



Certified Clinical Supervisor

[Click here to Apply Online](#)

Table of Contents

[Part 1: Application Requirements and Process](#)

[Section I. Eligibility Criteria](#)

[Section II. Application Requirements](#)

[Section III. Certification Procedures](#)

[Section IV. Fees](#)

[Section V. Renewal Procedures](#)

[Section VI. Name Change](#)

[Section VII. Lapsed Certificate Policy](#)

[Section VIII. Inactive Status](#)

[Section IX. Residency and Reciprocity](#)

[Part 2: Definitions and descriptions of specific skill sets needed for certification](#)

[Section I. Definition of Supervision](#)

[Section II. Twelve Core Functions](#)

[Section III. Code of Ethics](#)

Part 1: Application Requirements and Process

Section I. Eligibility Criteria

Experience/Educational Requirements

A

Applicant must hold and maintain a Certified Alcohol/Drug Counselor (CADC) or Advanced Certified Alcohol/Drug Counselor (ACADC) credential at the IC&RC reciprocal level or hold a substance abuse credential in another professional discipline in the human services field at the Master's level of higher.

B	Documentation of 30 hours of education specific to the first five IC&RC clinical supervision domains (i.e. Counselor Development, Professional and Ethical Standards, Program Development and Quality Assurance, Performance Evaluation, Administration and Treatment Knowledge) with a minimum of four hours in each.
C	10,000 hours of CADC/ACADC specific work experience plus 4,000 of CADC/ACADC supervisor work experience. The 4,000 hours may be included in the 10,000 hours and must include 200 hours of face to face clinical supervision. Of the 200 hours of face to face clinical supervision, 100 hours may be performed electronically in real time. An Associate's degree in a behavioral science may substitute for 1,000 hours of the 10,000 hours; a Bachelor's degree in a behavioral science may substitute for 2,000 hours of the 10,000 hours; a Master's degree in a behavioral science may substitute for 4,000 hours of the 10,000 hours.

Section II. Application Requirements	
A	Letters of Reference: Three letters of reference which are directly related to the applicant's professional knowledge and skills are required. One
	letter MUST BE submitted by the applicant's supervisor. Reference forms can be downloaded here. References should email their letters directly to ibadcc@ibadcc.org .
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 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 can be downloaded here.
D	Code of Ethics Agreement: Applicants must read the Code of Ethics section of the online application and then electronically sign the agreement. The Code of Ethics can be read here .
E	Disability-Related Needs: Applicants who have a disability that requires special testing accommodations will note this information in their application.
Section III. Certification Procedures	

ASTEP 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 IC&RC through cooperation with and for use by all member boards.

Please Note:

A candidate who fails the exam may retest again in 60 days by submitting a check for \$117.50, 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 need 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

The benefits of computer based test are:

Flexibility to test "on demand"

- o No longer limited to only two (2) test cycles per year

- o Immediate scoring at the completion of your exam

- o 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.

	<p>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</p>
--	--

	<p>If you reschedule or cancel your test less than five (5) calendar days prior to the date, you will forfeit the full testing fee.</p> <p>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:</p> <p>You MUST have proper identification and your IQT admission letter when you arrive at the test center.</p> <p>For a list of current Testing Centers nearest you go to: www.isoqualitytesting.com/locations.aspx</p>
--	---

STEP III. Certification

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

Please Note:

All certificates are the property of IBADCC and are subject to revocation

Section IV. Fees

A

Application for Certification \$80.00
CBT Exam \$235.00
* Two Year Renewal Fee/State Certification\$80.00
(* which includes the IC&RC Membership update)
Duplicate Certificates \$5.00

File Copying \$.10 per sheet

It is the responsibility of the certificate holder to maintain record of renewal packages

Section V. Renewal Procedures

No faxes or photocopies accepted

Documentation of 15 hours of continuing education is required every two (2) years. 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 Professional and Ethical Standards training over the two year period. As of January 1st, 2017 ethics must be face-to-face (as defined below) and cannot be an in house in service training.

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.

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). No more than 50% of all CEUs can be attained online, 50% must be face-to-face, defined as in person with instructor or through an electronic medium that allows for real-time interactivity with the instructor(s) as the educational content is presented.

