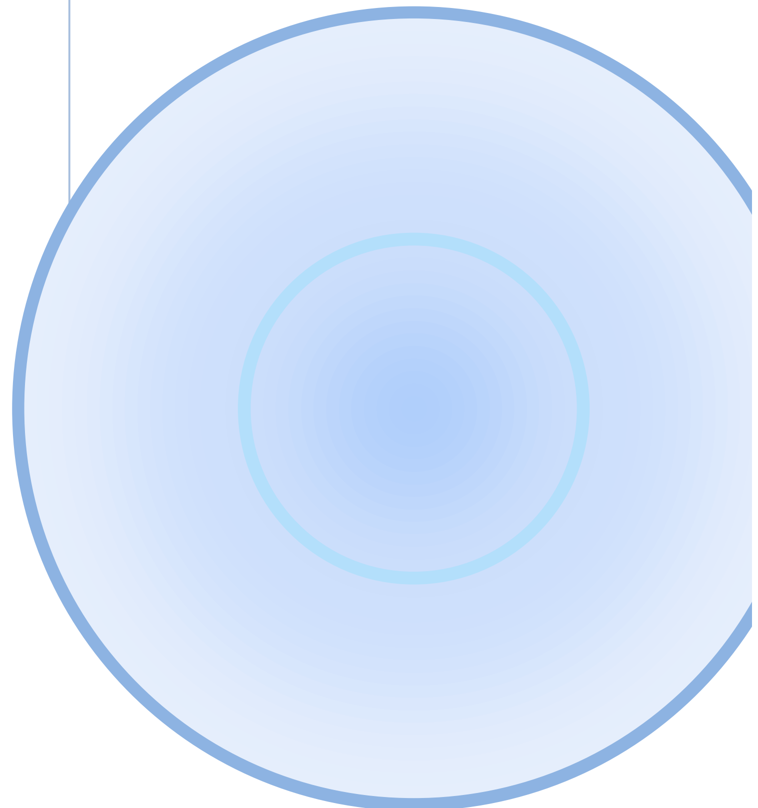
STANDARDS & CERTIFICATION MANUAL



STANDARDS & CERTIFICATION MANUAL

BACB DESIGNATIONS

NON-RECIPROCAL LEVEL

(Entry level: not certified, non-reciprocal)

ACAD Associate Counselor, Alcohol and Other Drugs
APP Associate Prevention Professional

RECIPROCAL LEVELS

ICADC Internationally Certified Alcohol and Other Drug Counselor
CCS Certified Clinical Supervisor
CPS Certified Prevention Specialist

BERMUDA ADDICTION CERTIFICATION BOARD
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INTRODUCTION

The Bermuda Addictions Certification Board (BACB) was created in 1997 as a non-profit organization whose mandate is to protect the public and to ensure the availability of a highly skilled and professionally credentialed workforce governed by uniform professional standards. BACB is committed to ensuring that the men and women who work to prevent and counsel for addiction related problems meet rigorous, quality standards reflecting competency based knowledge, skills and attitudes.

BACB MISSION STATEMENT

The Bermuda Addiction Certification Board's mandate is to protect the public by ensuring the availability of a highly-skilled and professionally credentialed workforce governed by uniform professional standards.

BACB VISION STATEMENT

To provide consumer protection by assuring quality care through high standards of competency, evidenced based practices, professional conduct, and education of addiction professionals.

The BACB is a Member Board of the International Certification and Reciprocity Consortium (I.C.&R.C.). The BACB believes that the I.C.& R.C., credentialing process is based on the highest standards set by professionals in the addiction field. The credentialing process requires specific education, training and supervised practice as preparation for a written examination and a Case Presentation Oral Examination. The BACB sought membership in I.C. & R.C. in order to use this process to certify treatment and prevention professionals practicing in Bermuda.

This membership provides reciprocity for Bermuda's addictions professionals by enabling their credentials to be recognized by other I.C.& R.C. Member Boards worldwide. The I.C.& R.C. certification process will enable Bermuda's alcohol and other drug Counselors, clinical supervisors and prevention specialists to be recognized as able to demonstrate the professional practice competencies for provision of quality substance abuse services. In March 2000, Addiction Counselors were included in the Professions Supplementary to Medicine Amendment Act 2000, as a sub-group of professionals registered to practice in Bermuda under the Ministry of Health.

INTERNATIONAL CERTIFICATION AND RECIPROCITY CONSORTIUM (I.C.& R.C.)

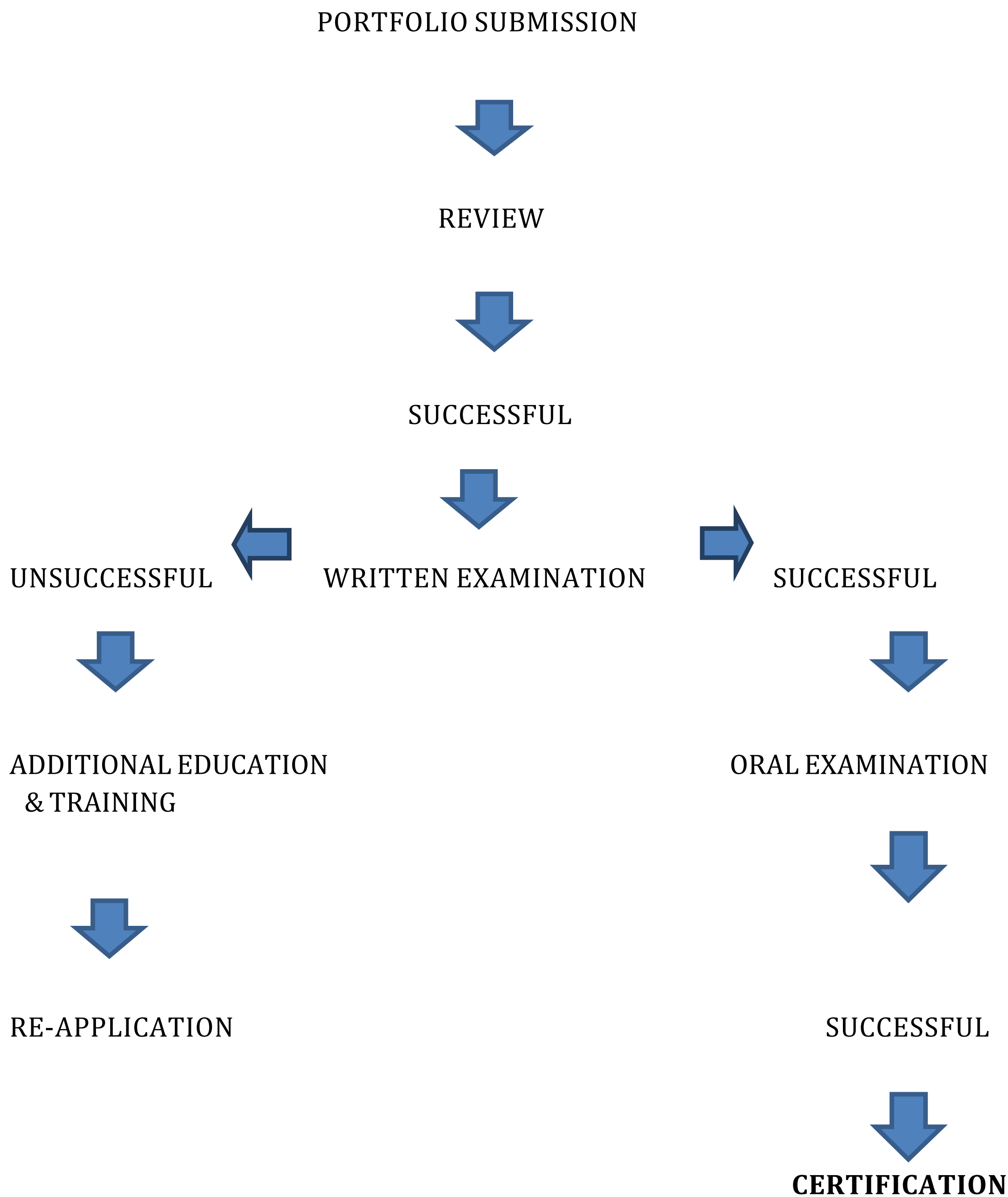
I.C. & R.C. MISSION STATEMENT

I.C.& R.C. protects the public by establishing standards and facilitating reciprocity for the credentialing of addiction-related professionals.

I.C. & R.C. VISION STATEMENT

I.C.& R.C. will continue to be the global resource for the highest standards in addiction-related behavioral healthcare credentialing.

CERTIFICATION PROCESS



BACB BOARD POSITIONS

Chairman
Deputy Chairman
Treasurer
Administrator

REPRESENTATIVES

Members holding ICADC
Members holding CCS
Members holding CPS
Representative for ACAD/APP
Legal Representative
Community Representative
Ex-officio Member

CODE OF ETHICS: BOARD OF DIRECTORS

PREAMBLE

The integrity and credibility of the Board of Directors of the Bermuda Addictions Certification Board (BACB) is dependent, in part, on the Directors' maintaining the highest trust of the substance abuse Counselors, supervisors and prevention specialists whom it serves and represents. They are entitled to the assurance that the judgements of the Board of Directors will not be compromised or affected in any manner by inappropriate conflicts.

DEDICATION

I have not sought membership on the Board of Directors of BACB nor will I use my position on the Board, any of its Committees or assignments for any self-serving purpose or economic benefit either to myself, another individual or organization.

I shall, based on the information available to me at the time, abstain from voting on those matters from which a conflict of interest may arise.

I shall uphold the By-Laws of BACB and adhere to its policies and procedures.

I shall faithfully discharge the duties and responsibilities of any office to which I may be elected, committee(s) to which I accept appointment and/or tasks to which I have been assigned.

I shall, in all circumstances, act in such a manner as to promote and otherwise enhance the stated goals and objectives of BACB.

I shall accept the jurisdiction of the Professional Conduct Review Committee to consider complaints and make recommendations to the Board of Directors relative to violations of the provisions of this Code of Ethics.

I shall not divulge any information which the Board is expected to hold as confidential, including but not limited to the content of written examinations, executive sessions of the Board and certain proceedings of the Professional Conduct Review Committee.

I shall use the Board of Directors' meetings to clarify and seek guidance prior to engaging in any action that may be perceived as self-serving and/or is in direct conflict with the above-stated paragraphs.

By signing this document, I declare that I have read, understood and agreed to abide by this code of ethics.

____

Signature

____

Date

EXECUTIVE COMMITTEE

Chairperson
Deputy- Chairperson
Treasurer
Administrator

EXECUTIVE COMMITTEE TERMS OF REFERENCE:

- The Executive Committee shall consist of the officers of the Board and the Administrator (if one is in place).
- Between meetings of the Board, the Executive Committee shall conduct the routine and emergent affairs of the Board, and shall exercise such powers as may be prescribed by the Board to carry out the day-to-day business of BACB.
- All actions taken by the Executive Committee shall be reported to the Board at its next meeting. A majority of the members of the Executive Committee shall constitute a quorum, three (3) for the taking of official action.
- Without prior Board approval, the Executive Committee may make individual expenditures for Board purposes not to exceed $4,000 per agenda item.

The Executive Committee shall acquire the services of an Administrative Assistant and direct the same by contracting with a person with appropriate knowledge and credentials, who shall, subject to Board approvals, contract to manage the day-to-day business operations of the Board.

EDUCATION COMMITTEE

Chairperson - BACB Member (holding any of our credentials)
Certified Counselors - Two (2) Maximum
Community Member (One (1) - with marketing experience/background)
Certified Preventions Specialist - Two (2) Maximum

EDUCATION COMMITTEE TERMS OF REFERENCE:

- Determine needs of future training
- Establish, organize and advertise BACB approved continuing education events

- Provide guidance for Counselors and lay persons in their pursuit of approved educational events locally and overseas
- Establish and maintain a current listing of BACB approved trainers/training events
- To market the certification board and the benefits of its credentials
- To promote the addictions profession to students and adults as a viable career
- To ensure availability of information for the ongoing up-keep of the website.

