



Canadian Addiction Counsellors Certification Federation

**STANDARDS & CERTIFICATION MANUAL
FOR**

International Certified Clinical Addictions Counsellor (ICCAF)

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SECTION 1
GENERAL INFORMATION

1.1 INTRODUCTION

About The Canadian Addiction Counsellors Certification Federation (CACCF)

The Canadian Addiction Counsellors Certification Federation (formally the Addiction Intervention Association) was formed in 1985 and is a voluntary non-profit organization, which has regional representation across the Canadian Provinces and the Territories. It is an active member of the International Certification & Reciprocity Consortium (IC&RC). A Board of Directors is elected annually to represent the various regions.

CACCF's Corporate Objects are as follows:

- ◆ To provide public protection and the quality of addiction counselling service, through the promotion of a code of uniform professional standards of practice and a minimum level of (knowledge and skill competency);
- ◆ To promote, facilitate, certify and monitor the competency of addiction counsellors in Canada;
- ◆ To require certified addiction counsellors to maintain and further their professional development and education through mandatory certification requirements.

About The IC&RC

Incorporated in 1981, the IC&RC is a voluntary membership organization, which consists of other alcohol and drug certifying bodies across the United States and globally. Each member board accepts, without qualification, the eligibility certificates of its sister boards. The standards met with this international certification is widely respected and accepted in the profession and has been hailed by leading authorities throughout the world as the symbol of quality assurance.

Purpose of Certification

The Clinical substance abuse counsellor certification is a national program of counsellor development and quality assurance operated by the **Canadian Addiction Counsellors Certification Federation**. An individual achieving the title of International Certified Clinical Addictions Counsellor (ICAC) is identified as an individual having demonstrated established competency standards for an advanced substance abuse treatment professional in the country of Canada.

Alcohol and other drug addictions counselling is a specialty field. Ethical codes require special knowledge and skills to attain status as a professional. Alcohol and other drug abuse counsellors have an ethical obligation to demonstrate knowledge, skill, and continue personal growth and development as part of attaining and maintaining professional status.

This application manual contains the requirements, procedures and application forms for the International Certified Clinical Addiction Counsellor (I.C.C.A.C.) certification offered through the Canadian Addiction Counsellors Certification Federation. The clinical counsellor certification not only requires the time and effort of applicants, but also the time and effort of several organizations.

Re-certification for this certification is required every two years. Re-certification requires documentation of 40 hours of approved continuing education in the substance abuse Advanced (Clinical) Performance Domains as outlined in this manual.

To apply for certification, go to **Section 5** of this manual for the required forms. The remainder of this manual includes information and instruction details about each required area and should be consulted while the forms are being completed. Re-certification requirements and instructions are contained in Re-certification Requirements - **Section 6**.

1.2 RECIPROCITY

How Reciprocity Functions

Each certifying body belonging to the IC&RC agrees to use the IC&RC's minimum standards for reciprocity-eligible certifications. For example, if an IC&RC member board offers a reciprocity-eligible clinical certification, then the IC&RC's minimum standards for clinical certification must be used.

In turn, each IC&RC member certifying body agrees to accept the reciprocity-eligible certification(s) of other members if they offer an equivalent certification.

The Relationship of CACCF to Reciprocity

Minimum standards for clinical certification have been established by the IC&RC. These minimum standards are for the International Certified Clinical Addiction Counsellor (I.C.C.A.C.). However, not all IC&RC members have developed a reciprocity-eligible clinical certification. There are currently more than 15 member boards that accept the clinical certification.

Applying for Reciprocity

If you are moving outside Canada contact the CACCF office for an IC&RC Reciprocity application for clinical certification and for verification that the certification board in your new location offers a reciprocity-eligible clinical certification.

International Requirements

Candidates applying for a reciprocal credential must live or work at least 51% of the time in the jurisdiction in which they are applying.

1.3 CATEGORIES OF MEMBERSHIP

The Canadian Addiction Counsellors Certification Federation offers a variety of different categories of membership.