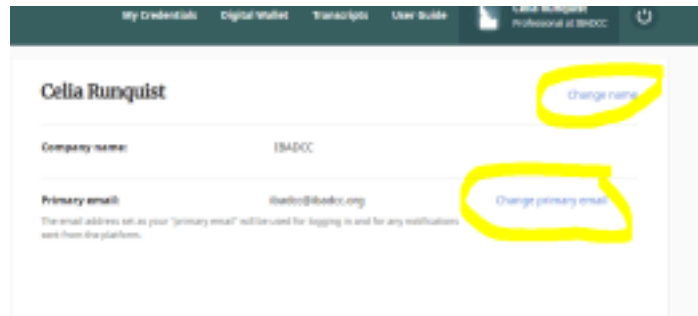
3. All education must be approved by NAADAC, State of Idaho

	Department of Health and Welfare, NASW, NBCC, IC&RC, IBADCC or an accredited college/university, at the time the Education is recorded. Documentation needs to include a copy of any certificates of completion or an official college/university transcript.
	4. A maximum of five (5) hours in-service training is acceptable. Documentation must include a certificate of completion. 5. Education presented by the candidate does not count toward continuing education hours.

	Section VI. Name Change
	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.

For name change, please [login to your certemy account](#) > click your name that is at top right corner of the page > click name change (see picture below)



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 (Photo ID preferred, birth certificate, social security card, 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

Section VII. 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 \$180. (\$80 regular renewal fee and \$100 lapsed certificate processing fee.)

2) 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.

Section VIII. 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 fifteen (15) hours of continuing education units every renewal cycle (2 years), which includes the required four 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 IX. Residency and Reciprocity	
	<p>Reciprocity Procedures</p> <p>The IBADCC has membership in the International Certification and</p>
	<p>Reciprocity Consortium (IC&RC). Counselors who possess valid certification from the IBADCC can request reciprocal recognition from other IC&RC member states and bodies. Advanced Certified Alcohol/Drug Counselors can obtain IBADCC credentialing upon application, without retesting, provided they are from an IC&RC state or body possessing the combined alcohol/drug credentialing. Reciprocity is not granted to any counselor certified in a non-member state.</p> <p>Reciprocity INTO IBADCC</p> <p>Addiction professionals certified by an IC&RC member board who relocate to Idaho may transfer their credential to the IBADCC using the reciprocity process. No additional requirements will have to be met by the certified professional using this process to transfer their credential to Idaho. To begin the reciprocity process, certified addiction professionals must:</p> <ul style="list-style-type: none"> · Contact their current board and request an Application for Reciprocity · Complete the one-page application and return it to their current board with the appropriate fee · The application will be verified and sent to the IC&RC Office. Once approved will notify IBADCC · IBADCC will then issue their new certification for the State of Idaho · The certified addiction professional will then be expected to follow all requirements for certification through IBADCC <p>Reciprocity OUT of IBADCC: Addiction professionals certified by the IBADCC who relocate to another state, country, or nation may transfer their credential to the new jurisdiction using the reciprocity process, only if the new jurisdiction is an IC&RC member board. Reciprocity to a non-IC&RC member board is not permitted. Additional requirements may be imposed upon the certified addiction professional depending on the laws and regulations governing the practice of addiction-related services in the new jurisdiction. Therefore, certified addiction professionals are strongly encouraged to contact the IC&RC member board in the new jurisdiction to determine if any additional requirements must be met. To begin the reciprocity process, certified addiction professionals must:</p> <ol style="list-style-type: none"> 1. Contact IBADCC and request an Application for Reciprocity 2. Complete the one-page application and return it to IBADCC with the appropriate fee 3. The application will be verified and sent to the IC&RC Office; once approved will notify the new jurisdiction board 4. The new jurisdiction will then issue the certified addiction professional the equivalent credential offered by IBADCC, unless laws or regulations governing the practice of addiction-related services in the new jurisdiction must first be met
	<p>Part 2: Denitions and descriptions of specific skill sets</p> <p>needed for certification</p>
	Section I. Definition of Supervision

One definition of supervision is “an educational method which assists the counselor to reflect critically on his function for the purpose of facilitating ^A his growth in self-awareness, professional skills, and humanistic values”. As such, it takes seriously both the facilitative role of the supervisor and ^{the} ultimate ability of the counselor to take responsibility for self-supervision.