PORTFOLIO REVIEW COMMITTEE

Chairperson - BACB Member
Representative from each credential (1)
Education specialist (1)
Member of the Education Committee

PORTFOLIO REVIEW COMMITTEE TERMS OF REFERENCE:

- Verification of transcripts, certificates, diplomas and other supporting documents
- Review references from former and/or present employers
- Review job description
- Ensure Code of Ethics and Release of Information forms are signed and dated
- Review Philosophy of Addiction / Treatment
- All portfolios are approved in accordance with the BACB/I.C.& R.C. guidelines
- Indicate incomplete portfolio submissions
- Vet and approve portfolio submissions for Counselors and Workshop Presenters

ETHICS COMMITTEE

An Ad-hoc committee convened specifically to address ethical complaints forwarded to the Board. This Committee will include:

- Chairperson
- 1 Member representing designation
- No more than 2 other members, including 1 community member

ETHICS COMMITTEE TERMS OF REFERENCE:

- To convene, investigate, interview and provide a written recommendation on all ethical complaints forwarded to the Board.
- To review and update BACB Code of Ethics as directed by the Board every three (3) years.
- To forward complaints concerning ICADC/ACAD to the Council for Allied Health Professionals

MARKETING COMMITTEE

Chairperson – BACB Member
Certified Counselors (2)
Community Member (1)
Certified Prevention Specialist (2)

MARKETING COMMITTEE TERMS OF REFERENCE

- Seek opportunities for the advancement of all credentials offered by BACB
- Maintain BACB's website
- Provide community presentations about I.C. & R.C. and BACB

GENERAL INFORMATION

APPLICATION FORMS

Application forms and Manuals are available via the BACB office and online at www.bacb.bm.

BACB DESIGNATIONS

ACAD Associate Counselor of Alcohol and Drug
ICADC Internationally Certified Alcohol and Drug Counselor
ICCS Internationally Certified Clinical Supervisor
ICPS Internationally Certified Prevention Specialist
APP Associate Prevention Professional

Send completed applications to: **Bermuda Addiction Certification Board,**
2 Elliott Street, Hamilton, Bermuda. HM09

DEFINITIONS OF PORTFOLIO COMPONENTS

SUPERVISION - FOR PURPOSES OF CERTIFICATION, SHALL BE INTERPRETED TO MEAN A PROCESS:

1. by which the agency's or program's standards of performance are maintained through review and correction of clinical service provided;

2. which assists the alcohol and drug Counselor in acquiring greater skill in the provision of service, and;

3. which gives support to the alcohol and drug Counselor during the stress of providing services in emotionally-charged situations.

Supervision can be delivered in a variety of forms. Methods or forms of supervision include, but are not limited to, the following:

Face-To-Face:

This method involves a one-to-one supervisor/supervisee relationship and implies regularly scheduled meetings for the purpose of supervision.

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 and involves feedback. 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 Behaviour Rehearsal where the Counselor is the demonstrator.

Behaviour Rehearsal:

The mode of supervision is similar to role playing, yet behaviour rehearsal still usually focuses on more specific behaviours and skills. Behaviour rehearsals offer "before-the-fact" practice.

Direct Observation:

This method involves first-hand observation of on-the-job performance.

Evaluation:

This review of counselor performance is an ongoing process. This process is supervisor-initiated and involves day-to-day performance review. For

example, this process includes the review of charts, notes, treatment plans, etc.

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 but may involve the re-creation of Counselor/client situations “after the fact”.

Video Tape:

This method may involve peer use of training tapes as well as the use of a taped session 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.

Case Conference:

This form of supervision involves the presentation of a case by a Counselor. This is not simply the one-way communication of reporting a case, but involves review and feedback.

Team Development:

This method involves the evaluation of how Counselors act as a team in the delivery of service and includes an evaluation of group cohesiveness and team effectiveness. The enhancement of treatment is the consequence of the supervisory process.

TYPES OF SUPERVISORS

A “supervisor” shall be interpreted to mean the person who has responsibility for monitoring and evaluating all aspects of the clinical performance of alcohol and drug Counselors and students. This individual must be a person with comprehensive knowledge of the treatment of alcoholism and drug dependency, and have reached a supervisory position in a treatment setting as well as being a Certified Clinical Supervisor under the Bermuda Addiction Certification Board. Others, who might be in positions of authority, but with little knowledge of addiction, would not be acceptable. The Bermuda Addiction Certification Board reserves the right to authorize clinical supervisory status to experienced individuals after a review of their credentials.

One college credit Hour = 15 Clock /Contact Hours

WORK EXPERIENCE

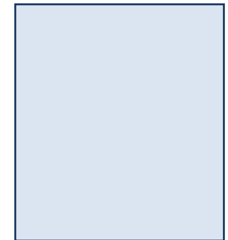
Work experience is gained so that the candidate may acquire skills needed for competency as an alcohol and other drug Counselor. This must be direct experience in counseling clients based on the Professional Practice Dimensions and must be supervised and documented.

EDUCATION

Education is defined as formal classroom education, which includes university, college, institutes, workshops and seminars. Education must be related to the knowledge base and skills, associated with the Professional Practice Dimensions. To be eligible, all hours of education must be documented by means of a transcript, certificate, letter of attendance or completion which states the number of classroom hours per course.

Education may be provided by:

- A college or a university
- Public and private providers
- Conferences/ workshops



Education providers are required to have:

- At least a Masters and ICADC.
- At least a Masters and 2 years' experience in applicable Domain.
- Bachelors and ICADC and 3 years' experience in applicable Domain.
- Associate Degree and Non-Degreed with ICADC and 5 years experience in applicable domain

EDUCATION HOURS

Education hours are defined at 50 continuous minutes spent in a formal classroom type of setting (college/university, workshop and seminar), or online BACB approved courses

COLLEGE/UNIVERSITY EDUCATION

One semester (3 credit Hours) = 45 Clock/Contact Hours

OTHER EDUCATION

CEU's: Actual hours spent in workshop or seminar = Clock/Contact Hours
CEUS must be dated within the last 5 years.

CERTIFICATION/ RE-CERTIFICATION TIME PERIOD

BACB certification encompasses two calendar years commencing on the date of successful completion of the oral examination. Two dates (date of issue and valid through) will appear on the, ICADC, ICCS or ICPS certificate. Certified individuals can also order an International Certificate for a fee of $30.00 in their designation, from BACB, or $25.00 from the I.C.&R.C. office.

Re-certification for all designations must occur every two years. Notification will be sent out to all certificate holders prior to the lapse of the certification period (40 hrs of documented education, 6 hours of Ethics, signed code of Ethics).

COUNCIL FOR ALLIED HEALTH PROFESSIONALS (CAHP)

Some designations require registration with The Council for Allied Health Professions, for legal practise in Bermuda. The Council can be contacted at the Ministry of Health, Continental Building, 25 Church Street, Hamilton; or Tel: (441) 278-4921.

RETIREMENT STATUS

Retirement Status allows any certified individual the ability to retain their certification after retirement from a full-time paid position and still receive partial rights and privileges of certification. Partial rights include the use of appropriate verification initials (ICADC, CCS, CPS) with the word "Retired" after them. This is an honorary status, not a working credential. Certified individuals under the Retirement Status are not eligible for reciprocity through the IC & R C.

Retirement Status will only be considered for those individuals who have reached the age of Sixty (60) or have become disabled and are no longer employed in the alcohol and other drug abuse field.

Requests for Retirement Status will only be considered for those individuals holding a current and valid certificate. Request for Retirement Status for certification that has already lapsed will not be accepted.

Written requests for Retirement Status will be reviewed by BACB and applicants will be notified on the Board's decision. If the request is approved, a Retirement Status Certificate will be issued.

While no continuing education is required, a fee of $60.00 is required every (2) two years.

During the Retirement Status period, the retired individual may use the ICADC, ICCS or ICPS title, provided that the word “Retired” follows the initials.

An individual holding a Retirement Status Certificate electing to return to alcohol and other drug abuse employment at a later date may void their Retirement Status certificate and be reactivated as a full ICADC, CCS or CPS with reciprocal privileges by demonstrating compliance with re-certification requirements.

LAPSED CERTIFICATION

From the date of expiration, ICADCs/CCS’s/CPS’s will have a 30-day grace period for re-certification materials to reach the BACB office. If re-certification materials are not received within the 30-day grace period, the individual will no longer be certified. No extensions beyond the 30-day grace period will be granted.

However, the individual may become certified again by submitting his or her completed re-certification packet, and the $200 re-certification fee (for a single designation; and $250 for dual designation), plus a $25 per month late fee for each month past the expiration date.

This process is effective only for 23 months from the date of expiration, (May 30 Deadline). After 23 months, the individual must complete the entire certification process to become certified again.

RECIPROCAL DESIGNATIONS

ICADC Internationally Certified Alcohol and Drug Counselor
CCS Certified Clinical Supervisor
CPS Certified Prevention Specialist

Certified persons may apply for and receive reciprocity to any I.C. & R.C. member board.

TESTING INFORMATION

Candidates are eligible to take the written exam after completion of the required education and supervision hours for the specific designation.

Candidates qualify for oral case presentation after passing the written exam for their designation.

A portfolio checklist can be found at the end of each Designation Section.

WRITTEN TEST

The written tests administered by the BACB are based on the Role Delineation Studies for Alcohol and Drug Counselors, Clinical Supervision and Prevention Specialist. The test products used are approved by I.C.&R.C., and have proven valid, reliable and legally defensible and all test have met the criteria for college credit by the American Council on Education. In order to sit for the written test, the applicant must contact BACB via email or letter and have received notification of portfolio approval. A letter of acceptance will include the time, date and location of the examination.

APPEAL & RETEST OF WRITTEN EXAM

RETEST - Any applicant failing the written exam will be given three (3) additional opportunities in which to re-take the exam. The applicant may apply for re-examination by doing the following:

1. Direct a written request for re-test to BACB within thirty (30) days of receipt of notification that he/she will be eligible to test. The applicant must notify BACB in writing of his/her intent to be seated for the exam or desire to be rescheduled.
2. Applicant will be required to pay a re-test fee prior to Re-examination.

Any applicant failing the exam four (4) times (original exam plus 3 re-tests) shall then be found unqualified for certification and his/her application terminated and fees forfeited.

APPEAL – Applicant must send letter of appeal to the I.C.& R.C. office along with appeal fee. Once received, the computer scoring sheet will be hand-scored. Written notification will be sent to the applicant after the outcome of the hand-scoring directly from the I.C.& R.C. office.

APPEAL & RE-TEST OF EXAMINATIONS FOR ORAL PRESENTATIONS

In case of unsuccessful Case Presentation interview/Prevention presentation, the candidate may:

APPEAL – Candidate must send a letter of appeal to the Board along with the appeal fee. Appeals based on content of the exam are not permitted. Appeals based on the standardized oral exam procedures will be considered. Examples of acceptable appeals are: candidate was not permitted to use allowable materials during exam; candidate was not permitted 45 minutes to take the exam; candidate was not proctored, etc. Written notification will be sent to the candidate after the Board reviews the findings and reaches a decision.

RE-TEST – candidate may re-take the Case Presentation interview if unsuccessful. Ninety (90) days from the date of original exam, candidate must submit a new a case presentation along with the re-test fee. Candidate will be scheduled for the next available date for Case Presentation interviews.

TESTING FEE SCHEDULE & PRICE LIST

APPLICATION FEE (ICADC, CCS, and CPS) Includes: examination fees; administration; written exam; CPM	$300.00
APPLICATION FEE - ACAD/APP	$150.00
RE-CERTIFICATION - ICADC, CCS, and CPS (1 Designation) ($50 for every additional designation)	$200.00
RE-CERTIFICATION – ACAD	$100.00
RETIRED STATUS- (not practicing but want to keep credential)	$ 60.00
WRITTEN EXAM RE-TEST	$150.00
CASE PRESENTATION RE-TEST (ORAL EXAM)	$150.00
CASE PRESENTATION METHOD APPEAL	$ 50.00
STUDY GUIDES ICADC	$160.00
STUDY GUIDES ICPS/ICCS	$ 79.00
REPLACEMENT CERTIFICATES	$ 10.00
INTERNATIONAL CERTIFICATES	$ 30.00

TREATMENT CERTIFICATIONS

ICADC / ACAD / CCS

CODE OF ETHICS: TREATMENT PRACTITIONERS

(ICADC / ACAD)

INTRODUCTION

The Bermuda Addiction Certification Board (BACB) has adopted a Code of Ethics to which all addictions professionals, hereafter referred to as Addiction Counselor (ICADC) and Associate Counselor (ACAD), must subscribe upon application for credentialing (certification). This Code of Ethics is adopted to aid in the provision of the highest quality of professional conduct to persons seeking help through intervention, treatment and/or the rehabilitation process. The Code emphasizes the Addictions Professional's concern for the rights and interests of the client.

THIS CODE IS BASED ON FOUR VALUES:

- Excellence in service to the public
- Fairness
- Respect for human rights and the dignity of all people
- Accountability

The cornerstone of this Code is the requirement that no one will be discriminated against or refused service on any prohibited basis: including gender, race, ethnicity, religion, language, national ancestry, sexual orientation, marital status, socio-economic status, age, physical or mental disability (including carrying of a communicable disease) political affiliation or country of birth.