1. **General member** – is a person who is not certified by the CACCF but who is interested in being informed of the activities of the organization.
2. **Associate Counsellor (A.C.A.D.)** – is a designation for a person near the beginning of a career in addictions counselling who is working towards the certification of International Certified Alcohol and Drug Counsellor (I.C.A.D.C.). This designation is non-reciprocal with other IC&RC member boards. *****No longer available*****
3. **Certified Alcohol and Drug Counsellor (C.A.D.C.)** – is a previous certification still held by some counsellors in Canada which is no longer offered by the CACCF, but is still recognized and supported. This designation is non-reciprocal with other IC&RC member boards. *****No longer available*****
4. **Canadian Contingent Alcohol & Drug Counsellor (C.C.A.D.C)** – is a designation for a person who has met all of the requirements established by the CACCF. This individual may possess fewer requirements than that of the recognized international certification but have the intent to continue on to full certification within a three year period. The CCADC designation is valid for a three year period and is non-renewable. This designation is non-reciprocal with other IC&RC member boards.
5. **International Certified Alcohol and Drug Counsellor (I.C.A.D.C.)** – is a certification achieved by a person who has met all of the requirements established by the CACCF. In 1992 the oral examination became a requirement for this certification and in 1993 the written examination became an additional requirement. In 2007, The Board of Directors passed a motion that the oral exam be eliminated.
6. This certification is recognized internationally by all of the IC&RC member certification boards.
7. **International Certified Clinical Supervisor (I.C.C.S.)** – is a certification for a person who currently holds certification at the I.C.A.D.C. level and has met all of the requirements established by the CACCF, including the completion of a written examination which became an added requirement in January 1994. This certification is recognized internationally by all of the IC&RC member certification boards.
8. **Certified Clinical Supervisor - Non-reciprocal (C.C.S.)** – is a certification for a person who does not currently hold certification at the I.C.A.D.C. level and has met all of the requirements established by the CACCF. This designation is non-reciprocal with other IC&RC member boards.
9. **International Certified Prevention Specialist (I.C.P.S.)** – is a certification for a person who has met all of the requirements established by the CACCF as outlined in the “International Certified Prevention Specialist” manual, including the

completion of a written exam. This certification is recognized by any of the IC&RC member boards that currently accept prevention certification.

10. **International Certified Clinical Addictions Counsellor (I.C.C.A.C.)** - The Clinical substance abuse counsellor certification is a national program of counsellor development and quality assurance operated by the Canadian Addiction Counsellors Certification Federation. An individual achieving the title of International Certified Clinical Addictions Counsellor (ICAC) is identified as an individual having demonstrated established competency standards for a clinical substance abuse treatment professional in the country of Canada. This certification is recognized by any of the IC&RC member boards that currently accept the clinical certification.
11. **Student Member** – is an individual who is enrolled in a minimum of three (3) courses for a period not exceeding three (3) years. The student member is required to provide CACCF documentation of enrollment every yearly renewal period.
12. **Retired Member** – is a person who is no longer providing counselling services in the field of addictions, regardless of the number of years previously active, but who is interested in being informed of the activities of the organization.

SECTION 2
CERTIFICATION OVERVIEW

12.1 THE BASIS OF CACCF CERTIFICATION

The development of a quality certification program is not limited to the writing of questions for an examination. Before an examination is developed, a certifying profession must determine what skills, knowledge, experience, and abilities are needed to be a competent professional in the field. The CACCF, in cooperation with the IC&RC, has done this by completing role delineation studies for Clinical Alcohol and Drug Abuse Counsellors, and for Clinical Supervisors. These studies followed the principles and procedures outlined in a manual entitled “Standards for Educational and Psychological Testing,” published by the American Psychological Association in 1983.

The most important reason for conducting a role delineation study is to ensure the validity of the testing procedures. In this regard, the CACCF certification process is valid, reliable, and legally defensible. One of the major functions of a certification program is the protection of the public from the incompetent practitioner. Accordingly, by selecting a CACCF Certified Professional, the public is given the assurance that the person has demonstrated professional competency. A copy of the Role Delineation Studies is available from the IC&RC office.

12.2 THE REASONS FOR CACCF CERTIFICATION

The reasons for certification include:

- ◆ To assure to the public a minimum level of competency for quality service by Alcohol and Drug Addiction Counsellors.
- ◆ To give professional recognition to qualified Alcohol and Drug Addiction Counsellors through a process that examines demonstrated work competency.
- ◆ To assure an ongoing opportunity for Alcohol and Drug Counsellors to further their professional development and education in the field.
- ◆ To enable Alcohol and Drug Counsellors to become eligible for reimbursement for the professional health care services.

No one will be denied certification by reason of race, religion, sex, sexual orientation, ethnicity, nationality, age or handicap.

