educational institutions deemed necessary in evaluation of this application for certification, and I waive my right to inspect the results of any such inquiries. I also waive my right to inspect any letters of reference.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant (must be original)



Idaho Board of Alcohol/Drug Counselor Certification, INC.

**Reference/Evaluation Form (page 1 of 3)**

Candidate: \_\_\_\_\_

The individual whose name appears above is applying for IBADCC Certification as an Idaho Student of Addiction Studies. This designation is reserved for those meeting eligibility criteria and passing a National Written Exam. Candidates who are awarded this designation must demonstrate basic knowledge of working in the area of alcohol and other drug abuse. The information requested of you in this evaluation is an essential component of the evaluation of this candidate for certification. Please consider your observations of this candidate's work and character as you complete this form.

PLEASE RETURN ALL THREE PAGES OF THIS FORM AS SOON AS POSSIBLE!

- i. Return to Applicant in Sealed/Signed envelope.
- 2) MAIL DIRECTLY TO:  
IBADCC  
PO Box 1548  
Meridian, ID 83680

---

Please type or print

Evaluator's Name: \_\_\_\_\_

Job Title: \_\_\_\_\_

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Observation of candidate's work occurred from \_\_\_\_\_ to \_\_\_\_\_

I hereby attest to the ethical professional practice of this candidate and that my responses to this questionnaire have been given freely and voluntarily, and that they are true and complete to the best of my knowledge.

\_\_\_\_\_  
Signature (must be original)

\_\_\_\_\_  
Date



## REFERENCE/EVALUATION FORM (page 2 of 3)

Using the following scale, please evaluate this candidate's competency or performance by circling the appropriate option:

3= Excellent	2= Satisfactory	1= Unsatisfactory	X= No Observation	<u>Circle One</u>
1. Screening – The process by which the client is determined appropriate and eligible for admission to a particular program.	3	2	1	X
2. Intake – The administrative and initial assessment procedures for admission to a program.	3	2	1	X
3. Orientation – describing to the Client the general nature and goals of the program, the rules governing client conduct and infractions that can lead to disciplinary action or discharge for the program: explaining the hours during which services are available, the treatment cost, if any, to be borne by the client, and the client rights.	3	2	1	X
4. Assessment – Those procedures by which a counselor/program identifies and evaluates weaknesses, strengths, problems needing resolution, establish agreed upon immediate and long-term goals, decides on a treatment process and resources to be utilized.	3	2	1	X
5. Treatment Planning – The process by which the counselor and the client identify and rank problems needing resolution, establish agreed upon immediate and long-term goals, decide on a treatment process and resources to be utilized.	3	2	1	X
6. Counseling (Individual, Group and significant Other) – The utilization of special skills to assist individuals, families, or groups in achieving objectives through: exploring of a problem and its ramifications: examining of attitudes and feelings: consideration of alternative solutions: and decision making.	3	2	1	X
7. Case Management – Activities which bring services, agencies, resources and people together within a planned framework of action toward the achievement of established goals. It may involve liaison activities and collateral contracts.	3	2	1	X
8. Crisis Intervention – Those services which respond to an alcohol and/or drug abuser's needs during acute emotion or physical distress.	3	2	1	X
9. Client Education – Provision of information to individuals and groups concerning alcohol and other drug abuse and the available services and resources.	3	2	1	X
10. Referral – Identifying the needs of the client that cannot be met by the counselor or agency, and assisting the client to utilize the support systems community resources available.	3	2	1	X
11. Reports and Record Keeping – Charting the results of the assessment and treatment plan; writing reports, progress notes, discharge summaries and other client-related data.	3	2	1	X
12. Consultation with Other Professionals in Regard to Client Treatment/ Services – Relating with our own and other professionals to assure Comprehensive quality care for the client.	3	2	1	X





Idaho Board of Alcohol/Drug Counselor Certification, INC.

REFERENCE/EVALUATION FORM (page 1 of 3)

Candidate: \_\_\_\_\_

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IBADCC  
PO Box 1548  
Meridian, ID 83680

\_\_\_\_\_  
Please type or print

Evaluator's Name: \_\_\_\_\_

Job Title: \_\_\_\_\_

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Observation of candidate's work occurred from \_\_\_\_\_ to \_\_\_\_\_

I hereby attest to the ethical professional practice of this candidate and that my responses to this questionnaire have been given freely and voluntarily, and that they are true and complete to the best of my knowledge.