The Addiction Professional must recognize that the profession is founded on established standards of competency which promote the best interests of society, the client, and the profession as a whole. The Addiction Professional must recognize the need for continuing education as a means of obtaining and maintaining professional competency by keeping current on scientific and professional information related to the services they render.

THIS CODE IS BASED ON SEVEN PRINCIPLES:

PRINCIPLE ONE: SERVICE PROVISION

Clients have a right to receive efficient and effective services based upon their needs and consistent with the Bermuda Addiction Certification Board's Code of Ethics and Values.

THE CERTIFIED COUNSELOR WILL:

1.1 provide clients with accurate and complete information regarding the extent, nature and limitations of any services available to them, and of their rights and obligations in accessing these services

1.2 ensure that clients' best interests are paramount within professional relationships and advocate for this interest, as circumstances require

1.3 demonstrate acceptance of clients as unique and valuable persons

1.4 provide a safe service environment that is free of all forms of abuse and exploitation, including, but not limited to physical punishment, restraint, and psychological abuse

1.5 minimize the negative impact of their personal attitudes, beliefs, and needs on their professional relationships with clients

1.6 terminate professional service to clients when such services are no longer required, appropriate, requested, or serves clients needs.

WHERE INTERRUPTION IN SERVICE IS ANTICIPATED DUE TO:

a) change in a service provider's circumstances - the Counselor/ Associate Counselor will notify clients promptly and arrange the transfer, referral or continuation of services according to the clients' needs and preferences;

b) where client needs or circumstances have changed - the service provider will promptly arrange the transfer, referral, etc in continuation of services according to the client's needs and preferences.

1.7 be prepared to account for and explain their assessment, treatment plans, recommendations, interventions and actions when asked to do so by a client , professional colleague, supervisor or Ethics committee member.

PRINCIPLE TWO: PROFESSIONAL COMPETENCE

The alcohol and other drug Counselor must maintain standards of professional practice as defined by BACB.

THE CERTIFIED COUNSELOR WILL:

2.1 strive to maintain high standards of competence in their work. The Certified Counselor will recognize the boundaries and limitations of their expertise.

2.2 remain up-to-date in their professional knowledge and practice in the field of alcohol and other drug treatment legislation, current literature, research and best practice. Service providers in counseling positions will use scientific best practice therapeutic techniques.

2.3 maintain knowledge of relevant scientific and professional information related to the services (alcohol and other drug treatment) they provide, and recognize the need for ongoing education (refer to certification and re-certification requirements).

2.4 maintain a working knowledge of program policies, legislation, programs and issues affecting the addiction field.

2.5 in describing or reporting their qualifications, professional skills and professional affiliations, he/she does not make statements that are false, misleading or deceptive.

2.6 have on file at the BACB a current signed Code of Ethics and Assurance and Release Statement Form

2.7 represent their professional recommendations or interventions accurately in all communications, including client documentation, testimony, and public statements.

2.8 make only prudent reasonable claims of efficacy regarding past or anticipated achievement with respect to clients treated, as consistent with the cultural context in which the services are delivered.

2.9 recognize when their own personal problems, professional limitations and conflicts have the potential to interfere with professional effectiveness. If such occur, the Certified Counselor will take reasonable care in consultation with Clinical Supervision to determine whether professional activities should be limited, suspended, or terminated.

2.10 when professional performance is impaired, must be willing to seek appropriate treatment for oneself or for a colleague.

2.11 act as role model for the responsible use of alcohol and other legal drugs.

2.12 maintain up-to-date certification with the BACB and other professional organizations.

2.13 exchange relevant information with the agency/professionals to whom the referral is being made, in a manner consistent with confidentiality regulations and BACB recognized professional standards of care.

PRINCIPLE THREE: INTEGRITY

Integrity is essential to responsible professional practice. It means acting honestly and in good faith in all dealings with clients, colleagues, and the public.

CERTIFIED COUNSELORS WILL:

3.1 not exploit persons over whom they have supervision, evaluative, or other authority (e.g., students, supervisees, employees, research participants and clients.)

3.2 refrain from engaging in intimate personal relations with clients or their partners, immediate family members or business relationships in which there is an implicit imbalance of power.

3.3 not engage in sexual relationships with supervisors, employees /co-workers, volunteers, practicum students, current clients nor former clients. [1] “Former client” refers to a former client of the Certified Counselor or agency. The restriction concerning former clients applies for a period of five (5) years after the client’s most recent discharge from the treatment agency.

3.4 not accept as a client anyone with whom they have engaged in sexual behaviour.

3.5 not use their position of authority to coerce or harass clients, employees/co-workers, students, volunteers, research participants, colleagues.

3.6 not engage in sexual harassment. Sexual harassment is sexual solicitation, physical advances, or verbal or non-verbal conduct that is sexual in nature.

3.7 not condone or ignore physical, verbal or psychological abuse, whether oral, written or behavioural, including sexual harassment.

3.8 accurately present professional qualifications, education, skills and professional affiliations to BACB, to the public and to clients.

3.9 not be involved in or ignore conflicts of interest. Certified Counselors will distinguish between actions undertaken as private citizens and actions undertaken in the course of their employment. "Conflict of interest" includes taking an action in an official capacity which generates a benefit to a Certified Counselor as a private citizen; influence peddling; soliciting clients from one's employer for private Practice purposes; and using information received from clients to acquire, directly or indirectly, an advantage for material benefit. For example, Counselors will not accept gifts from a client or former client, nor will they give gifts to clients and refrain from accepting goods, services or monetary re-numeration from clients in return for professional services (favourable reports, etc.)

3.10 recognize that their personal issues and conflicts may interfere with their effectiveness. The Counselor will refrain from undertaking any activity when he/she know or should know that their personal problems are likely to lead to any harm to a client, colleague, student, or other person to whom they may owe a professional obligation.

PRINCIPLE FOUR: CONFIDENTIALITY

The Certified Counselor working in the best interest of the client shall embrace, as a primary obligation, the duty of protecting clients' rights under confidentiality and shall not disclose confidential information acquired in teaching, practice or investigation without appropriately executed consent. The Counselor ensures appropriate confidentiality in creating, storing, accessing transferring and disposing of records, whether they are written, verbal, automated or in any other medium.

THE CERTIFIED COUNSELOR WILL:

4.1 follow the confidentiality procedures as set out by agency policies and procedures and/or other professional governing bodies.

4.2 discuss with clients and agencies, with whom they establish a professional relationship the relevant limitations on confidentiality. For example:

(a) to protect the client or others from harm

(b) to obtain appropriate professional consultation

(c) to provide needed professional services to the client, etc.

(d) court subpoena

(e) electronic documentation or database

4.3 When consulting with professional colleagues:

(a) the Certified Counselor does not share confidential information that could lead to the identification of the client unless permitted by a signed Release of Information Form;

(b) the Certified Counselor shares information only to the extent necessary to achieve the purposes of the consultation.

PRINCIPLE FIVE: ETHICAL RESPONSIBILITIES TO THE WORK ENVIRONMENT (PRIMARY EMPLOYER/ CLINICAL SUPERVISION)

Certified Counselors take reasonable measures to honour all commitments they have made to the employer, organisation etc.

5.1 Certified Counselors will advocate for workplace conditions and policies in their own places of employment that are consistent with the BACB Code of Ethics and Agency Policies.

5.2 Where a serious ethical conflict continues, after it has been brought to the supervisor's attention, the Certified Counselor will continue to bring attention to the conflict through the next appropriate channel(s). Clarify the nature of the conflict, make known their commitment to the code of ethics, and to the extent feasible, seek to resolve the conflict in a way that permits the fullest adherence to the Code of Ethics.

5.3 Certified Counselors will report to their employer/Clinical Supervisor any secondary employment or volunteer work as per Agency Policy.

PRINCIPLE SIX: SOCIETAL OBLIGATIONS

Certified Counselors shall, to the best of his/her ability, actively engage legislative processes, educational institutions, and the general public to change public policy and legislation to make possible opportunities and choice of service for all human beings of any ethnic or social background whose lives are impaired by alcoholism, drug abuse and behavioral dependencies.

PRINCIPAL 7: REMUNERATION

The Certified Counselor shall establish financial arrangements and professional practice in accordance with the professional standards that safeguard the best interests of the client first, and then of the counselor, the agency, and the profession.

THE CERTIFIED COUNSELOR :

7.1 shall inform the client of all financial policies. In circumstances where an agency dictates explicit provisions with its staff for private consultations, the client shall be made fully aware of those policies.

7.2 shall consider the ability of a client to meet the financial costs in establishing rates for professional services.

7.3 shall not engage in fee splitting. The addiction counselor shall not send or receive any commission or rebate or any other form of remuneration for referral of clients for professional services.

7.4 in the practice of counseling, shall not at any time use his/her relationship with clients for personal gain or for the profit of an agency or any commercial enterprise of any kind.

7.5 shall not accept private fees for professional work with the person who is entitled to such services through an institution or agency unless the client is informed of such services and still requests private services.

7.6 Should have a signed contract / agreement stating the above.

INTERNATIONALLY CERTIFIED ALCOHOL & OTHER DRUGS COUNSELOR (ICADC)

EIGHT (8) PROFESSIONAL PRACTICE DIMENSIONS: ICADC

CLINICAL EVALUATION

SCREENING

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

Global Criteria

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

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 use appropriate diagnostic criteria to determine whether the applicant's alcohol or other 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 other 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 day care). 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.

INTAKE

Intake involves the administrative and initial assessment procedures for admission of a client into a 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 consents 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 releases of information, collect financial data, sign consent for treatment and assign the primary Counselor.

ORIENTATION

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

The 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.

ASSESSMENT

Assessment relates to 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 other drug abuse using appropriate interview techniques;
2. Identify methods and procedures for obtaining corroborative information from significant secondary sources regarding clients' alcohol and other 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 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 areas (i.e., physical health, vocational development, social adaptation, legal involvement and psychological functioning) and assesses the extent to which alcohol or 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.

TREATMENT PLANNING

This is a 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 behavioural 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 behavioural terms. The statement of the problem concisely elaborates on a client need identified previously. The goal statements refer specifically to the identified problem and may include one objective or a set of objectives ultimately intended to resolve or mitigate the problem. The goals must be expressed in behavioural 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.

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 and others, and should be aware of the limitations of each service and if the limitations could 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.

SERVICE CO-ORDINATION

CASE MANAGEMENT

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

Global Criteria

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 services plan. Case Management decisions must be explained to the client. By the time many alcohol and other 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.

CRISIS INTERVENTION

Crisis Intervention is services which respond to an alcohol and/or other drug abusers 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. The latter might include the death of a significant other, separation/divorce, arrest, suicidal gestures, 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.

CONSULTATION WITH OTHER PROFESSIONALS – RE: CLIENT TREATMENT/ SERVICES

Involves the relationship 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.

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 alternate solutions; and decision-making.

Global Criteria

1. Select the counseling theory(ies) that apply(ies);
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 behaviour, attitudes, and/or feelings if appropriate in the treatment setting;
4. Individualize counseling in accordance with the 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 basically 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. Further, the Counselor must be able to explain the rationale for using a specific approach for the particular client. For example, a behavioural 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.

CLIENT, FAMILY AND COMMUNITY EDUCATION

Client Education relates to provision of information to individuals and groups concerning alcohol and other drug abuse and the available services and resources.

Global

1. Present relevant alcohol and other drug use/abuse information to the client through formal and/or information processes;
2. Present information about available alcohol and other 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.

DOCUMENTATION

Involves 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 integrating 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.

PROFESSIONAL & ETHICAL RESPONSIBILITIES

Involves the relationship 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.

TRANSDISCIPLINARY FOUNDATIONS: ICADC

A. HUMAN BEHAVIOUR

1. Knowledge of the dynamics of:

    a) psychological functioning
    b) social adaptation
    c) physical health
    d) vocational development

2. Knowledge of the attitudes, values and lifestyles of various cultures and special populations and how these impact treatment.
3. Knowledge of how alcohol and drug use affects human behaviour, attitudes, values and lifestyles.
4. Knowledge of the inter-relationship between human behaviour, cultural influences, societal norms, including laws and alcohol and/or drug abuse.
5. Knowledge of the impact of human sexuality, sexual dysfunction and sexual orientation on treatment.

B. SIGNS AND SYMPTOMS OF ALCOHOL AND OTHER DRUG ABUSE INCLUDING PHARMACOLOGICAL FACTORS

1. Knowledge of the effects of depressants, stimulants, narcotics, inhalants, hallucinogens, marijuana, over-the-counter drugs and anti-depressants on the body—both psychological and physiological effects.