12.3 STANDARDS OF PRACTICE

The addictions profession is recognized by the following components:

- ◆ Professional practice based on a specialized body of knowledge;
- ◆ Addictions counsellors competently apply knowledge;

- ◆ Addictions counselling provides a service to the public;
- ◆ Addictions professionals are bound by a code of ethics;
- ◆ The addictions profession is self-regulating;
- ◆ Addictions professionals are responsible and accountable.

12.4 WHO MAY BE CERTIFIED

Certification will be awarded to individuals either residing or working in Canada (no less than 51% of the time), who through the application process demonstrate adequate skills, knowledge and competency in alcoholism and/or drug addiction counselling. Certification does not depend on any single educational or experiential background. The required knowledge and skill may be acquired through a combination of specialized training, education, and supervised work experience.

The basic requirements for each category of certification include:

- ◆ Work experience in alcoholism and/or drug addiction counselling;
- ◆ Education in the knowledge/skills base;
- ◆ Supervised practical training and experience in both the functions, and the knowledge/skills base of alcoholism and/or drug addiction counselling, and of related areas.

12.5 OVERVIEW OF REQUIREMENTS

Experience

The candidate must have the equivalent of one (1) years full-time work experience (2000 hours) within the past five (5) years providing direct and regularly supervised counselling services to persons with the primary diagnosis of alcoholism and/or drug addiction.

Education

Master's Degree in behavioural science with a clinical application, from an accredited college or university including;

180 contact hours of training specifically related to the IC&RC/AODA Performance Domains and Twelve Core Counselling Functions (refer to "Education" section for further explanation)

Supervised Practical Training

300 hours of direct supervision specific to the IC&RC/AODA Twelve Core Counselling Functions (with a minimum of 10 hours in each Core Function).

Testing and Review

Successful completion of the IC&RC/AODA written AODA (ICAC) exam.

Canon of Ethics

Each applicant for the ICAC certification must read, sign and adhere to the AODA Clinical Certification Code of Ethical Standards (See Appendix A). Penalty for violation of the Ethical Standards for the Clinical Addictions Professional may result in suspension, sanctions or revocation of certification.

Application

When all ICAC standards have been met, submit your complete application to CACCF for review. All documentation must be on copies of the forms provided and in the format specified in this manual. All documentation is then submitted as an application package (portfolio) to CACCF for review. Please allow a minimum of 4-6 weeks for review.

Re-certification

Documentation of 40 hours of approved continuing education training for a two (2) year certification. Training must be in the IC&RC Clinical Performance Domains. The Code of Ethics must be signed and a non-refundable re-certification fee submitted.

These requirements are described in greater detail in the following sections of this manual. All documentation must be on copies of the forms provided and in the format specified in this manual to be applicable to the I.C.C.A.C. standards. All documentation is then submitted as an application package to CACCF for review.

12.6 SUBMISSION & REVIEW

The process of certification requires the submission of the application forms (located in Section #5 of this manual) and supporting documentation to the Canadian Addiction Counsellors Certification Federation. All materials should be submitted as a completed package along with the appropriate fee made payable to the Canadian Addiction Counsellors Certification Federation.

Submit the completed application package to:

Canadian Addiction Counsellors Certification Federation
PO Box 408
Carp ON K0A 1L0

If you have any questions please contact the Canadian Addiction Counsellors Certification Federation at phone 1-866-624-1911, fax 519-772-0535 or email info@caccf.ca.

SECTION 3
DEFINITIONS OF CERTIFICATION REQUIREMENTS

3.1 WORK EXPERIENCE

Description

2,000 hours full or part-time experience counselling clients with alcohol or other drug addictions.

To meet the experience standard, the applicant must document 2,000 hours of full or part-time experience (2,000 hours is the equivalent of 1 year of full-time work) counselling alcohol and other drug addiction clients. The experience must be in the IC&RC/AODA Performance Domains and the Twelve Core Counselling Functions. The experience may be as a paid or volunteer employee.

Work experience must be within the past five (5) years providing direct and regularly supervised counselling services to persons with the primary diagnosis of alcoholism and/or drug addiction.

Process

Applicants must use the International Certified Clinical Addictions Counsellor documentation of experience form. Submit a separate form for each program where you have accumulated experience.

