



Idaho Board of Alcohol/Drug Counselor Certification, INC.

SUDA MANUAL & APPLICATION FORMS

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

Thank you for your interest in applying for certification in the State of Idaho. This manual is a guide for the process of gaining the designation of Substance Use Disorders Associate (SUDA) under the auspices of the Idaho Board of Alcohol/Drug Counselor Certification, Inc. (IBADCC).

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

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

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

IBADCC
P.O. Box 1548
Meridian, ID 83680
208.468.8802
email: ibadcc@ibadcc.org

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

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Section I:

General information and requirements for SUDA Certification

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

1) Information on Application Process

Thank you for your interest in applying for certification in the State of Idaho. This is your **Application/Manual for Substance Use Disorders Associate (SUDA)**. Below is important information regarding the application process:

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

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

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

APPROVAL OF APPLICATION:

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

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

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

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

IBADCC
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Any updates and/or changes to the manual will be posted on our website at www.IBADCC.org.

SUBSTANCE USE DISORDERS ASSOCIATE (SUDA)

2) Experience/Educational Requirements:

A. The Substance Use Disorders Associate certificate holder is considered a “trainee” in the State of Idaho. The SUDA certification was developed through a collaborative effort between IBADCC, the Department of Health and Welfare, and the IDEAS! Consortiums, as a way of ensuring that those individuals considered “trainees” enter into the addictions treatment field with specific knowledge and skills to work with clients who have substance use disorders.

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

College Coursework can be on-line or face to face, but must be from a College or University that has been accredited by a national or regional accreditation body and listed with the U.S. Department of Education.

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

▪ Introduction to Drug & Society	3 credits	45 hours
▪ Family & Chemical Dependency	3 credits	45 hours
▪ Counseling Techniques 1	3 credits	45 hours
▪ Pharmacology	3 credits	45 hours
▪ Screening & Assessment	3 credits	45 hours
▪ Case Management	3 credits	45 hours
▪ Ethics for Addiction Counselors	2 credits	30 hours
▪ Blood Borne Pathogens	1 credit	15 hours
Total for SUDA	21 credits	315 clock hours

IC&RC has initiated new domains for the CADC and ACADC. The following is a cross-walk that includes these domains and correlates with the required SUDA classes which were determined by a review of the TASKS in these domains. Tasks are listed under Section II- 3.

College Class	Domain	Hours
Introduction to Drugs and Society	Screening, Assessment and Engagement-Tasks 3 Counseling- Tasks 3,5,8	3 credits, 45 hours
The Family and Chemical Dependency	Counseling- Tasks 3,5,8	3 credits, 45 hours
Pharmacology	Screening, Assessment and Engagement- Task 3 Counseling – Task 3,5,8	3 credits, 45 hours
Screening and Assessment	Screening and Assessment- All tasks	3 credits, 45 hours
Case Management	Treatment Planning, Collaboration and Referral- All Tasks	3 credits, 45 hours
Ethics for Addiction Counselors	Professional and Ethical Responsibilities- All Tasks	2 credits, 30 hours
Blood Borne Pathogens	Professional and Ethical Responsibilities- Task 3	1 credit, 15 hours
Recommended: Group Skills	Counseling Tasks 3,5,8	3 credits, 45 hours

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

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

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

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

4) Certification Procedures

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

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

STEP II. Examination

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

Please Note:

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

A candidate guide for the examination manual is available for purchase at: www.readytotest.com

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

The benefits of computer based test are:

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

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

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

Reschedule/Cancellation Policy:

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

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

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

Test Day:

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

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

www.isoqualitytesting.com/locations.aspx

STEP III. Certification

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

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

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

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

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

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

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

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

OR 2. an **ACADC**

OR 3. a **CCS**

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

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

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

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

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

As of January 1st, 2017 ethics must be face to face.

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

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

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

6) Requesting a Change of Name

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

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

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

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

AND

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

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

7) Lapsed Certificate Policy

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

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

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

8) Inactive Status

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

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

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

Section II:

Definitions and descriptions of specific skill sets needed for certification

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

1) Instructions for Documentation of Supervision

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

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

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

- D. The supervisor must be willing to accept the responsibility of monitoring and evaluating the performance of the addictions counselor “trainee” and hold one of the following requirements and **MUST provide documentation of qualifications:**
1. a **CADC** who has been certified for 3 years and has completed **15 hours of training** in supervision
 - OR** 2. an **ACADC**
 - OR** 3. a **CCS**
 - OR** 4. a person with a **Master’s degree and license** in addictions counseling or **Master’s degree and certification** in addictions counseling
 - OR** 5. an approved Health & Welfare **Clinical Supervisor** (QP) under IDAPA 16.07.20.02

Supervision forms are provided in Section IV of this manual.