\_\_\_\_\_  
Signature (must be original)

\_\_\_\_\_  
Date

## REFERENCE/EVALUATION FORM (page 2 of 3)

Using the following scale, please evaluate this candidate's competency or performance by circling the appropriate option:

3= Excellent    2= Satisfactory            1= Unsatisfactory    X= No Observation            Circle One

- |                                                                                                                                                                                                                                                                                                                                                      |   |   |   |   |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|---|---|---|
| 1. Screening – The process by which the client is determined appropriate and eligible for admission to a particular program.                                                                                                                                                                                                                         | 3 | 2 | 1 | X |
| 2. Intake – The administrative and initial assessment procedures for admission to a program.                                                                                                                                                                                                                                                         | 3 | 2 | 1 | X |
| 3. Orientation – describing to the Client the general nature and goals of the program, the rules governing client conduct and infractions that can lead to disciplinary action or discharge for the program: explaining the hours during which services are available, the treatment cost, if any, to be borne by the client, and the client rights. | 3 | 2 | 1 | X |
| 4. Assessment – Those procedures by which a counselor/program identifies and evaluates weaknesses, strengths, problems needing resolution, establish agreed upon immediate and long-term goals, decides on a treatment process and resources to be utilized.                                                                                         | 3 | 2 | 1 | X |
| 5. Treatment Planning – The process by which the counselor and the client identify and rank problems needing resolution, establish agreed upon immediate and long-term goals, decide on a treatment process and resources to be utilized.                                                                                                            | 3 | 2 | 1 | X |
| 6. Counseling (Individual, Group and significant Other) – The utilization of special skills to assist individuals, families, or groups in achieving objectives through: exploring of a problem and its ramifications: examining of attitudes and feelings: consideration of alternative solutions: and decision making.                              | 3 | 2 | 1 | X |
| 7. Case Management – Activities which bring services, agencies, resources and people together within a planned framework of action toward the achievement of established goals. It may involve liaison activities and collateral contracts.                                                                                                          | 3 | 2 | 1 | X |
| 8. Crisis Intervention – Those services which respond to an alcohol and/or drug abuser's needs during acute emotion or physical distress.                                                                                                                                                                                                            | 3 | 2 | 1 | X |
| 9. Client Education – Provision of information to individuals and groups concerning alcohol and other drug abuse and the available services and resources.                                                                                                                                                                                           | 3 | 2 | 1 | X |
| 10. Referral – Identifying the needs of the client that cannot be met by the counselor or agency, and assisting the client to utilize the support systems community resources available.                                                                                                                                                             | 3 | 2 | 1 | X |
| 11. Reports and Record Keeping – Charting the results of the assessment and treatment plan; writing reports, progress notes, discharge summaries and other client-related data.                                                                                                                                                                      | 3 | 2 | 1 | X |
| 12. Consultation with Other Professionals in Regard to Client Treatment/ Services – Relating with our own and other professionals to assure Comprehensive quality care for the client.                                                                                                                                                               | 3 | 2 | 1 | X |





Idaho Board of Alcohol/Drug Counselor Certification, INC.

**REFERENCE/EVALUATION FORM (page 1 of 3)**

Candidate: \_\_\_\_\_

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Please type or print

Evaluator's Name: \_\_\_\_\_

Job Title: \_\_\_\_\_

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Observation of candidate's work occurred from \_\_\_\_\_ to \_\_\_\_\_

I hereby attest to the ethical professional practice of this candidate and that my responses to this questionnaire have been given freely and voluntarily, and that they are true and complete to the best of my knowledge.

\_\_\_\_\_  
Signature (must be original)

\_\_\_\_\_  
Date

## REFERENCE/EVALUATION FORM (page 2 of 3)

Using the following scale, please evaluate this candidate's competency or performance by circling the appropriate option:

3= Excellent    2= Satisfactory            1= Unsatisfactory    X= No Observation            Circle One