3.2 EDUCATION

Description

Master's Degree in behavioural science with a clinical application, from an accredited college or university including;

180 contact hours of training specifically related to the IC&RC/AODA Performance Domains and Twelve Core Counselling Functions (refer to section 4 for further explanation)

180 contact hours of approved education training with a minimum in the following:

- 30 - Co-Occurring
- 12 - Counselling
- 12 - Pharmacology
- 12 - Research Design, Analysis & Utilization
- 12 - Assessment and Treatment Planning
- 12 - Professional, Legal and Ethical Responsibility
 - 6 - Cultural Awareness
 - 6 - Case Management
 - 6 - HIV/Communicable Diseases
 - 6 - Dealing with the Criminal Justice Client
 - 6 - Client, Family and Community Education
 - 6 - Clinical Supervision

Applicants are responsible for securing and submitting documentation of attendance, the number of hours, date(s) and title of the event.

IC&RC Performance Domains

Listed below are the IC&RC Clinical Performance Domains that must be included to complete the requirements of this standard. It is not required that you have supervised practical training in every job task listed under each Domain.

The Performance Domains are:

- Assessment
- Case Management
- Counselling
- Client/family Community Education
- Utilization Review
- Professional Responsibilities
- Clinical Supervision

NOTE: One (1) hour of education is equal to fifty (50) minutes of continuous instruction. University and college credits are variable and therefore subject to confirmation of hours, but a general rule is three (3) credits = 39 hours.

NOTE: Please note that education for the purposes of certification must have an evaluation component to the coursework.

Sources of Education:

Acceptable sources of education are listed below. Education obtained through a source other than those listed must be submitted to CACCF for approval. .

College and University Courses: Courses specific to the IC&RC Clinical Domains offered by an accredited institution of higher education and accepted by the institution toward a recognized degree. Credit is **not allowed** for any audited college courses.

IC&RC Member Approved: Education events or providers that have received approval by another IC&RC member board may be applied to this standard.

In-Service Education: Education hours may be earned for participating in in-service education at CACCF approved programs. Home study and teleconferences can be applied to this standard if they are part of a CACCF approved program's in-service education. Some post course evaluation component must follow course for it to be acceptable.

Home Study Courses: Home study training includes coursework completed in a non-traditional education setting. Information can be presented through distant learning medias (internet, correspondence, teleconferences). Some post course evaluation component must follow course for it to be acceptable.

Professional Associations: Education, relevant to the IC&RC Clinical Performance Domains, provided or approved by professional associations and approved by CACCF, may be applied to this standard.

Process

After each educational offering is completed, make it a point to complete the information required on the Documentation of Education Forms. Keep all certificates of completion to document attendance and the number of contact hours.

Applicants are responsible for submitting documentation of attendance, the topic, the date(s), and amount of time for all education events on the Documentation of Education Form. **Please keep a copy of all materials for your own records.**

3.3 SUPERVISED PRACTICAL TRAINING

Description

Supervised Practical Training is defined as a formal, systematic process that focuses on skill development and integration of knowledge. This training must take place in a setting where alcohol and other drug addiction counselling services are being provided. Training must be specifically related to the IC&RC/AODA Performance Domains including the Twelve Core Counselling Functions (at least 10 hours in each Core Function is required). This training must occur as part of an eligible work experience and may be completed under more than one supervisor.

Supervised clinical training is supervision designed to improve and evaluate a counsellor's knowledge and skill in the (Clinical) Performance Domains. This training must be part of the eligible work experience and may be completed under more than one supervisor or agency. **All clinical training hours must be documented as to where and with whom they took place and what material was covered.**

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 counsellor in acquiring greater skill in the provision of service and;
- 3) which gives support to the alcohol and drug counsellor 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 counsellor-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 counsellor feedback to assure that the demonstration has been understood. This is different from Behaviour Rehearsal where the counsellor is the demonstrator.
- Behaviour Rehearsal:** This 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 counsellor 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 counselling skills. This process normally involves the creation of contrived situations but may involve the re-creation of counsellor/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 counsellor skills, counsellor feedback should be involved.
- Case Conference:** This form of supervision involves the presentation of a case by a counsellor. This does not imply the one-way communication of reporting a case, but involves review and feedback.
- Team Development:** This method involves the evaluation of how counsellors 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.

Description of 12 Core Functions

300 hours of direct supervision specific to the IC&RC/AODA Twelve Core Counselling Functions (with a minimum of 10 hours in each Core Function).