Modes of Supervision:

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

INDIVIDUAL SUPERVISION

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

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

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

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

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

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

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

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

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

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

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

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

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

Sanctions: The imposition of constructive discipline.

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

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

GROUP SUPERVISION

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

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

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

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

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

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

What is Considered Adequate Supervision?

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

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

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

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

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

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

Client _____ Date _____

Counselor _____ Date _____

.....

2) Twelve Core Functions

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

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

Global Criteria

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

EXPLANATION

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

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

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

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

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

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

Global Criteria

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

EXPLANATION

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

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

Global Criteria

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

EXPLANATION

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

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

Global Criteria

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

EXPLANATION

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

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

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

Global Criteria

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

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

EXPLANATION

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

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

Global Criteria

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

EXPLANATION

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

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

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

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

Global Criteria

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

EXPLANATION

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

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

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

Global Criteria

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

EXPLANATION

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

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

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

Global Criteria

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

EXPLANATION

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

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

Global Criteria

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

EXPLANATION

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

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

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

Global Criteria

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

EXPLANATION

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

XII. Consultation with Other Professionals in Regard to Client

Treatment/Services: Relating with in-house staff or outside professionals to assure comprehensive, quality care for the client.

Global Criteria

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

EXPLANATION

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

3) Performance Domains and Tasks

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

I. Screening, Assessment, and Engagement

Task 1:

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

Task 2:

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

Task 3:

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

Task 4:

Administer appropriate evidenced-based screening and assessment instruments specific to the client to determine their strengths and needs.

Task 5:

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

Task 6:

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

Task 7:

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

Task 8:

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

II. Treatment Planning, Collaboration, and Referral

Task 1:

Formulate and discuss diagnostic assessment and recommendations with the client and concerned others to initiate an individualized treatment plan that incorporates client's strengths, needs, abilities, and preferences.

Task 2:

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

Task 3:

Match client needs with community resources to facilitate positive client outcomes.

Task 4:

Discuss rationale for a referral with the client.

Task 5:

Communicate with community resources regarding needs of the client.

Task 6:

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

Task 7:

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

Task 8:

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

Task 9:

Document treatment progress, outcomes, and continuing care plans.

Task 10:

Utilize multiple pathways of recovery in treatment planning and referral.

III. Counseling

Task 1:

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

Task 2:

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

Task 3:

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

Task 4:

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

Task 5:

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

Task 6:

Document counseling activity and progress towards treatment goals and objectives.

Task 7:

Provide information on issues of identity, ethnic background, age, sexual orientation, gender and other factors that influence behavior as they relate to substance use, prevention and recovery.

Task 8:

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

IV. Professional and Ethical Responsibilities

Task 1:

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

Task 2:

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

Task 3:

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

Task 4:

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

Task 5:

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

Task 6:

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

Task 7:

Prepare concise clinically accurate and objective reports and records.

Section III:

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

- 1) Ethics Preamble
- 2) Code of Conduct Agreement (See page 53). Agreement must be signed as part of your application.

Code of Ethics

Ethics Preamble

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

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

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

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

The Official Code of Ethics is listed on the IBADCC Home Page Website. *Please review carefully. Not knowing your code of ethics is not a defense for violating them.*

The IBADCC Ethics Complaint form is available under the Ethics Section on the IBADCC web page.

IBADCC

Scope of Practice for Substance Use Disorder Counseling

Taken from: SAMSHA Publication, "Scopes and Career Ladder for Substance Use Disorder Counseling, September 2011"

Substance Use Disorders Associate (SUDA)

The scope of practice for a Substance Use Disorders Associate (SUDA) includes the following activities **with** clinical supervision from an IBADCC approved Clinical Supervisor:

1. Diagnostic Impression and Screening, Brief Intervention, Referral to Treatment (SBRIT).
2. Monitor treatment plan/compliance
3. Referral
4. Service Coordination and case management for SUD
5. SUD education with individuals and groups
6. Client, Family and Community Education
7. Documentation
8. Professional and Ethical Responsibilities

The SUDA can only practice under the supervision of an IBADCC approved Clinical Supervisor.

Section IV:

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

Application for Certification Forms

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



Idaho Board of Alcohol/Drug Counselor Certification, INC.

Application Checklist

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

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

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

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



Idaho Board of Alcohol/Drug Counselor Certification, INC.

Application for Substance Use Disorders Associate (SUDA)

APPLICANT: _____
Please print your legal name.

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Social Security Number: _____ - _____ - _____ Birth date: ____/____/____

Telephone No. Home: _____ Work: _____

Email Address: _____

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

List other Certifications or Licenses _____

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

1. Employer Name: _____

How long employed? _____ Type of work: _____

2. Employer Name: _____

How long employed? _____ Type of work: _____

3. Employer Name: _____

How long employed? _____ Type of work: _____

Total Hours of Employment: _____

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

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



Idaho Board of Alcohol/Drug Counselor Certification, INC.