2. Knowledge of the signs and symptoms of the above chemicals as they manifest themselves in the following situations and how such awareness serves to effect treatment planning:

    a) use, misuse and abuse: to recognize when a person is taking the above chemicals appropriately and inappropriately;

b) dependence/addiction: to identify when a person is physically and/or psychologically dependent on the above chemicals and to know the appropriate treatment interventions;

c) withdrawal: to recognize when a person is exhibiting signs of withdrawal from the above substances and to be able to indicate safe and appropriate methods of withdrawal; and

d) overdose/toxicity: to identify when a person has taken an excessive amount of drugs that may endanger his/her health and/or life; to know the signs, symptoms and appropriate treatment approaches for an overdose of the above substances.

3. Knowledge of the effects of alcohol and other drug use, misuse and abuse in relation to the following: individual body chemistry, gender, age, pregnancy, other medical problems, other diagnosis, setting, dose, drug combinations, routes of administration, tolerance and withdrawal symptoms.

4. Knowledge that alcohol and other drug-related psychological, physical and other medical problems may exist (e.g., fetal alcohol syndrome, organic brain syndrome, AIDS, drug-induced psychosis, etc.) and the recognition of their signs and symptoms, indicating a need for additional medical, psychological and social assessment.

5. An understanding of complications resulting from the use of more than one mood/ mind altering drug including cross tolerance, potentiation and multiple psychological and physiological dependence.

6. An awareness of the dynamics of the addiction process including the physiological mechanisms, genetics/heredity factors and the disease process of addiction as it affects the bio-psycho-social-spiritual dimensions of a client's life.

7. Knowledge of the behaviour patterns of alcohol and other drug dependent persons.

8. Knowledge of how to access recognized pharmacological reference materials (for example, The Compendium of Pharmaceuticals & Specialties, Physicians Desk Reference, American Medical Association Drug Evaluations, Goodman & Gillman's Pharmacological Basis of Therapeutics, and/or Cox Jacobs, LeBlanc and Marshman's Drugs and Drug Abuse.

C. A WORKING KNOWLEDGE OF ALCOHOL AND OTHER DRUG ABUSE/ DEPENDENCY AS IT RELATES TO THE FAMILY

1. Knowledge of family dynamics: specifically, the roles assumed by family members, enabling behaviours and the effects of addiction on children.
2. Knowledge of family dynamics: specifically how the values of functional and dysfunctional families impact the treatment and recovery process.

3. Knowledge of the family's response to the progressive nature of alcohol and drug dependency, as well as knowledge of intervention techniques to address these issues.
4. Knowledge of the cultural, ethnic, gender and age issues impacting the development of treatment strategies.

D. COUNSELING APPROACHES, PHILOSOPHIES, METHODS AND OBJECTIVES

1. Knowledge of the theory and techniques of at least three therapeutic approaches other than self-help philosophies.
2. Knowledge of the practical application of these approaches to counseling:
   a) individuals
   b) significant others (spouse, family, employer)
   c) groups

3. Knowledge of the implications of counseling approaches as they impact upon various ethnic and economic groups, and other special populations.
4. Knowledge of techniques to evaluate therapy progress and outcome of treatment.
5. Knowledge of the value and role of spirituality in the recovery process.

E. THE CONTINUUM OF CARE

1. Knowledge of the mechanisms involved in coordinating a client's total treatment.
2. Knowledge of the techniques and strategies for crisis resolution.
3. Knowledge of the services (prevention, intervention, treatment, continuing care, self-help groups etc.) available to the client and to the community, including the limitations of each service.
4. Knowledge of the relevant social services (financial, marriage, vocational, sexual counseling, etc.) which are not designed specifically for the alcohol and other drug abuser, including knowledge of client eligibility, referral procedures, follow-up mechanisms and the limitation of each service.
5. Knowledge of the philosophy, policies and practices of appropriate and voluntary self-help groups.

F. GOVERNMENT LEGISLATIONS: ADMINISTRATIVE RULES AND REGULATIONS

1. Knowledge of the limitations and applications of laws, administrative rules, and regulations, which directly relate to the use and abuse of alcohol and other drugs, including commitment and protective placement procedures, if any.
2. Knowledge of the laws, regulations and current judicial decisions, if any, in regard to the Counselor's relationship to the client and his/her family, with respect to confidentiality and the client's rights.

G. LOCAL ALCOHOL AND DRUG ABUSE SERVICE SYSTEMS

1. Knowledge of local resources agencies, organizations, facilities and centres which are directly concerned with alcohol and other drug use and abuse.
2. Knowledge of how to utilize these resources to obtain information, materials, training and consultation.

KNOWLEDGE AREAS

	REQUIREMENT
SUPERVISION	300 hours of direct supervision. *See TAP 21 Practice Dimensions
EDUCATION	270 hours of Addiction Education. At least 130 hours must be allocated among each of the Professional Practice Dimensions (TAP 21): • CLINICAL EVALUATION (25 hrs) • TREATMENT PLANNING (15 hrs) • REFERRAL (5 hrs) • SERVICE CO-ORDINATION (5 hrs) • COUNSELING (30 hrs) • CLIENT, FAMILY, & COMMUNITY EDUCATION (10 hrs) • DOCUMENTATION (10 hrs) • PROFESSIONAL & ETHICAL RESPONSIBILITIES (30 hrs)
	At least 120 hours must be allocated in the following Transdisciplinary Foundations: Understanding Addiction/Treatment Knowledge; Application to Practice/Professional Readiness (See TAP 21).
	At least 20 hours must be allocated in the following topic areas: HIV/AIDS ; Cyber, Gambling; Drug Testing; Domestic Violence.

*** The minimum of six hours of education in Ethics must relate to alcohol and/or drugs and touch upon the following areas:**

ETHICS

1. Knowledge of how to guarantee the dignity and welfare of the client;

2. Knowledge of how to establish and protect the professional relationship between Counselor and client based upon respect and objectivity;
3. Knowledge of how to provide professional services within the competency of the ICADC designation;
4. Knowledge of how to preserve, protect and respect the client's right to confidentiality;
5. Knowledge of how to maintain professional relationships with other professionals, institutions, and agencies, as well as the client's family/significant other and employers when applicable;
6. Knowledge of how to maintain personal standards of behaviour consistent with ICADC designation;
7. Must be committed to ongoing personal and professional growth and development.

(Refer to full Code of Ethics on page 19)

PERFORMANCE DOMAINS: ICADC

CLIENT ASSESSMENT AND REFERRAL

1. The ability to complete the client intake process.
2. The ability to initiate and continue the client assessment process.
3. The ability to interpret and assess case records.
4. The ability to develop a treatment plan based upon the client's needs and strengths.
5. The ability to assess the treatment plan for the purpose of evaluation and/or modification.
6. The ability to identify and direct the client to additional resources and services best suited for the individual's needs.
7. The ability to maintain follow-up with the client, and with service providers, to assure that the client's needs are met.

COUNSELING

1. Demonstrated ability in the appropriate use of communication skills of:
   a) active listening
   b) leading
   c) summarizing
   d) reflection
   e) interpretation
   f) confrontation
   g) self-disclosure
2. Demonstrated ability to establish an effective counseling relationship with the client by showing:

   a) warmth
   b) respect
   c) genuineness
   d) empathy
   e) concreteness
   f) appropriate boundaries

3. The ability to work with individual clients and/or families and groups:

   a) Clarifying dysfunctional behaviour, and its ramifications for the individual client.
   b) Motivating the client to participate actively in counseling sessions, and to enable the client to develop functional behaviour.
   c) Developing and implementing individual counseling Programs according to the client's needs.
   d) Providing problem-solving, goal-setting, and decision-making techniques in conjunction with clients.
   e) Dealing with closure with individual/group counseling.

4. The ability to develop and co-ordinate the designated continuum of services needed by the client.

5. The ability to maintain case follow-up.

CASE MANAGEMENT AND RECORD KEEPING

1. The ability to handle efficiently, co-ordinate and be present to the client throughout the counseling process - from initial intervention or intake, through disposition, closure and continuing care.

2. The ability to maintain up-to-date, accurate and understandable case files and records including history, intervention, intake, progress reports, staffing, referral dispositions and closure.

3. The ability to treat client records in accordance with federal, provincial, and agency confidentiality regulations, and with the client's best interest uppermost. This includes careful and professional disclosure in the discussion of material and/or specific client concerns in consultation, referral, or client advocacy, in inter- or intra-agency settings.

4. The ability to demonstrate skill in verbal and written communications with co-workers and supervisors.

5. The ability to obtain, maintain and keep current community resources and services to enhance client treatment.

CLIENT EDUCATION

1. The ability to provide current and accurate information and education to the client and family members to prevent initiation or progression of the disease of alcoholism and drug dependency.

2. The ability to acknowledge and respect cultural and lifestyle 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 behaviours.

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

4. The ability to provide education for the client about self-help groups by supplying appropriate information in order to encourage participation.

5. The ability to provide relevant education to the client, family members and significant others through formal and informal processes to introduce specific knowledge to support their recovery processes.

6. The ability to provide alcohol and drug education to schools, service clubs, business, industry and labour, media representatives, political and community leaders, and other significant persons to raise awareness and enhance community support.

PROFESSIONAL RESPONSIBILITY

1. The ability to assess one's training needs and to obtain appropriate continuing education for these needs.
2. The ability to maintain and protect solid therapeutic boundaries between Counselor and client.
3. The ability to protect, within the norms of the law, the confidentiality of the client.
4. The ability to interface and consult with appropriate professional resources to protect and enhance the treatment of the client.
5. The ability to be clear about the parameters of one's competency and to be able to refer to other professionals when one is beyond his/her competency.

PORTFOLIO REQUIREMENTS: ICADC

EDUCATION

1. 300 documented, tested hours in addiction specific education, at least six (6) hours must be in ethics
2. Format: formal classroom sponsored by a recognized college, university, institute or foundation
3. Content: knowledge and skills related to the knowledge and Professional Practice Dimensions
4. One college credit = 15 clock hours. Three college credits = 45 clock hours

EXPERIENCE

1. No degree: 6000 hours = 3 years full time work with AODA clients
2. Associates degree 5000 hours = 2.5 years full-time work with AODA clients
3. B.A. degree: 4000 hours = 2 years full time work with AODA clients
4. M.A. degree: 2000 hours = 1 year full time work with AODA clients
5. Must be within last 5 years
6. Must be supervised and documented by a BACB approved supervisor.
7. Degree applicants must include proof of 80 hours of addiction specific education.

SUPERVISED TRAINING

Three hundred (300) documented hours of direct, supervised practice related to the Professional Practice Dimensions.

EXAMINATION

Successfully pass the I.C. & R.C. written examination, and successfully pass the Case Presentation Method (CPM).

THE CASE PRESENTATION METHODOLOGY

INTRODUCTION

The Case Presentation Methodology (CPM) consists of a written case presentation and an interview which serves to measure the applicant's capability to apply both knowledge and skills, based on the Global Criteria for each Core Area. The Counselor must be able to demonstrate competence by achieving a passing score on the Global Criteria in order to be certified. Although the Core Areas may overlap, depending on the nature of the Counselor's practice, each represents a specific entity. Give specific examples and details from the written case throughout, and do not paraphrase or recite the formal definitions.

The CPM interview will be taped and kept on file for future reference. This tape will belong to the BACB.

WRITTEN CASE STUDY

The applicant is required to complete a case study on a discharged client. The written case is intended to assist the applicant in preparing for the oral interview. It is the primary source used by the evaluators when determining competency. Follow the instructions carefully, to present this material correctly. The client must have been a real person in treatment, who has been under the care of the candidate. Please note a fictitious name must be used to safeguard confidentiality.

(N.B. The Written Case Study must be submitted with Portfolio)

CASE PRESENTATION METHOD ORAL INTERVIEW

The interview explores more thoroughly the basic knowledge, understanding and competency of the candidate, in all areas addressed that relate to the Professional Practice Dimensions throughout the treatment of a client.

There will be three (3) evaluators who are Internationally Certified Alcohol and Drug Counselors.

SCHEDULE AND LOCATION OF ORAL INTERVIEW

Interviews will be held as necessary. Only eligible candidates will be notified by BACB on the time and place of interview.

Each applicant who successfully passes the written exam has 3 – 6 months to complete the CPM. The applicant will be notified in writing by BACB of their results.

PLEASE NOTE:

It is the applicant's responsibility to demonstrate competence in the Professional Practice Dimensions during the case presentation interview. Specific examples based on the written case are essential in demonstrating competence. **All competencies for each Professional Practice Dimension must be addressed during the interview.** If one of the competencies does not apply to the candidate's case, the candidate must demonstrate how and why the Criterion was eliminated. The candidate should be very specific and provide examples.