Webster defines the noun “supervision” as used in the context of education, that process of direction and critical evaluation which takes place between a trained supervisor and one of his supervisees in a clinical setting. It might be helpful to first look at the SUPERVISOR and the COUNSELOR separately, and then examine the SUPERVISORY PROCESS.

The SUPERVISOR is the first of all a human being with feelings, assets

and liabilities. He is experienced in the fields of interpersonal relationships (i.e., he is not only a “helping person” but is trained to teach others to help.) Ideally, the supervisor is also a person who recognizes that she has a
--

~~need for learning and is continually in the process of growth herself. She is~~ a person sensitive to her own needs and the needs of others. She is a person who is flexible and open to new ideas and approaches. She is capable of a trust relationship and is able to accept herself, even though she is aware of her need for growth. She is a person with a deep understanding of human nature, a love for people, and respect for the individuality of each person.

The COUNSELOR is also first of all a human being with wants and limitations. Secondly, he is a person committed to treatment. Thirdly, the counselor has a desire to grow in his own life and effectiveness. He is a person willing to look at himself, his ego defense mechanisms, and the way he relates to others. He must not only be willing to observe himself, but must also be ready and willing to evaluate himself. Then he must be open to change.

The SUPERVISORY PROCESS is mainly an educational process, but not in the usual or traditional sense. There are not textbooks, and there is no set curriculum. The goals of the supervisor are not academic goals, but rather goals that make the “student” confront the human situation in herself and others.

The two basic propositions of the supervisory process are: (1) We accept a person for who she is and what she is, and (2) in this milieu of acceptance, we look for and expect change for the better.

The supervisor accepts the counselor as he is, but also anticipates and impetus toward change. This acceptance is demonstrated in their relationship by a positive reinforcement of the strengths of the counselor, and support when the counselor tries and fails.

We do not believe that supervision should be therapy, but the relationship between supervisor and counselor can be and generally is therapeutic. Basically, the clinical materials (verbatim, reports, etc.) should be the main focus in the supervisory hour; when a counselor reveals his innermost feelings and conflicts, the supervisor and counselor should never encourage dependency, but rather independence.

The process of supervision requires that a supervisor evaluate each counselor not only in regard to her strengths, but also in regard to her “growing edges” (areas where she needs to grow). Are there problems that stand between the counselor and the client (learning problems)? Between the counselor and supervisor (problems about learning)?

What is to be the supervisor’s stance with regard to these problems? How can he be most helpful? This evaluation should be a continuous process as old problems are resolved and new problems arise. Supervision should be based on the needs and goals of the individual counselor. Each program should be designed just for him.

Confrontation is called for in the supervisory process, sometimes subtly, other times directly, depending on the situation, need, and ego strength of

the counselor. Confrontation is just as important as support, as the supervisor guides her counselor. The supervisor represents the authority of the agency and is responsible for the quality of client care.

The supervisory process also involves teaching and leading. He leads as he sets an example in all his relationships and in everything that he says and does. He is a model.

Last, but not least, the supervisory process is not to create followers and imitators of the supervisor, but rather to encourage the potential within each counselor.

The following inclusive definition of supervision includes common elements from a number of professions. The definition is here given in full along with the knowledgeable commentary of Thomas W. Klink, a veteran supervisor on the staff of the Menninger Foundation in Topeka, Kansas.

a. Supervision is a unique and identifiable educational procedure. This means that supervision is not primarily a task-oversight, although it includes this. Neither is it psychotherapy or counseling, although a counselor's conflicts about himself, his vocation, and the situation of his work may be dealt with. Supervision is not didactic instruction, although substantive content may well be given. Nor is it practical guidance in "how to do it" although part of its effect may well be of this nature. In contrast to these subsidiary aspects, supervision "is rather a method of education designed to effect those personal changes which will permit the integration into practice of self-understanding, relevant theory, substantive knowledge, and functional skills. The measure of its educational achievement is to be found in its effects in practice in specific instances."