Employment Verification Forms

Employer: _____

Mailing Address: _____

City _____ State _____ Zip _____

Telephone: _____

Applicant _____

Position Held _____

Responsibilities _____

Dates of Employment _____ To _____

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

Name of Immediate Supervisor _____

Signature of Employer _____
(must be original)

Title _____

Date _____

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



Idaho Board of Alcohol/Drug Counselor Certification, INC.

Documentation of Education and Ethics Training

Institution _____ Major: _____

Degree(s) Awarded: _____

- **Documentation required:**

Official college/university transcripts must be received in the original, sealed envelope by IBADCC office personnel. Course titles may be different depending on the college or university, but must meet the tasks outlined in the crosswalk provided and in Section II.3. The sealed envelope may come from the institution or be included with the application.

Course Title	Credit	Date Completed
Introduction to Drugs & Society	3 credits	
Family & Chemical Dependency	3 credits	
Counseling Techniques 1	3 credits	
Pharmacology	3 credits	
Screening & Assessment	3 credits	
Case Management	3 credits	
Ethics for Addiction Counselors	2 credits	
Blood Borne Pathogens	1 credit	
Total Education	21 credits	

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



Idaho Board of Alcohol/Drug Counselor Certification, INC.

Clinical Supervision Verification

SUDA Applicant: _____ Date: _____

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

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

CLINICAL SUPERVISION VERIFICATION

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

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

Clinical Supervisor: _____ Certification #: _____
(must be original)

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

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

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

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

Identified plan for professional development: _____

Applicant Signature (must be original)

Date

Supervisor's Signature (must be original)

Date

Title

Agency

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



Idaho Board of Alcohol/Drug Counselor Certification, INC.

Background Check Affidavit

If applicants are unable to sign this Criminal History Affidavit for any reason, he/she cannot apply for any level of certification through IBADCC.

STATE OF IDAHO)
 : ss
County of _____)

AFFIDAVIT OF _____
(Name)

COMES NOW the below signed affiant and deposes and says as follows:

- A. I am over 18 years of age and am competent to testify to the herein contained matters.
- B. That I have not been found guilty or have been adjudicated of one of the designated crimes listed below, or their equivalent, under the laws of any other jurisdiction, regardless of whether I received a withheld judgment, a dismissal which resulted from a plea agreement where probation or restitution was required as defined by Section 19-2604, Idaho Code or sealed record:

- Abuse, neglect or exploitation of a vulnerable adult, as defined by Section 18-1505, Idaho Code
- Aggravated, first degree and second-degree arson, as defined by Sections 18-801 through 18-805, Idaho Code
- Crimes against nature, as defined by Section 18-6605, Idaho Code
- Forcible sexual penetration by use of a foreign object, as defined by Section 18-6608, Idaho Code
- Incest, as defined by Section 18-6602, Idaho Code
- Injury to a child, felony or misdemeanor, as defined by Section 18-1501, Idaho Code
- Kidnapping, as defined by Sections 18-4501 through 18-4503, Idaho Code
- Lewd conduct with a minor, as defined by Section 18-1508, Idaho Code
- Mayhem, as defined by Section 18-5001, Idaho Code
- Murder in any degree, voluntary manslaughter, assault or battery with intent to commit a serious felony, as defined by Sections 18-4001, 18-4003, 18-4006, and 18-4015, Idaho Code
- Poisoning, as defined by Sections 18-4014 and 18-5501, Idaho Code

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

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

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

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

Example of Department of Health and Welfare Notice of Clearance



IDAHO DEPARTMENT OF
HEALTH & WELFARE

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

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

Candidate
4354 Anywhere
Boise, ID 83427

Date

NOTICE OF CLEARANCE

Applicant:

Verification Number:

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

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

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

Sincerely,

Gwenda Plaisance

Gwenda Plaisance



Idaho Board of Alcohol/Drug Counselor Certification, INC.

Letters of Reference

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

1) _____ 2) _____ 3) _____

AFFIDAVIT

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

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

Date

Signature of Applicant (must be original)



Idaho Board of Alcohol/Drug Counselor Certification, INC.

Reference/Evaluation Form (page 1 of 3)

Candidate: _____

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

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

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

Please type or print

Evaluator's Name: _____

Job Title: _____

Employer: _____

Address: _____

Observation of candidate's work occurred from _____ to _____

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

Signature (must be original)

Date

REFERENCE/EVALUATION FORM (page 2 of 3)

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

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

REFERENCE/EVALUATION FORM (page 3 of 3)

OVERALL PERSONAL ASSESSMENT

In the space provided below, please give a general assessment of this candidate’s knowledge and competency of alcohol/drug abuse counseling. Any additional comments on the candidate’s knowledge or competence may be added here.