Listed below are the Twelve Core Counselling Functions (refer to section 4.3 for further description).

1. Screening
2. Intake
3. Orientation
4. Assessment

5. Treatment Planning
6. Counselling
7. Case Management
8. Crisis Intervention
9. Client Education
10. Referral
11. Reports and Record Keeping
12. Consultation with Other Professionals in Regard to Client Treatment/Services

Process

Submit the Supervised Practical Training form to verify completion of hours. A minimum of ten (10) hours in each Core Function must be documented.

SECTION 4
CERTIFICATION TESTING & REVIEW

4.1 TESTING AND REVIEW

All applicants must pass the International Certification & Reciprocity Consortium (IC&RC) Advanced Alcohol and Other Drug (AAODA) written examination.

Exam Dates and Locations

The IC&RC Clinical AODA Exam is offered on the second Saturday of March, June, September and December of each year.

To register for the exam, complete the CACCF Portfolio application forms included in this manual and submit the required application fee to CACCF. **The application and fee must be received at least 2 months prior to the exam date and must be approved before a candidate can sit for the written exam.** Study guides for the ICRC/AODA written Clinical examination can be obtained from CACCF. For more information please contact the CACCF office at info@caccf.ca or call 866-624-1911.

OR

If you have already received CACCF portfolio approval, the written exam registration form must be completed and submitted with a cheque, money order or credit card made payable to the Canadian Addiction Counsellors Certification Federation. The registration form and fee must be received by CACCF in writing **at least six weeks** in advance of the examination date. You may contact CACCF to obtain an exam registration form by phone: 1-866-624-1911, fax: (519) 772-0535, email info@caccf.ca or write to:

**Canadian Addiction Counsellors Certification Federation
PO Box 408
Carp ON K0A 1L0**

4.2 EXAMINATIONS

The IC&RC AAODA (ICAC) written examination is a standardized multiple-choice test designed to measure the candidate's detailed knowledge of the clinical core function areas. A passing score is based upon the total score. If you fail the exam, you must retake the entire exam. You will be allotted 3.5 hours to complete the entire Clinical AODA exam.

4.3 TWELVE CORE FUNCTIONS OF THE ALCOHOL AND OTHER DRUG ABUSE COUNSELLOR

The Case Presentation Method is based on Twelve Core Functions. The counsellor must be able to demonstrate competence by achieving a passing score on the Global Criteria in order to be certified. Although the Core Functions may overlap, depending on the nature of the counsellor's practice, each represents a specific entity. Give specifics throughout and do not supply original definitions.

- 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 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 counsellor consider a variety of factors before deciding whether or not to admit the potential client for treatment.

It is imperative that the counsellor use appropriate diagnostic criteria to determine whether the applicant's alcohol or other drug use constitutes abuse. All counsellors 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 counsellor'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 counsellor'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 counsellor should be able to suggest an alternative.

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

Global Criteria

6. Complete required documents for admission to the program.
7. Complete required documents for program eligibility and appropriateness.

8. 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 counsellor 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 counsellor.

- 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.

Global Criteria

9. Provide an overview to the client by describing program goals and objectives for client care.
10. Provide an overview to the client by describing program rules, and client obligations and rights.
11. 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.

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

Global Criteria

12. Gather relevant history from client including but not limited to alcohol and other drug abuse using appropriate interview techniques.
13. Identify methods and procedures for obtaining corroborative information from significant secondary sources regarding clients' alcohol and other drug abuse and psycho-social history.
14. Identify appropriate assessment tools.
15. Explain to the client the rationale for the use of assessment techniques in order to facilitate understanding.

16. 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 counsellor 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.

- V. TREATMENT PLANNING:** Process by which the counsellor 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

17. Explain assessment results to client in an understandable manner.
18. Identify and rank problems based on individual client needs in the written treatment plan.
19. Formulate agreed upon immediate and long-term goals using behavioural terms in the written treatment plan.
20. 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 a negotiation between the client and the counsellor 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's needs 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 counsellor 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. COUNSELLING: (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

21. Select the counselling theory (ies) that apply (ies).
22. Apply technique(s) to assist the client, group, and/or family in exploring problems and ramifications.
23. 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.
24. Individualize counselling in accordance with cultural, gender, and lifestyle differences.
25. Interact with the client in an appropriate therapeutic manner.
26. Elicit solutions and decisions from the client.
27. Implement the treatment plan.