ASSOCIATE COUNSELOR OF ALCOHOL & OTHER DRUGS (ACAD)

INTRODUCTION

This section describes and outlines the requirements for registration for status as an Associate Counselor, Alcohol and Other Drugs (ACAD) from the Bermuda Addictions Certification Board. This credential is offered at the local level only and is non-reciprocal. The ACAD was designed as an entry level certification for applicants who had not yet completed the addiction specific requirements necessary to earn their reciprocal certifications (ICADC). The ACAD status acknowledges the competency of work experience, drug and alcohol abuse counseling education, and supervised training, whilst encouraging the ACAD to complete their college education and continue progressing toward a reciprocal certification.

An Associate Counselor of Alcohol and Other Drugs is a person who, by virtue of special knowledge, training and experience, is uniquely able to inform, motivate, guide and assist persons affected by problems related to the use, abuse and/or addiction to alcohol and other drugs. For the purpose of certification, an ACAD is defined as follows:

A person who, under the supervision of an ICADC level counselor or higher, has primary responsibility for client care with clients having a primary diagnosis of alcohol and/or other drug abuse or dependence, prepares and reviews treatment plans, and documents client progress.

REQUIREMENTS FOR REGISTRATION AS AN ASSOCIATE COUNSELOR, ALCOHOL & OTHER DRUGS (ACAD)

PORTFOLIO REQUIREMENTS: ACAD

EXPERIENCE

Defined as supervised, paid or voluntary work experience in which the applicant has direct contact and responsibility for the AODA (alcohol and other drug abuse) client. A total of 2000 hours of direct service hours (chemical dependency/counseling) must be documented. This equals one year of full time work.

EDUCATION

Total of 150 hours of addiction-specific education must be documented by copies of transcripts, certificates of attendance, in-service reports, etc. Education is defined as formal classroom style education (workshops, seminars, institutes, in services and college/university works). One clock hour of education is equal to fifty (50) minutes of

continuous instruction. For the purpose of registration, clock hours of education must be related to the knowledge and skill base associated with the Counselor's Core Functions. A minimum of six (6) hours of professional ethics education must be documented as a part of the educational hours required. All candidates for registration must have a high school diploma or its equivalent.

SUPERVISED PRACTICAL TRAINING

Defined as a supervised Alcohol and Other Drug Addictions (AODA) training which teaches the knowledge and skills of professional counseling. This training may be part of the eligible work experiences or maybe completed under more than one supervisor or agency. Examples of such training are observation, co-leading a skill area, and supervision of process. A total of 100 supervised training hours must be documented, with a minimum of 10 hours in each of the Professional Practice Dimensions.

REFERENCES

The applicant must provide three professional references. One reference must be from the latest work experience supervision; the other two must be from professionals who have had the opportunity to observe the applicant's skills and competencies. References must be returned directly to the Board by the raters.

CODE OF ETHICS

The counselor must sign the code of ethics form provided in their application packet.

MAINTENANCE OF ACAD STATUS

Each year the ACAD must document completion of six (6) college credit hours, three (3) classroom hours of professional ethics and submit an annual supervision report by an ICADC level or higher.

WORK TOWARDS CERTIFICATION AS AN ICADC

Once the ACAD has completed 120 credit hours he/she is eligible to take the I.C. & R.C. written exam.

N.B. ***Successful completion of the written and oral ICADC exam earns the candidate 6 college credit hours from the American Council on Education.***

CERTIFIED CLINICAL SUPERVISOR

CCS

CLINICAL SUPERVISORS CODE OF ETHICS

This Code of Ethics applies to professionals who are seeking certification as Certified Clinical Supervisors and applies to their conduct during the performance of their clinical duties as supervisors.
Supervision is a disciplined and defined clinical activity. It has a parallel, but linked relationship to teaching, consulting, administering and researching. It is a necessary, significant and meaningful aspect of the delivery of competent, humane, ethical and appropriate services to clients/consumers.

I. **COMPETENCE**

A CCS shall limit practice to areas of competence in which proficiency has been gained through education or documentable experience or through the awarding of a reciprocal professional certification or license. A CCS shall accurately represent areas of competence, education, training, experience and professional affiliations, in response to responsible inquiries, including those from appropriate boards, the public, supervisees and colleagues. A CCS shall aggressively seek out consultation with other professionals when called upon to supervise counseling situations outside their realm of competence. A CCS will refer supervisees to other competent professionals when they are unable to provide adequate supervisory guidance to the supervisee.

II. **CLIENT WELFARE AND RIGHTS**

The primary obligation of a CCS is to train substance abuse counselors to respect the integrity and promote the welfare of their clients. A CCS should have supervisees inform clients that they are supervised and that details of their treatment can and will be discussed or reviewed with a supervisor. Any audio or video taping of a client/consumer’s treatment must be authorized in writing. A CCS should make supervisees aware of clients’ rights, including protecting clients’ rights to privacy and confidentiality in the counseling relationship and the information resulting from it. Clients should also be informed that their right to privacy and confidentiality will not be violated by the supervisory relationship. Records of the supervisory relationship, including interview notes, test data, correspondence, the electronic storage of these documents, and audio and video recordings are to be treated as confidential materials. Written permission for use of these materials outside of the supervisory session must be granted by the client. A CCS is responsible for monitoring the professional actions of their supervisees. A CCS is responsible for the presentation of adequate training for all supervisees in the area of transference, dual relationships, cultural sensitivity and professional deportment.

III. PROFESSIONAL BEHAVIOR

Due to the unique Scope of Practice alcohol and other drug counselors provide, the CCS must monitor the following behaviors of their staff and themselves.

A. Conviction for the possession or use of any illegal drug, narcotic or mood altering substance.

B. The use of intoxicants and/or non-physician prescribed and monitored mood-altering substance when engaged in professional pursuits.

C. The conducting of intimate, personal and/or business relationships of any kind with any patient or their families. This applies to all clients. A supervisee should have all relationships of this kind reviewed. A CCS should consult with an objective peer when this issue is raised.

D. Counselors who are members of any Twelve Step group shall not become a sponsor to any active or discharged patient or their family members.

E. A CCS respects the dignity and protects the welfare of participants in research and is aware of federal and state laws, regulations and professional standards governing the conduct of research, including informed consent.

F. A CCS makes financial arrangements with clients, third party payers and supervisees that are understandable and conform to accepted professional practices. Supervisors do not allow their supervisees to offer or accept payment for referrals. Clinical supervisors will disclose their fees to clients and supervisees at the beginning of services and represent facts truthfully to clients, third party payers and supervisees regarding services rendered.

G. A CCS accurately represents their competence, education, training and experience relevant to their practice as a CCS and clinical experience. A CCS assures that advertisements and publications in any media (such as directories, announcements, business cards, newspapers, radio, television and facsimiles) convey information that is necessary for the public to make an appropriate selection of professional services.

H. A CCS is in violation of this code if they:

    1. Are convicted of any felony;
    2. Engage in conduct which could lead to conviction of a felony or misdemeanor, or are convicted of a misdemeanor related to their qualifications or function;

3. Are expelled from or disciplined by other professional organizations;
4. Have their certification suspended, revoked, or otherwise disciplined by regulatory bodies;
5. Refuse to seek treatment for alcohol/drug abuse, mental/emotional problems, or physical health problems that interfere with professional functioning;
6. Fail to cooperate at any point of an ethical complaint investigation.

IV. SUPERVISORY ROLE

Inherent and integral to the role of supervisor are responsibilities for monitoring of client welfare, insuring compliance with relevant legal and professional standards of service delivery, monitoring clinical performance and professional development of supervisees and evaluating and certifying current performance and potential of supervisees for academic, screening, selection, placement, employment and credentialing purposes.

A. A CCS must maintain professional decorum and standards. Unprofessional behaviors as outlined in item III above will not be tolerated.

B. A CCS should obtain ongoing training in supervision.

C. A CCS should pursue professional and personal continuing education activities to maintain their CCS credential and improve their supervisory skills. Competency in the Performance Domains of Clinical Supervision must be maintained.

D. A CCS should make their supervisees aware of professional and ethical standards and legal responsibilities of the counseling profession. In the absence of agency or state policy, industry standards of ethical behavior should be explained to the supervisee.

E. A CCS should not exploit, but should strive to enable supervisees to be competent, autonomous, professional, judicious, aware of limitations, and to become future supervisors if that is an appropriate career goal.

F. Procedures for contacting the supervisor, or an alternative supervisor, to assist in handling crisis situations should be established and communicated to supervisees.

G. Supervision is maintained through regular face-to-face meetings with supervisee in group or individual sessions.

H. Actual work samples via audio, counselor report, video or observation should be part of the regularly scheduled supervision process.

I. A CCS should provide supervisees with ongoing feedback on their performance.

J. A CCS who has multiple roles (e.g. teacher, clinical supervisor, administrator, etc.) with supervisees should avoid any conflict of interest caused by these disparate roles. The supervisees should know the limitations placed on the CCS and the supervisor should share supervision when appropriate.

K. A CCS should not sexually harass, make sexual advances or participate in any form of sexual contact with supervisees. Supervisors should not engage in any form of social contact or interaction which would compromise the supervisor-supervisee relationship. Dual relationships (including outside consults, partnerships, nepotism, etc.) with supervisees that might impair the supervisor's objectivity and professional judgment should be avoided and/or the supervisory relationship terminated.

L. A CCS shall not use the supervision process to further personal, religious, political or business interests.

M. A CCS should not endorse any treatment that would harm a client either physically or psychologically, and will ensure the professional quality of the program in which the supervisee participates.

N. A CCS should not establish a psychotherapeutic relationship as a substitute for supervision. Personal issues should be addressed in supervision only in terms of the impact of these issues on clients and on professional functioning.

O. A CCS should never supervise past or current clients who are staff, or their family members.

P. A CCS should model appropriate use of supervision themselves for problem solving and practice reviewing.

Q. A CCS must be straightforward with supervisees about observed professional and clinical limitations of the supervisee. These concerns must be clearly documented and shared with the supervisee.

R. A CCS should not endorse a supervisee for certification or credentialing if the supervisor has documentable proof of impairment or professional limitations that would interfere with the performance of counseling duties in a

competent and ethical manner. The presence of any impairment should begin with a process of feedback and remediation so that the supervisee understands the nature of the impairment and has the opportunity to remedy the problem and continue with his/her professional development.

S. A CCS should incorporate the principles of informed consent and participation; clarity of requirements, expectations; roles and rules; and due process and appeal, into the establishment of policies related to progressive discipline.

T. A CCS must be able to integrate the Core Functions of Alcohol and Other Drug Abuse Clinical Competency into their theoretical and supervisory approach. A clear understanding of the Global Criteria is essential.

U. A CCS should be an active participant in quality assurance and peer review.

V. The supervision provided by a CCS must be provided in a professional and consistent manner to all supervisees regardless of age, race, national origin, religion, physical disability, sexual orientation, political affiliation, marital or social or economic status. When a supervisor is unable to provide non-judgmental supervision a referral to an appropriate supervisor with a complete explanation to the supervisee must be made.

CERTIFIED CLINICAL SUPERVISOR (CCS)

PERFORMANCE DOMAINS & JOB TASKS

DOMAIN 1: COUNSELOR DEVELOPMENT
(5 Education/Supervision Hours**)**

JOB TASKS

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

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

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

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

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

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

- Help supervisees recognize, understand, and cope with unique problems of transference and counter-transference when working with clients and substance use disorders;

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

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

DOMAIN 2: PROFESSIONAL AND ETHICAL STANDARDS
(5 Education/Supervision Hours)

JOB TASKS

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

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

- Follow due process guidelines when responding to grievances and ensure that supervisees know their rights as employees and understand the organization's employee grievance procedures;

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

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

- Ensure that supervisees inform clients about the limits of confidentiality;

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

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

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

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

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

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

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

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

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

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

DOMAIN 3: PROGRAM DEVELOPMENT AND QUALITY ASSURANCE
(5 Education/Supervision Hours)

<u>JOB TASKS</u>

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

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

- Advocate within the agency for ongoing quality improvement, including strategies for enhancing client access, engagement, and retention in treatment;
- Support the organization's quality assurance plan and comply with all monitoring, documenting, and reporting requirements;
- Develop program goals and objectives that are consistent with the organization's quality assurance plan;
- Program development methods;
- Facilitate development and implementation of professional quality improvement guidelines, forms, and instruments to monitor client outcomes and/or upgrade organizational performance;
- Advocate for the organization's target population throughout the entire continuum of care as an agent of organizational change;
- Build and maintain relationships with referral sources and other community programs to expand, enhance, and expedite service delivery;
- Identify and assess program needs and develop a plan to improve clinical services and program development.