- |                                                                                                                                                                                                                                                                                                                                                      |   |   |   |   |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|---|---|---|
| 1. Screening – The process by which the client is determined appropriate and eligible for admission to a particular program.                                                                                                                                                                                                                         | 3 | 2 | 1 | X |
| 2. Intake – The administrative and initial assessment procedures for admission to a program.                                                                                                                                                                                                                                                         | 3 | 2 | 1 | X |
| 3. Orientation – describing to the Client the general nature and goals of the program, the rules governing client conduct and infractions that can lead to disciplinary action or discharge for the program: explaining the hours during which services are available, the treatment cost, if any, to be borne by the client, and the client rights. | 3 | 2 | 1 | X |
| 4. Assessment – Those procedures by which a counselor/program identifies and evaluates weaknesses, strengths, problems needing resolution, establish agreed upon immediate and long-term goals, decides on a treatment process and resources to be utilized.                                                                                         | 3 | 2 | 1 | X |
| 5. Treatment Planning – The process by which the counselor and the client identify and rank problems needing resolution, establish agreed upon immediate and long-term goals, decide on a treatment process and resources to be utilized.                                                                                                            | 3 | 2 | 1 | X |
| 6. Counseling (Individual, Group and significant Other) – The utilization of special skills to assist individuals, families, or groups in achieving objectives through: exploring of a problem and its ramifications: examining of attitudes and feelings: consideration of alternative solutions: and decision making.                              | 3 | 2 | 1 | X |
| 7. Case Management – Activities which bring services, agencies, resources and people together within a planned framework of action toward the achievement of established goals. It may involve liaison activities and collateral contracts.                                                                                                          | 3 | 2 | 1 | X |
| 8. Crisis Intervention – Those services which respond to an alcohol and/or drug abuser's needs during acute emotion or physical distress.                                                                                                                                                                                                            | 3 | 2 | 1 | X |
| 9. Client Education – Provision of information to individuals and groups concerning alcohol and other drug abuse and the available services and resources.                                                                                                                                                                                           | 3 | 2 | 1 | X |
| 10. Referral – Identifying the needs of the client that cannot be met by the counselor or agency, and assisting the client to utilize the support systems community resources available.                                                                                                                                                             | 3 | 2 | 1 | X |
| 11. Reports and Record Keeping – Charting the results of the assessment and treatment plan; writing reports, progress notes, discharge summaries and other client-related data.                                                                                                                                                                      | 3 | 2 | 1 | X |
| 12. Consultation with Other Professionals in Regard to Client Treatment/ Services – Relating with our own and other professionals to assure comprehensive quality care for the client.                                                                                                                                                               | 3 | 2 | 1 | X |







Idaho Board of Alcohol/Drug Counselor Certification, INC.

**Code of Ethics/Code of Conduct Agreement**

I hereby attest that I have read the IBADCC Code of Ethics and will maintain the ethical professional practice as outlined in this Code of Ethics.

I agree to refrain from alcohol/drug abuse or misuse as long as I remain a practicing professional in this field.

I understand that a substantiated ethics violation will be posted on the IBADCC website for public disclosure.

I further agree to voluntarily relinquish my Certificate to IBADCC and to follow their guidelines for re-instatement should I have a relapse as a recovering person, or should I violate the adherence to any part and/or all of this code.

\_\_\_\_\_  
Signature (must be original)

\_\_\_\_\_  
Date















Idaho Board of Alcohol/Drug Counselor Certification, INC.

**Documentation of Disability-Related Needs**

(Page 1 of 2)

Please have this section completed by an appropriate professional (physician, psychologist, psychiatrist, ophthalmologist, etc.) to ensure that IBADCC is able to provide the required exam accommodations.

**Please note:** *There must be a 30 day notice prior to desired exam date.*

I have known \_\_\_\_\_ since  
Exam Candidate

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ in my capacity as a \_\_\_\_\_.  
Date Professional Title

The candidate discussed with me the nature of the exam to be administered. It is my professional opinion that, because of this candidate's disability described below, he/she should be accommodated by providing the special arrangements listed on the second page.

Description of Disability: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signed: \_\_\_\_\_ Title: \_\_\_\_\_  
(must be original)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Email: \_\_\_\_\_

License Number: \_\_\_\_\_ Date: \_\_\_\_\_





Idaho Board of Alcohol/Drug Counselor Certification, INC.

**Request for Special Accommodations**

(Page 2 of 2)

If you have a disability that requires special testing accommodations, please complete this form and the Documentation of Disability-Related Needs and return it to IBADCC for processing. The information you provide and any documentation regarding your disability and your accommodations in testing will be treated with strict confidentiality.