Explanation

Counselling is basically a relationship in which the counsellor helps the client mobilize resources to resolve his or her problem and/or modify attitudes and values. The counsellor must be able to demonstrate a working knowledge of various counselling approaches. These methods may include Reality Therapy, Transactional Analysis, Strategic Family Therapy, Client-Centered Therapy, etc. Further, the counsellor 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 counsellor should explain his or her rationale for choosing a counselling approach in an individual, group or significant other context. Finally, the counsellor should be able to explain why a counselling approach or context changed during treatment

VII. 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 and collateral contacts.

Global Criteria

28. Coordinate services for client care.
29. 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 counsellor 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

30. Recognize the elements of the client crisis.
31. Implement an immediate course of action appropriate to the crisis.
32. 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 counsellor 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 other drug abuse and the available services and resources.

Global Criteria

33. Present relevant alcohol and other drug use/abuse information to the client through formal and/or informal processes.
34. 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 counsellor 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 counsellor or agency and assisting the client to utilize the support systems and community resources available.

Global Criteria

35. Identify need(s) and/or problem(s) that the agency and/or counsellor cannot meet.
36. Explain the rationale for the referral to the client.
37. Match client needs and/or problems to appropriate resources.
38. Adhere to applicable laws, regulations and agency policies governing procedures related to the protection of the client's confidentiality.
39. Assist the client in utilizing the support systems and community resources available.

Explanation

In order to be competent in this function, the counsellor 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 counsellor 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 of 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

40. Prepare reports and relevant records integrating available information to facilitate the continuum of care.
41. Chart pertinent ongoing information pertaining to the client.

42. Utilize relevant information from written documents for client care.

Explanation

The report and record keeping function is important. It benefits the counsellor by documenting the client's progress in achieving his or her goals. It facilitates adequate communication between co-workers. It assists the counsellor'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

43. Recognize issues that are beyond the counsellor's base of knowledge and/or skill.
44. Consult with appropriate resources to ensure the provision of effective treatment services.
45. Adhere to applicable laws, regulations and agency policies governing the disclosure of client-identifying data.
46. 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 session with the supervisor, other counsellors, psychologists, physicians, probation officers, and other service providers connected to the client's case.

4.4 DIRECTION FOR PREPARING CASE PRESENTATION

PLEASE NOTE

Your Case Presentation must be typed or very clearly printed

1. Use an actual client from your case files, who has completed treatment, or who is no longer using your services. Use a fictitious name for the client. **Do not use abbreviations.**
2. Complete the demographic information on the client using the appropriate form.
3. The Case Presentation must include the following:
 - A. Substance Abuse History**
 - i. Substances Used
 - ii. Frequency
 - iii. Progression
 - iv. Severity / Amount Used
 - v. Onset – When Started
 - vi. Primary Substance
 - vii. Route of Administration
 - viii. Effects – Blackouts, Tremors, Tolerance, Delirium Tremors, Seizures, Other Medical Complications (some of these can be included under “Physical History”)
 - B. Psychological Functioning**
 - i. Mental Status – Oriented, Hallucinations*, Delusions*, Suicidal*, Homicidal*, Judgment, Insight.
(* to include both present and past).
 - C. Education/Vocational/Financial History**
 - i. Education and Work History
 - ii. Educational Level
 - iii. Disciplinary Action (School and/or Work)
 - iv. Reasons for Termination
 - v. Current and Past Financial Status
 - D. Legal History (associated with alcohol/drug use or non alcohol and drug related)**
 - i. Charges, Arrests, Convictions
 - ii. Current Status
 - iii. Pending
 - E. Social History**
 - i. Parents
 - ii. Siblings / Rank
 - iii. Psychological Functioning of the Family
 - iv. Substance Use in Family

- v. History of Social Functioning, Childhood to Present
- vi. Family Functioning – Including Physical, Sexual & Emotional Abuse
- vii. Relationship History – Including Sexual Orientation
- viii. Children

F. Physical History

- i. Both Alcohol & Drug, Non-Alcohol & Drug Problems
- ii. Past and Present Major Medical Problems – i.e., Disabilities, Pregnancy and Related Issues, Sexually Transmitted Diseases, Alcohol and Drug Related Problems.

G. Treatment History

Both Substance Abuse and Psychological Histories

H. Assessment

Identifying and evaluating an individual's strengths, weaknesses, problems and needs for the development of the treatment plan.