DOMAIN 4: PERFORMANCE EVALUATION
(5 Education/Supervision Hours)

JOB TASKS

- Communicate agency expectations about the job duties and competencies, performance indicators, and criteria used to evaluate job performance;
- Understand the concept of supervision as a two-way evaluation process with each party providing feedback to the other, including constructive sharing and resolution of disagreements;
- Assess supervisees' professional development, cultural competence, and proficiency in the addiction counseling competencies;
- Assess supervisees' performance of tasks and/or clinical functioning by interviews, observations, review of case records, use of evaluation tools, and client/family feedback;

- Differentiate between counselor development issues and those requiring corrective action (e.g., ethical violations, incompetence);
- Assess supervisees' preferred learning style, motivation, and suitability for the work setting;
- Institute an ongoing formalized, proactive process that identifies supervisees' training needs, actively involves supervisees in co-jointly reviewing goals and objectives, and reinforces performance improvement with positive feedback;
- Communicate feedback clearly, including timely written feedback, regarding performance deficits, weak competencies, or harmful activities and ensure that supervisees understand the feedback;
- Address and manage relational issues common to evaluation, including anxiety, disagreements, and full discussion of performance problems;
- Self-assess for evaluator bias (e.g., leniency, overemphasis on one area of performance, favoritism, stereotyping) and conflict with other supervisory roles;
- Adhere to professional standards of ongoing supervisory documentation, including written individual development plans, supervision session notes, written documentation of corrective actions, and written recognition of good performance.

DOMAIN 5: ADMINISTRATION
(5 Education/Supervision Hours)

JOB TASKS

- Ensure that comprehensive orientation is provided to new employees, including areas such as the organization's client population, mission, vision, policies, and procedures;
- Develop, evaluate, and monitor clinical policies and procedures using regulatory standards to ensure compliance;
- Involve the supervisees in designing and scheduling their activities to maintain clinically effective service delivery;
- Participate in the hiring/termination, performance recognition, disciplinary action, and other personnel decisions to maintain high standards of clinical care;
- Ensure workforce is trained to meet service delivery needs.

DOMAIN 6: TREATMENT KNOWLEDGE
(5 Education/Supervision Hours)

JOB TASKS

- Have professional experience with and knowledge of the field of addictions, social and behavioral science, and self-help philosophy;
- Understand the limitation of addiction treatment in general; its relationship to sustained, long-term recovery; and the specific limitation of the models or design in use by supervisees;
- Understand the principles of addiction prevention and treatment;
- Understand the addiction process and recovery management;
- Understand the limitations of and appropriateness of assessment and evaluation tools utilized in the addiction field;
- Understand the use of pharmacological interventions and interaction

INTERNATIONAL STANDARDS FOR CLINICAL SUPERVISORS (CCS)

PREREQUISITE

The prerequisite for certification as a clinical supervisor is the applicant must hold a current and valid reciprocal level ICADC, ICCS, ICPS, ADC, AADC, CCJP, CCDP, CCDPD credential OR a specialty substance abuse credential in another professional discipline in human services at a Master's Degree level or higher.

EXPERIENCE

10,000 hours (5 years) of post-ICADC clinically supervised work experience ADC specific work experience. Degree substitutions as outlined in the ADC standards shall apply.

4,000 hours (2 years) of ICADC (ADC) clinical supervisory experience.

- The 4,000 hours (2 years) can be included in the 10,000 hours (5 years) of ADC experience.

- 200 hours of face-to-face clinical supervision is required of which up to 100 hours may be performed electronically in real time.

EDUCATION

30 hours specific from all clinical supervision domains with at least 5 hours must be allocated as specified, among each of the CCS Performance Domains.

EXAMINATION

Certification Boards must require all applicants to pass the ICCS Examination.

CODE OF ETHICS

The applicant must sign a clinical supervisor specific code of ethics statement of affirmation that the applicant has read and will abide by the code of ethics.

RE-CERTIFICATION

Six hours of ICCS specific continuing education earned every two (2) years. Certification Boards may renew at different intervals but must require at least three (3) hours for every year of certification.

The hours used toward recertification may be a part of the 40 hours used for the ADC or AADC recertification.

PORTFOLIO REQUIREMENTS LEADING TO CCS CERTIFICATION

EDUCATION

1. 30 documented, tested hours in clinical supervision with a minimum of five (5) hours in each domain:
    - Counselor Development
    - Professional and Ethical Standards
    - Program Development and Quality Assurance
    - Performance Evaluation
    - Administration
    - Treatment Knowledge

2. Format: formal classroom sponsored by a recognized college, university, institutions or foundations

3. One(1) college credit = 15 clock hours

4. Three (3) college credit = 45 clock hours

EXPERIENCE

- Applicant must have current International Counseling Credential;
- 5 years (10,000 hours) of alcohol and drug counseling experience;
- 2 years (4,000 hours) of clinical supervisory experience in the alcohol and drug field. These two years may be included in the five years of alcohol and drug counseling experience.

EMPLOYMENT

1. Applicant must hold a current and valid reciprocal credential of ICADC;

2. Applicant must be currently employed in a clinical supervisory position at the time of application to BACB;

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

Prevention Professionals CERTIFICATIONS

CODE OF ETHICS: PREVENTION

PREAMBLE

The principals of Ethics are a model of standards of exemplary professional conduct. These Principals of the Code of Ethical Conduct for Preventions Professionals express the professional's recognition of his responsibilities to the public, to service recipients, and to colleagues. They guide members in the performance of their professional responsibilities and express the basic tenets of ethical and professional conduct. The Principals call for commitment to honourable behaviour, even at the sacrifice of personal advantage. These principals should not be regarded as limitations or restrictions, but as goals toward which Prevention Professionals should constantly strive. They are guided by core values and competencies that have emerged with the development of the field.

THIS CODE IS GUIDED BY THE FOLOWING CORE VALUES:

- Competence
- Non-Discrimination
- Confidentiality
- Ethical Obligation to Community and Society/Public Awareness
- Integrity
- Nature of Services

COMPETENCE

The certified prevention professional/specialist/associate professional (CPP/CPS/APP) shall provide competent professional services in keeping with the IC &RC standards. Competent professional service requires a thorough knowledge of alcohol, tobacco and other drug prevention, skills in presentation and education techniques, a willingness to maintain current and relevant knowledge through ongoing professional education.

The certified prevention professional shall assess personal competence, recognize personal boundaries and limitations and not offer services beyond his/her skill or training level.

Shall not claim either directly or by implication professional knowledge, qualifications or affiliation that they do not possess.

Shall not lend his/her to or participate in any professional or business relationship, which may be knowingly misrepresented or mislead the public in anyway. Shall not misrepresent his/her certification to the public or make false statements regarding their qualifications. Must ensure that any materials or products, with which he/she is associated in developing or promoting, whether for commercial sale or other use, are presented in a professional and factual way. Must not misrepresent the work of others nor claim others work as their own.

NON-DISCRIMINATION

The certified prevention professional/specialist (CPP/CPS) shall not participate in discrimination on the basis of race, religion, age, gender, national ancestry, sexual identification or orientation, socio-economic status, marital status, political belief, HIV/AIDS status, or mental or physical ability. The CPP/CPS shall broaden his/her understanding and acceptance of cultural and individual differences, in order to render services and provide information sensitive to those differences.

CONFIDENTIALITY

The Certified Prevention Professionals/Specialists (CPP/CPS) shall be aware of and comply with all state, federal, and other jurisdictional guidelines, regulations, statutes and agency policies regarding confidentiality. It is imperative for CPP/CPS to know the regulations that apply with their respective jurisdictions.

ETHICAL OBLIGATION TO COMMUNITY AND SOCIETY/PUBLIC ADVOCACY

The Certified Prevention Professionals/Specialists (CPP/CPS) should advocate for consistent health promotion and awareness messages to the public. They should provide factual state of the art Alcohol, Tobacco and other Drug information to the consumers and prevention service programs, and advocate public policy that would help strengthen the overall health and well being of the community. According to their consciences, CPP/CPS should be proactive on public policy and legislative issues. The public welfare and the individual's right to services and personal wellness should guide the efforts of CPP/CPS to educate the public and policy makers. CPP/CPS should adopt a personal and professional stance, which promotes health.

INTEGRITY

Integrity can accommodate the inadvertent error and the honest difference of opinion; it cannot accommodate the deceit or subordination of the principal.

Personal gain and advantage should not subordinate service and the public's trust. The Certified Prevention Professional/Specialist (CPP/CPS) shall never knowingly make a false statement to the appropriate licensing/certifying disciplinary authority. They shall promptly alert a colleague to potential unethical behavior, report violations of professional conduct by others to the appropriate licensing/certifying disciplinary body when there is knowledge of the said professional being involved in violating professional standards. The CPP/CPS shall respect the integrity and protect the welfare of the consumer, and shall not engage in any action that violates the civil or legal right of the consumer. They shall not practice under a false name or under a name other than the name in which he/she is credentialed.

NATURE OF SERVICES

Above all, Certified Prevention Professional/Specialists (CPP/CPS) shall do no harm to service recipients. CPP/CPS shall practice respective and non-exploitive practices. They shall protect consumers from harm and the profession from censure. They shall not place any individual in any activity or setting where such participation could harm the individual. The CPP/CPS shall maintain an objective and non-possessive relationship with those he/she serves, and shall not exploit them sexually, emotionally or otherwise. The CPP/CPS shall comply with or follow all laws, codes, rules and regulations that apply to professional conduct. They shall report child/other vulnerable individual abuse to the appropriate authorities.

GUIDING PRINCIPLES OF PREVENTION

Risk Factors and Protective Factors

PRINCIPLE 1

Prevention programs should enhance protective factors and reverse or reduce risk factors.[14]

- The risk of becoming a drug abuser involves the relationship among the number and type of risk factors (e.g., deviant attitudes and behaviors) and protective factors (e.g., parental support).[32]
- The potential impact of specific risk and protective factors changes with age. For example, risk factors within the family have greater impact on a younger child, while association with drug-abusing peers may be a more significant risk factor for an adolescent.[11, 9]
- Early intervention with risk factors (e.g., aggressive behavior and poor self-control) often has a greater impact than later intervention by changing a child's life path (trajectory) away from problems and toward positive behaviors.[15]
- While risk and protective factors can affect people of all groups, these factors can have a different effect depending on a person's age, gender, ethnicity, culture, and environment.[5, 20]

PRINCIPLE 2

Prevention programs should address all forms of drug abuse, alone or in combination, including the underage use of legal drugs (e.g., tobacco or alcohol); the use of illegal

drugs (e.g., marijuana or heroin); and the inappropriate use of legally obtained substances (e.g., inhalants), prescription medications, or over-the-counter drugs.[16]

PRINCIPLE 3

Prevention programs should address the type of drug abuse problem in the local community, target modifiable risk factors, and strengthen identified protective factors.[14]

PRINCIPLE 4

Prevention programs should be tailored to address risks specific to population or audience characteristics, such as age, gender, and ethnicity, to improve program effectiveness.[21]

PREVENTION PLANNING

FAMILY PROGRAMS

PRINCIPLE 5

Family-based prevention programs should enhance family bonding and relationships and include parenting skills; practice in developing, discussing, and enforcing family policies on substance abuse; and training in drug education and information.[2]

Family bonding is the bedrock of the relationship between parents and children. Bonding can be strengthened through skills training on parent supportiveness of children, parent-child communication, and parental involvement.[17]

- Parental monitoring and supervision are critical for drug abuse prevention. These skills can be enhanced with training on rule-setting; techniques for monitoring activities; praise for appropriate behavior; and moderate, consistent discipline that enforces defined family rules.[18]
- Drug education and information for parents or caregivers reinforces what children are learning about the harmful effects of drugs and opens opportunities for family discussions about the abuse of legal and illegal substances.[4]
- Brief, family-focused interventions for the general population can positively change specific parenting behavior that can reduce later risks of drug abuse.[27]

SCHOOL PROGRAMS

PRINCIPLE 6

Prevention programs can be designed to intervene as early as preschool to address risk factors for drug abuse, such as aggressive behavior, poor social skills, and academic difficulties.

PRINCIPLE 7

Prevention programs for elementary school children should target improving academic and social-emotional learning to address risk factors for drug abuse, such as early aggression, academic failure, and school dropout. Education should focus on the following skills:[8, 15]

- self-control;
- emotional awareness;
- communication;
- social problem-solving; and
- academic support, especially in reading.