b. Supervision requires a supervisor who is both engaged in the practice of her Profession and is duly qualified to supervise. Supervision presupposes professional competence as well as the ability to convey and cultivate it
--

through teaching. "The supervisor's essential tasks," according to Klink, "derive from the fact that she aids the candidates for a profession to bridge the gap between vital preparatory learning and the initiation of practice." The supervisor accomplishes this "by such means a guidance and demonstration, by offering herself as a model for identification, by orderly examination of counselor by practice, by encouragement of the student's individualization of practice with concurrent emotional reactions, by planning duty assignments to cover a full range of tasks, " and more besides.

c. Supervision assumes the counselor to be a candidate seeking fuller qualification in the practice of his (intended) profession. Supervision must address itself to a period in the educational process when counselor activity can be properly mobilized. For supervision to be effective, "motivational initiative in the counselor is the prerequisite. " Such motivation must also be focused on professional identity, for which two elements are essential: "A candidate who is able to identify with his vocation (however tentatively) and one whose performance falls short of the goals he has set for himself. Supervision assists the candidates to clarify his vocational identity and to move toward goals that are realistically envisaged."

d. Supervision requires for this setting an institution with whose activities there are functional roles in which counselor and supervisor can negotiate a "contract for learning." In effect, this means managing the anxiety of the counselor by setting limits to her tasks, lest she be overwhelmed by unlimited possibilities and her learning process thereby frustrated. Therefore, as Klink states "a bounded situation is essential to enable counselor and supervisor together to negotiate a "contract for learning." Such a contract is highly individualized and more or less an explicit understanding arrived at between counselor and supervisor. As the training period gets under way, a supervisor may say to a counselor, "Given the situation here with its demands and freedoms, given the nature of the two of us, and the time available, how can we work out a plan to employ all three in this particular learning process?" Though these would hardly be the exact words, they disclose the nature of the contract. "Like other contracts," Klink admits, "it represents a compromise and an adaptation in the face of competing claims."

In establishing a supervisor-trainee the fact of responsibility looms large. Klink indicates, "capacity for responsibility is not just a personal evaluation: it is a formalized series of steps which, at no point, arrives at totally

autonomous functioning. The highest exercise of responsibility is the recognition of limitations." Professional education in medicine, at least, has developed a graded sequence of responsibility so that the learner will grow into his assuming increasingly important functions.

e. The roles of both supervisor and counselor must be appropriate to their particular professional identity. Thus each "has acquired certain functional roles which are not interchangeable with roles of others." Supervision in practical education" must focus on those roles of the supervisor which are derived from his status as one professionally trained for his work."

f. Supervision requires for its environment a wider community of professional peers associated in a common task. In the experience of the clinical training movement, this last element in the definition identifies "group experience" as an essential feature in the process of supervision. Klink recalls what many an "old timer" missed in the clinical experience when she point out "the functional importance of group interaction among counselor peers in the training center." In the development of clinical movement the focus was first on the relation of the counselor to patient or inmate. Later, drawing heavily from the model of psychotherapy, on the relation of counselor to supervisor. Following World War II and its experience with group therapy, group interaction in clinical training was introduced and the method consciously exploited. Klink calls this a "methodological revolution (which) largely reflected the discovery that group methods were an effective means of eliciting and reinforcing educational change." The fuller implications of this group interaction as an aid to the counselor's progression toward a functioning professional identity are still unfolding and are of more than methodological interest. The methods are incidental. "The essential thing," as Klink sees it, "is recognition of the fact that to be a counselor requires the capacity to function as a member of a community of practitioners." Clinical training must provide experiences, which prepare the counselor for this. The acquisition and integration of such membership is not achieved automatically. Supervision therefore must take place in relation to patients.

	Section II. Twelve Core Functions
A	Click here for the latest file of Twelve Core Functions
	Section III. Code of Ethics Outline of a treatment professional's highest standard of behavior
A	Click here for the latest file of Code of Ethics