**Please note:** *There must be a 30 day notice prior to desired exam date.*

**Candidate Information**

Preferred Exam Date: \_\_\_\_\_ Preferred Exam Location: \_\_\_\_\_

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Daytime Telephone number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Email: \_\_\_\_\_

**Special Accommodations:**

I request special accommodations for the following IC&RC examination (Please check one): ISAS \_\_\_\_ CADC \_\_\_\_ ACADC \_\_\_\_ CCS \_\_\_\_ CPS \_\_\_\_

Please provide (check all that apply):

- Special seating or other physical accommodations
- Reader
- Large print exam booklet
- Extended testing time (time and a half)
- Distraction-free room
- Other special accommodations (please specify)

Comments: \_\_\_\_\_

\_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
(must be original)

## **Section V:**

*Addition information for ISAS Certification*

- 1) Idaho Alcohol/Drug Counselor Education Project
- 2) ISAS Exam Information
- 3) ISAS Exam Review

## 1) Idaho Alcohol/Drug Counselor Education Project

The following colleges/universities are participating in the Idaho Alcohol/Drug Counselor Education Project. They have developed and are currently offering courses and workshops which meet ISAS requirements.

For more information regarding available courses and other educational opportunities, please contact the person listed below for each school.

<b>BOISE STATE UNIVERSITY</b>	Susan Esp	(208) 426-3970
<b>COLLEGE OF SOUTHERN IDAHO</b>	Mary Christy	(208) 732-6713
<b>IDAHO STATE UNIVERSITY</b>	Cindy Hansen	(208) 251-1787
<b>LEWIS-CLARK STATE COLLEGE</b>	Judith St. Louis	(208) 792-2854
<b>UNIVERSITY OF IDAHO</b>	Steven E. Meier	(208) 885-7679

## 2) ISAS Exam Information

### BIBLIOGRAPHY FOR ISAS EXAM

Alcohol Anonymous. *Twelve Steps and Twelve Traditions*.

Center for Substance Abuse Treatment. *Addiction Counseling Competencies: The Knowledge, Skills & Attitudes of Professional Practice*. Technical Assistance Publication (TAP) Series 21, 2006.

Corey, G., Corey M. and P. Callanan. *Issues and Ethics in the the Helping Professions*, 7<sup>th</sup> Ed. Brooks/Cole, 2006.

Corey, G., Corey M. *Theory and Practice of Group Counseling*, 7<sup>th</sup> Ed. Brooks/Cole, 2008.

Morrison, James. *The First Interview*. The Guilford Press, 1995.

Edwards, John T. PhD. *Treating Chemically Dependent Families: A Practical Systems Approach for Professionals*.

Graham, \_\_\_\_\_. *Secret Life of the Alcoholic*. Element Publisher, 19xx.

Ivey, Allen, E. *Intentional Interviewing and Counseling*. Brooks/Cole, 2007.

Julien, Robert M., PhD. *A Primer of Drug Action*. Henry Holt and Company, 2001.

Kuleqicz, Stanley F. *The Twelve Core Functions of a Counselor*. Counselor Publications, 1996.

Perkinson, Robert R. *Chemical Dependency Treatment Planner*. John Wiley and Sons, Inc., 1998.

Ray, Oakley and Charles Ksir. *Drugs, Society, and Human Behavior*. McGraw-Hill, 2006.

Weigsheider-Cruse, Sharon. *Another Chance: Hope and Health for the Alcoholic Family*.

Comprehensive Case Management for Substance Abuse Treatment (TIP 27) RADAR (BSU)

Alphabet Soup - State Department of Health, STD/HIV Program

RADAR (BSU)

### 3) ISAS Examination Review

<b>Counseling Skills</b>	<b>ASAM Criteria</b>
Attending Behavior	Case notes, monitoring, recording keeping
Paraphrasing	Continuum of care
Open/Closed Questions	
Styles of Listening	<b>Family and Chemical Dependency</b>
Content versus Process	Roles in Family
	Shame, blame
<b>Pharmacology</b>	Intervention
Sign & symptoms of substance abuse	Elements of family intervention
Withdrawal	Continuum of care
Overdose	
Neurotransmitters	<b>Ethics</b>
FAS: Fetal Alcohol Syndrome	Principals of ethical decision making
	Sponsorship versus counseling
<b>Case Management</b>	Professional Roles
Case management systems	Confidentiality
Different functions of case management	Informed consent
Monitoring	Dual Roles
Information and data gathering	Ethical behavior
Active Listening	
Termination	<b>Drugs and Society</b>
Therapeutic interaction	Psychological and physical dependency
	AA: 12-Step Groups
<b>Screening and Assessment</b>	Risk Factors
Define a comprehensive assessment	Levels of use and abuse
Elements of a comprehensive assessment	Prevention strategies
Criteria for substance abuse diagnosis	Continuum of care
Screening instruments	Theories of addiction
Readiness for treatment	Treatment modalities
Core Functions	Relapse
Levels of treatment	
Confidentiality	
ASAM criteria/DSM IV and continuum	