PRINCIPLE 8

Prevention programs for middle or junior high and high school students should increase academic and social competence with the following skills:[6, 25]

- study habits and academic support;
- communication;
- peer relationships;
- self-efficacy and assertiveness;
- drug resistance skills;
- reinforcement of anti-drug attitudes; and
- strengthening of personal commitments against drug abuse.

COMMUNITY PROGRAMS

PRINCIPLE 9

Prevention programs aimed at general populations at key transition points, such as the transition to middle school, can produce beneficial effects even among high-risk families and children. Such interventions do not single out risk populations and, therefore,

reduce labeling and promote bonding to school and community.[6, 10]

PRINCIPLE 10

Community prevention programs that combine two or more effective programs, such as family-based and school-based programs, can be more effective than a single program alone.[3]

PRINCIPLE 11

Community prevention programs reaching populations in multiple settings—for example, schools, clubs, faith-based organizations, and the media—are most effective when they present consistent, community-wide messages in each setting.[7]

PREVENTION PROGRAM DELIVERY

PRINCIPLE 12

When communities adapt programs to match their needs, community norms, or differing cultural requirements, they should retain core elements of the original research-based intervention[27] which include:

- Structure (how the program is organized and constructed);
- Content (the information, skills, and strategies of the program); and
- Delivery (how the program is adapted, implemented, and evaluated).

PRINCIPLE 13

Prevention programs should be long-term with repeated interventions (i.e., booster programs) to reinforce the original prevention goals. Research shows that the benefits from middle school prevention programs diminish without follow-up programs in high school.[25]

PRINCIPLE 14

Prevention programs should include teacher training on good classroom management practices, such as rewarding appropriate student behavior. Such techniques help to foster students' positive behavior, achievement, academic motivation, and school bonding. [15]

PRINCIPLE 15

Prevention programs are most effective when they employ interactive techniques, such as peer discussion groups and parent role-playing, that allow for active involvement in learning about drug abuse and reinforcing skills.[6]

PRINCIPLE 16

Research-based prevention programs can be cost-effective. Similar to earlier research, recent research shows that for each dollar invested in prevention, a savings of up to Ten ($10) in treatment for alcohol or other substance abuse can be seen.[1, 13, 23,26]

Certified Prevention Specialist (CPS)

PREVENTION DOMAINS:

PLANNING & EVALUATION

- Monitor activities through periodic built-in evaluations in order to determine if the project is progressing toward desired outcomes.
- Identify financial sources and strategies through networking, workshops and research in order to increase funding for local prevention projects.
- Identify existing and appropriate resource through National and overseas clearinghouses in order to respond to community request for BACB information.
- Create needed materials through available technology and talent in order to respond to identified resources.
- Facilitate an increase in community awareness and knowledge through electronic and print media in order to create advocacy for BACB prevention efforts.
- Facilitate capacity building with the target population by transferring knowledge and skills in order to foster ongoing ownership of BACB prevention efforts.
- Document project activities and outcomes by maintaining an accurate, clear reporting system in order to demonstrate program accountability.

EDUCATION & SKILLS DEVELOPMENT

- Conduct training needs assessment by following accepted methodologies in order to ensure the most appropriate training for specific groups.
- Address the education needs of the audience by using appropriate training techniques and methods in order to maximize learning.

- Provide relevant information and/or learning responsibilities through formal and informal approaches to promote healthy lifestyles.
- Select Alcohol Tobacco and Other Drug (AOTD) prevention materials and resources and modify them as needed by evaluating their appropriateness for the target population in order to present an effective training program.
- Conduct training evaluations by following accepted methodology in order to determine to what extent training objectives are being met.
- Provide prevention information to professionals in related fields through training, lectures, discussions, online, local media and other means to improve the delivery of services.
- Design and deliver culturally appropriate training by working with representatives from the target community throughout the process in order to maximize program effectiveness for the intended audiences.

COMMUNITY ORGANIZATION

- Identify community stakeholders through various means for the purpose of involving stakeholders in the development of community task forces or coalitions.
- Assist consumers and local government agencies in identifying specific issues through surveys, focus groups, and key informant interviews for the purpose of clarifying the community vision.
- Consult with members of the community and local government agencies in conducting a self assessment of its resources and capacities by using current methodology in order to identify strengths and resources.
- Establish a community network by facilitating regular communication, sharing resources, and linking key leaders for the purpose of initiating and sustaining collaborative efforts.
- Construct and implement a comprehensive prevention plan with community members by mobilizing the community using group processes for the purpose of attaining their identified mission and vision.
- Increase community involvement and ownership by conducting outreach efforts in order to recruit community residents who have not previously been involved in planning prevention efforts.
- Facilitate the development of local leadership by identifying potential emerging leaders through observation, and local referral, and by providing training and mentorship in order to strengthen commitment and capacities of indigenous leaders.

PUBLIC POLICY & ENVIRONMENTAL CHANGE

- Influence formal and informal policy by identifying and informing policy makers in order to infuse prevention strategies into institutional and community norms and encourage congruence between those policies and practices.
- Establish an effective working relationship with the local media by acting as a credible resource in order to advocate for prevention initiatives.
- Plan a public policy initiative collaboratively with appropriate groups by translating the results of a community needs assessment in order to implement the initiatives.
- Influence how funds are allocated by locating and informing public and private sources for prevention.
- Inform policy and other decision makers of prevention program effectiveness by providing them with factual evaluation results in order to enable policy and other decision makers to make informed decisions about prevention.

PROFESSIONAL GROWTH AND RESPONSIBILITY

- Attain knowledge of current research based prevention trends, models, strategies and ethical, legal and professional standards by taking advantage of appropriate educational opportunities and reviewing current literature in order to provide state-of-the-art prevention services.
- Model collaborative behavior with colleagues and other professionals, individuals, and communities by networking in order to establish mutual empowerment.
- Practice ethical behavior by understanding and adhering to legal and professional standards in order to promote the integrity of the profession and to protect the consumer.
- Recognize existing community norms by gaining awareness of culture, lifestyle and other factors in order to be sensitive to the unique needs of the community.
- Practice personal wellness by continually assessing life choices and circumstances with the willingness to change behaviour and seek assistance, if applicable, in order to model a healthy lifestyle.

PLANNING AND EVALUATION

- Review professional literature, curricula, and models by identifying content areas, target audiences, and methods and synthesizing the information in order to assure that relevant data and conclusions are incorporated into program design.

- Assess community needs through various systematic data collection methods in order to develop and incorporate its health-related behaviours, attitudes, needs and priorities into the development of effective services.
- Plan an evaluation of the prevention project or activity by selecting assessment methods in order to measure the intended outcome(s).
- Conduct and evaluation of the prevention program by employing assessment methods in order to measure process, impact and outcome.
- Coordinate the development of an appropriate prevention plan with consumer participation by incorporating needs assessment information, research information, and knowledge of current prevention program models in order to assist consumers and local government agencies in attaining desired outcome.

PORTFOLIO REQUIREMENTS LEADING TO CPS CERTIFICATION

Eligibility: Bermuda residents who meet the relevant criteria for Prevention Education, Training and experience and who are employed at least 57% of their time in Bermuda.

Pre-requisite: College Diploma in related field or BA in Human Services or equivalent.

EMPLOYMENT

The candidate will have completed three (3) years of 6000 hours of providing alcohol and other drug abuse prevention services at least 51% of the time. Volunteer work experience is not applicable. This paid, supervised work experience must have been gained within the past five (5) years.

You must be currently employed in a drug and alcohol prevention position at the time application is submitted to BACB.

SUPERVISION

The applicant must submit documentation of at least 300 clock hours of on-the-job supervision specific to the Prevention Performance Domains. No single domain is to be performed for fewer than ten (10) hours.

EDUCATION

A minimum of a High School diploma or General Certificate of Secondary Education and the following are required for certification:

- 150 clock hours of education of which 100 hours must be prevention specific, 6 hours of ethics education and 6 hours of HIV/AIDS education.

- Once the 100 hours of prevention specific education is gained, the remaining hours need only be relevant to the field of substance abuse prevention. However, all 150 hours of education may be prevention specific.

- Sources of education are college courses, seminars, conferences, in-services, institutes, lectures, workshops etc. *(Online or in person)*

- One college credit is equivalent to 15 clock hours. Three college credits are equivalent to 45 clock hours.

CPS PORTFOLIO CHECKLIST

- ______ 1. Application information
- ______ 2. Education forms including all documents, copies of transcripts, diplomas, certificates other documents, Request for Transcript forms.
- ______ 3. Employment and supervised training forms, including signed job description from current employer/supervisor. All former employment must include letters from employers verifying employment specifics.
- ______ 4. Signed Code of Ethics for Prevention Specialists
- ______ 5. Signed and witnessed Release of Information Form
- ______ 6. Supervision Form
- ______ 7. Completed, typed, original written prevention program presentation as outlined in BACB Manual
- ______ 8. Fee of $300. No refund if applicant is denied after written exam. Half will be refunded if applicant is denied after review of application portfolio.
- ______9. To be sent directly by referees to the BACB Office: three (3) professional letters of reference to BACB, P.O. Box HM 3022, Hamilton. HM NX
- ______ 10. Keep a photocopy of entire application package

PREVENTION PROGRAM PRESENTATION: CPS

Applicant must prepare a Program presentation using the following guidelines:

1. All materials must be typewritten

2. Use an actual prevention Program from your files or experience

3. Complete the Program Presentation page

4. The Program Presentation must include the following:

4.1 Needs Assessment (needs assessment can take the form of a questionnaire, pre-planned conference survey, in-person interview)

- Assessment methodologies used:

  a. Assessment tools

  b. Assessment methods

- Rational for selection of assessment methods or tool used

- Assessment results or findings

- Explanation of how assessment results or findings were used in the development of the Written Program Presentation

4.2 Provide a narrative Description of Program Presentation

- Summary overview of the Program

  a. Identify population served

  b. Reasons for selecting population

- Identify the program's goals and objectives

- Provide an outline of program or lesson plan

- Explain your process of Program planning, at a minimum you should address the following:

  a. Materials used
  b. Program format
  c. Presentation style utilized
  d. Relate these program planning decisions to your needs assessment and your goals and objectives

- Provide a narrative of how the Program was executed

    a. Steps taken to make the program implementation appropriate for the intended audience

5. Collaborative or cooperative efforts in the Programs planning or implementation

6. Provide the evaluation data for your Program:

    a. What evaluation methods were selected for this Program?
    b. What evaluation tool was selected (include samples)?
    c. Application of evaluation results
    d. What changes would you make based on the evaluations?

7. Were program goals and objectives met? If not, why.

ASSOCIATE PREVENTION PROFESSIONAL (APP)

INTRODUCTION

This section describes and outlines the requirements for registration for status as an Associate Prevention Professional (APP) from the Bermuda Addiction Certification Board (BACB). This credential is offered at the local level only and is non- reciprocal. The APP was designed as an entry level certification for applicants who had not yet completed the academic requirements necessary to earn their reciprocal certifications (CPS). The APP status acknowledges the competency of work experience, education and supervised training, while encouraging the APP to complete their education and continue progressing toward a reciprocal certification.

An Associate Prevention Professional is a person who, by virtue of special knowledge, training and experience, is uniquely able to inform, motivate, guide and assist the community on issues surrounding public policy in preventing substance misuse and abuse. For the purpose of registration, an APP is defined as follows:

A person who, under the supervision of a CPS level professional or higher, has responsibility for the development, review and implementation of public prevention programming.

REQUIREMENTS FOR REGISTRATION AS AN ASSOCIATE PREVENTION PROFESSIONAL

PORTFOLIO REQUIREMENTS: APP

EXPERIENCE:

300 documented hours of direct or indirect supervised services within an ATOD (ALCOHOL TOBACCO & OTHER DRUGS) (Alcohol, Tobacco and other Drug) prevention service.

1000 hours within a Human services agency or coalition involved with ATOD prevention.

EDUCATION AND TRAINING:

Associate degree in Human services / 30 documented and tested hours of prevention specific education in a formal classroom setting.

SUPERVISION

10 hours of Face-to- Face supervision with a CPS or CCS or designated mentor.

REFERENCES

The applicant must provide three (3) professional references. One (1) reference must be from the latest work experience supervision; the other two (2) must be from professionals who have had the opportunity to observe the applicant's skills and competencies. References must be returned directly to the board by the raters.

CODE OF ETHICS

The Prevention professional must sign the code of ethics form provided in their application packet.

MAINTENANCE OF APP STATUS

Each year the APP must earn twenty (20) hours of ATOD (Alcohol Tobacco & Other Drugs) prevention specific training from recognized providers and submit documentation evidencing this for re-certification.