Idaho Board of Alcohol/Drug Counselor Certification, INC.

REFERENCE/EVALUATION FORM (page 1 of 3)

Candidate: _____

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

PLEASE RETURN THIS FORM AS SOON AS POSSIBLE!

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

Please type or print

Evaluator's Name: _____

Job Title: _____

Employer: _____

Address: _____

Observation of candidate's work occurred from _____ to _____

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

Signature (must be original)

Date

REFERENCE/EVALUATION FORM (page 2 of 3)

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

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

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

REFERENCE/EVALUATION FORM (page 3 of 3)

OVERALL PERSONAL ASSESSMENT

In the space provided below, please give a general assessment of this candidate's knowledge and competency of alcohol/drug abuse counseling. Any additional comments on the candidate's knowledge or competence may be added here.



Idaho Board of Alcohol/Drug Counselor Certification, INC.

REFERENCE/EVALUATION FORM (page 1 of 3)

Candidate: _____

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

PLEASE RETURN THIS FORM AS SOON AS POSSIBLE!

1. Return to Applicant in Sealed/Signed envelope.

2) MAIL DIRECTLY TO:
IBADCC
PO Box 1548
Meridian, ID 83680

Please type or print

Evaluator's Name: _____

Job Title: _____

Employer: _____

Address: _____

Observation of candidate's work occurred from _____ to _____

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

Signature (must be original)

Date

REFERENCE/EVALUATION FORM (page 2 of 3)

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

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

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

REFERENCE/EVALUATION FORM (page 3 of 3)

OVERALL PERSONAL ASSESSMENT

In the space provided below, please give a general assessment of this candidate’s knowledge and competency of alcohol/drug abuse counseling. Any additional comments on the candidate’s knowledge or competence may be added here.



Idaho Board of Alcohol/Drug Counselor Certification, INC.

Code of Ethics/Code of Conduct Agreement

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

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

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

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

Signature (must be original)

Date

Practicum/Internship Plan for SUDA

You must have 300 hours of internship, with at least 10 hours in each of the 12 core functions.

Please Note: *Supervisor must be a CCS, ACADC, CADC or equivalent. Equivalent is someone with a MASTERS degree AND a license or certification in addictions OR an approved H&W Clinical Supervisor (QP) under IDAPA 16.07.20.02.*

Applicants Name: _____

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

Date	Brief Description of Activity	Time Spent	Supervisor Signature

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

Date	Brief Description of Activity	Time Spent	Supervisor Signature

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

Date	Brief Description of Activity	Time Spent	Supervisor Signature

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

Date	Brief Description of Activity	Time Spent	Supervisor Signature

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

Date	Brief Description of Activity	Time Spent	Supervisor Signature

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

Date	Brief Description of Activity	Time Spent	Supervisor Signature

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

Date	Brief Description of Activity	Time Spent	Supervisor Signature

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

Date	Brief Description of Activity	Time Spent	Supervisor Signature

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

Date	Brief Description of Activity	Time Spent	Supervisor Signature

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

Date	Brief Description of Activity	Time Spent	Supervisor Signature

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

Date	Brief Description of Activity	Time Spent	Supervisor Signature

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

Date	Brief Description of Activity	Time Spent	Supervisor Signature



Idaho Board of Alcohol/Drug Counselor Certification, INC.

Documentation of Disability-Related Needs

(Page 1 of 2)

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

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

I have known _____ since
Exam Candidate

_____/_____/_____ in my capacity as a _____
Date Professional Title

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

Description of Disability: _____

Signed: _____ Title: _____
(must be original)

Name: _____

Address: _____

City/State/Zip: _____

Telephone Number: _____ Email: _____

License Number: _____ Date: _____



Idaho Board of Alcohol/Drug Counselor Certification, INC.

Request for Special Accommodations

(Page 2 of 2)

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

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

Candidate Information

Preferred Exam Date: _____ Preferred Exam Location: _____

Name: _____

Home Address: _____

City/State/Zip: _____

Daytime Telephone number: _____ Cell Number: _____

Email: _____

Special Accommodations:

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

Please provide (check all that apply):

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

Comments: _____

Signed: _____ Date: _____

(must be original)

Section V:

Addition information for SUDA Certification

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

1) Idaho Alcohol/Drug Counselor Education Project

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

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

BOISE STATE UNIVERSITY	Susan Esp	(208) 426-3970
IDAHO STATE UNIVERSITY	Cindy Hansen	(208) 251-1787
LEWIS-CLARK STATE COLLEGE	Judith St. Louis	(208) 792-2854

2) SUDA Exam Information

BIBLIOGRAPHY FOR SUDA EXAM

Alcohol Anonymous. *Twelve Steps and Twelve Traditions*.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

RADAR (BSU)

3) SUDA Examination Review

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