WORK TOWARDS CERTIFICATION AS A CPS:

The APP designation is designed to lead professionals to become fully Certified Prevention Specialists. It is anticipated that the process from training to full certification can take 2-3 years depending on individual credentials.

ASSURANCE AND RELEASE STATEMENT

I hereby attest that all the information given herein is true and complete to the best of my knowledge and belief. I understand that falsification of any portion of this application will result in my being denied certification, or revocation of same, upon discovery.

I have read, understand, and agree to act in accordance with the code of ethics recognized by my profession and in compliance with any and all codes of professional conduct in effect in Bermuda.

I acknowledge the right of BACB to verify the information in this application or to seek further information from employers, schools or persons mentioned herein.

I will hold BACB, its Board members, officers, agents and staff free from any civil liability for damages or complaints by reason of any action that is within the scope and arising out of the performance of their duties which they, or any of them, may take in connection with this application, the attendant examination, the grades with respect to any examination, and/or failure of the Board to bestow upon me certification as an Alcohol and Drug Counselor; Certified Clinical Supervisor; Certified Prevention Specialist or designations of an Associate Counselor or Associate Prevention Professional.

*(Please circle the applicable title being sought with this application)

(ACAD/ICADC/CCS/CPS/APP)

____

Printed Name

____

Date

____

Signature

____

Witness (Print Name)

____

Date

____

Signature

PROFESSIONAL CONDUCT REVIEW PROCESS

This process does not apply to the ICADC Professionals (see The Board of Addiction Counselors' Manual (BAC) from the Ministry of Health).

DEFINITIONS

Client - a client is any person who seeks or is assigned the services of a Counselor / Associate Counselor regardless of the setting in which the addiction professional works.

Respondent (Addiction/ Prevention Professionals)

All persons who provide addiction and prevention services against whom a complaint has been filed pursuant to this Code.

Complainant

- A person who is receiving or who has received alcohol and other drug abuse services within the last five years (5) from Addictions / Preventions Professionals and has filed a complaint
- A professional who is aware of a potential ethical violation by another and has filed a formal written and signed complaint.
- Any person (s) of interest, associated with one who has received services within the last five (5) years or is receiving services from an Addictions / Preventions professional and has filed a formal written and signed complaint against the professional.

Exoneration - the claims against the Addictions / Preventions professional are not sustained and no action is necessary.

Conditional - Prescribed time bound conditions including probation, suspension and the need to fulfil certain requirements within a set time frame

Reprimand - the claims against the Addictions / Preventions professional are substantiated and of such a nature that the professional loses his/her designation for a time period of two (2) years.

Revocation - the claims against the Addictions / Preventions professional is substantiated and of such a magnitude that the designation / certification is terminated.

THE COMPLAINT

Any issues of ethical infractions need to be submitted in writing to The Council for Allied Health Professionals Administrative Officer for processing.

1. All complaints must be submitted in writing in a sealed envelope marked "Confidential" and directed to the Chair of the Allied Health Professional Council at the following address:

   The Council for Allied Health Professions
   Continental Building,
   25 Church Street,
   HAMILTON. HM 12

2. All complaints must include the following information:

   a) Complainant's name, address and phone number.
   b) The name of the Addictions/Preventions professional or against whom the complaint is made.
   c) The name, address and phone number of any witnesses to the alleged offence.
   d) The time, place, date and nature of the alleged offence.
   e) Indication as to whether or not the witness will appear to testify at the hearing.
   f) Indication of the ethical code provision breached.
   g) A statement outlining the substance of the allegations signed by the complainant stating that all the information in the complaint is true and correct.
   h) Should further violations be uncovered in the course of an investigation, this would be presented as an additional complaint

REVIEW OF THE COMPLAINT BY BACB

1. The Chair of BACB shall convene the Ethics Committee (EC)
2. The Committee will conduct a preliminary investigation to determine the sufficiency of the alleged charges within the complaint.
3. Within ten (10) days from receipt of the complaint, the Chair shall forward an acknowledgement of the receipt of the complaint to the Respondent via certified mail.

INVESTIGATION

INVESTIGATION OF ALLEGATIONS: The Ethics Committee shall, upon receipt of an official complaint, or may upon its own motion pursuant to other evidence received by

the Board or the committee, review and investigate alleged acts or omissions which the committee believes constitutes cause for discipline.

1) The voluntary surrendering of certification will not excuse a Certified Professional from being investigated or disciplined for an ethics violation.

2) The chairperson of the Ethics Committee, or a committee or staff member designated by the chairperson, shall investigate the allegations of the complaint by contacting the party or parties involved and obtaining information in any other manner which will provide documentation upon which a decision for order of hearing may be based.

3) Both the respondent and the complainant shall be furnished with information concerning the investigation of the complainant and shall be given the opportunity to informally present a position concerning the allegations of the complaint. This position may be submitted either in writing or through personal conference with the committee investigator.

4) Respondent shall have thirty (30) days from the date of receipt of the acknowledgement of the complaint to answer the allegations in the complaint. The answer shall be in writing, and must specifically address each allegation contained in the acknowledgement of the complaint.
5) The response shall be signed and dated by the Respondent prior to sending to the BACB Office via registered mail no more than (30) days from Respondent's receipt of the Acknowledgement of the complaint.
6) In a written statement, the respondent may choose not to contest the complaint and may waive the right to a hearing. In such instance, the Ethics Committee will recommend a course of action and forward the case to the Board for action within thirty (30) days of receipt of this statement.

7) The identity of the complainant shall be revealed to the respondent unless circumstances govern that the identity remain undisclosed. The Ethics Committee will determine the special circumstances.

8) The Ethics Committee shall make a written report as to whether there is probable cause for a disciplinary hearing.

   a) Recommend to the Chairman of the Board that a disciplinary hearing be held.

   b) Provide a written response to the respondent and complainant explaining that no probable cause was found to recommend a disciplinary hearing.

   c) Remand the matter to obtain additional evidence sufficient upon which to base a decision.

9) Any Board or Committee Member may make a recommendation for an internal investigation, upon receipt of a complaint, of a Board member. The investigation

shall follow the procedures (1-6) listed above. The Ethics Committee shall submit a written report to the Board. The Board will then determine dismissal of the internal complaint or any disciplinary sanctions.

DISCIPLINARY HEARING

ORDER FOR HEARING: Upon recommendation of the Ethics Committee, the President shall issue an order fixing a time and a place for a disciplinary hearing and shall appoint a hearing panel for the proceeding

1) The hearing panel shall be comprised of five directors of the Board, excluding the Chairman and any other members having a conflict of interest in the matter. At least three of the five members will be certified with a BACB credential. In addition, the Administrator or a staff member shall be present in his/her official capacity

2) A written notice shall be sent by registered mail to both the respondent and the complainant at least ten days prior to the hearing.

3) The notice of the hearing shall state:

   a) The date, time, and location of the hearing
   b) The respondent may, at his/her expense, be represented by legal counsel at the hearing.
   c) The rules by which the hearing shall be governed.

CONDUCT OF HEARING: The hearing shall be conducted in compliance with the following rules:

1) The hearing shall be conducted by the Chairman, or by an impartial person designated by the Chairman.

2) The Chairperson of the Ethics Committee, or a representative designated by the Ethics Committee, shall present evidence regarding the complaint before the hearing panel. The complainant and the respondent shall be allowed the opportunity to participate in the hearing. Witnesses will be called when appropriate. However, witnesses shall only be present in the hearing during their testimony.

3) The hearing panel shall not be bound by common law or statutory rules of evidence, and may consider all evidence having probative value.

4) No discovery shall be permitted and no access to Board files shall be allowed by either the respondent or the complainant.

5) There shall be no contact prior to the hearing between either the complainant or the respondent and any member of the hearing panel or Chairman of the Board for the purpose of discussing the complaint.

6) The members of the hearing panel shall have the right to ask questions to obtain the information necessary to make an accurate determination of the facts of the case.

7) The decision of the hearing panel shall be based solely upon the testimony and evidence presented at the hearing.

8) The hearing shall be closed to the public, unless otherwise specified in the original notice. Board members and Committee members who are not serving in an official capacity during the hearing shall not be present unless both the complainant and the respondent agree.

FAILURE BY RESPONDENT TO APPEAR: If a respondent, upon whom proper notice of hearing has been served, fails to appear either in person or represented by counsel at the hearing, the respondent shall be bound by the results of the hearing to the same extent as if the respondent had been present.

RIGHT TO WAIVE HEARING: At any time during the disciplinary process, a respondent has the right to waive a disciplinary hearing. In so doing, the respondent accepts the allegations of an ethics violation(s) as correct. At its next scheduled regular meeting, the Board shall determine any disciplinary sanctions.

DELIBERATION OF THE HEARING PANEL: Once the Chairperson of the Ethics Committee has presented the case information, the Complainant and the Respondent have had an opportunity to speak, and the hearing panel has asked any questions, the hearing panel will meet alone to discuss the facts. The absent parties will remain in the area in the event the hearing panel needs additional clarification. The Administrator or staff is permitted to be present during the deliberation, although he/she cannot participate in the discussion.

RECOMMENDATION OF THE HEARING PANEL: The hearing panel shall make a recommendation in writing to the Board, which shall include:

1) A concise statement of the findings of fact;

2) A conclusion as to whether the specific Principles have been violated, and if so, which Principles; and

3) If the hearing panel concludes that a violation has occurred, a recommendation for disciplinary sanction to be imposed.

FINAL DECISION: At its next scheduled regular meeting, the Board shall consider the recommendation of the hearing panel and shall issue a final decision in the matter. The decision shall be sent by registered mail to both the respondent and the complainant. The Chairman of the Board shall also receive a copy of the decision. The decision of the Board shall be final.

CONFIDENTIALITY: At no time prior to the release of the final decision by the Board shall any portion or the whole thereof be made public or be distributed to any persons other than the Chairman of the Board, its Ethics Committee, and its staff.

PUBLICATION OF DECISIONS: The final decision of the Board in any disciplinary proceeding shall be published in whatever manner deemed appropriate by the Board. The employer, if any, shall be notified by registered mail of the final decision of the Board if a violation was found. Will report a disciplinary action against certified professionals to the appropriate licensing board. The Board will also report disciplinary actions to the International Certification and Reciprocity Consortium.

REPORT TO AUTHORITIES

If there is a violation of the law this will also be reported to the local authorities.

DISCIPLINARY SANCTIONS

The Board may impose the following disciplinary sanctions:

Exoneration, **Conditional, Reprimand**, **Revocation**

DISCRETION OF THE BOARD: The following factors may be considered by the Board in determining the nature and severity of the disciplinary sanction to be imposed:

1) The relative seriousness of the violation as it relates to assuring the citizens of this country receive a high standard of professional service and care.
2) The facts of a particular violation.
3) Any extenuating circumstances or other considerations.
4) The number of complaints.
5) The seriousness of prior violations or complaints.
6) Whether remedial action has previously been taken.
7) Other factors which may reflect upon the competency, ethical standards, and professional conduct of the individual.

REINSTATEMENT

An individual who has received either a Conditional, Reprimand, or Revocation of sanction of certification, may apply to the Board for reinstatement in accordance with the terms and conditions of the order of sanction.

1) If the order of sanction did not establish terms and conditions for reinstatement, an initial application for reinstatement may not be made until one year has lapsed from the date of the Board’s final decision.

2) A request for reinstatement shall be initiated by the respondent. A letter of application for reinstatement shall present facts which, if established, will be sufficient to enable the Board to determine that the basis for sanction no longer exists.

REFUSAL OR REVOCATION OF CERTIFICATION

BACB may refuse to certify on the following grounds:

1. Employment fraud or deception in applying for a certificate or in taking the examination provided in this procedure.
2. Practice of substance abuse counseling under a false or assumed name, or the impersonation of another Counselor of a like or different name.
3. Gross, flagrant, repetitive negligence or wrongful actions in the performance of his/her duties.
4. Violation of the Code of Ethics of BACB.

   If the application and/or evaluation forms reveal possible grounds for refusal of certification, BACB will consider whether there are grounds for refusal or revocation on the basis of information submitted.

POSSIBLE CONSIDERATIONS FOLLOWING REVOCATION:

It is recognized that there may be mitigating circumstances which could warrant granting permission to apply for certification following revocation:

- Up to 5 years has passed from the date of revocation
- The professional must apply to The Council for Allied Health Professions (CAHP) for reinstatement ;
- Upon approval from CAHP, the candidate must apply for certification starting the process as a new applicant;
- Candidates must meet all current standards.

APPEAL PROCESS

Appeal requests should be addressed to:

Bermuda Addiction Certification Board
2 Elliott Street
Hamilton. HM 09