I. Treatment Plan

Identifying and ranking problems needing resolution, establishing agreed upon immediate and long-term goals; deciding on a treatment process and the resources to be utilized.

J. Course of Treatment

Describe the counselling approaches you used, your rationale for their use and any revisions you made based on the client's unique problems and responses to treatment.

K. Discharge Summary

Concise description of the client's overall response to treatment, including alcohol/drug status at discharge.

4. Provide the information for items A through K. Begin by typing:

"A. Substance Abuse History" as a subheading, follows with narrative (story style) on the client's history of substance abuse,

Go on the next subheading

"B. Psychological functioning," complete this section and all succeeding sections, through "K", in the same manner.

5. Sign the Counsellor's Statement on the cover sheet.

6. Give the completed case presentation to your supervisor for his/her review and signature (on the cover sheet).

Make copies of the completed case presentation. Keep one copy for your personal file and mail the original to the Canadian Addiction Counsellors Certification Federation, along with your other application materials.

SECTION 5
INTERNATIONAL CERTIFIED CLINICAL ADDICTIONS
COUNSELLOR (I.C.C.A.C.) APPLICATION INSTRUCTIONS

5.1 Directions for Submitting Portfolio Application

Completion of the following forms and submission of supporting documentation constitutes your Certification Application (Portfolio). Please note that this is not a career portfolio. You are only required to submit material sufficient to meet the requirements of the certification for which you are applying. All information must be typed or printed legibly.

The following forms are intended to help make your application compilation as easy as possible, within the constraints of the requirements of the level of certification you are seeking. If you read the bottom of each form, it will summarize the requirements and give you brief instructions on how to complete the form. If you have any questions, please refer to the appropriate sections in the full application manual. If you still have questions, please contact the Canadian Addiction Counsellors Certification Federation office at ph: 1-866-624-1911, fax: (519) 772-0535 or email: info@caccf.ca.

Submit your application forms in the following order with supporting documents.

1. Application Check List
2. ICCAC Certification Application (**Form # ICCAC_2**)
(Submit copy of any name change legal documents)
3. Documentation of Work Experience (**Form # ICCAC_3**)
4. Documentation of Education (Form # ICCAC_4a through # ICAAC_4d)
5. Supervised Practical Training (Form # ICCAC_5)
6. Supervisors Evaluation form (Form # ICCAC_6)
(To be completed by Supervisor)
7. Consent to Release Information (Form # ICCAC_7)
8. Code of Ethics - Read, Sign and Return Code of Ethics (Form # ICPS_8).
9. Case Presentation (as outlined in the Standards Manual) (Forms # 9a and 9b)
9. Fees & Mailing Instructions - Mail all forms, supporting documents and a copy of CACCF membership card with applicable portfolio application processing fee to:

Canadian Addiction Counsellors Certification Federation
PO Box 408
Carp ON K0A 1L0

*****Please make cheques payable to CACCF*****

International Certified Clinical Addictions Counsellor (I.C.C.A.C.) APPLICATION CHECKLIST

Please complete all the application material as listed below. The application must be typed or carefully printed, and **all requested information must be documented**. If your application does not meet the stated criteria you will be notified of deficiencies. If complete and accepted, you will be notified by mail.

Applicant's Name: _____

- D ICCAC Application – (Form # ICCAC_2)
- D Documentation of Work Experience (2,000 hours) – (Form # ICCAC_3)
 - D Please complete one (1) form for every position held up to the 2,000 hours
- D Documentation of Formal Education: (Form # ICCAC_4a)
 - D Documentation of Education Summary related to the IC&RC Performance Domains and Twelve core counselling Functions – (Form # ICCAC_4b)
 - D Documentation of Education: Specific Categories – (Form # ICCAC_4c) (please complete one (1) for every category)
 - D Documentation of Education: Other Related – (Form # ICCAC_4d)
- D Supervised Practical Training (300 hours) – (Form # ICCAC_5)
- D Supervised Evaluation Form – (Form # ICCAC_6)
- D Read & Sign Consent to Release Information – (Form # ICCAC_7)
- D Read & Sign Code of Ethics Agreement – (Form # ICCAC_8)
- D Case Presentation – (Form # 9a and 9b) (Please note: You are required to submit your case presentation as outlined in this manual)
- D Copy of CACCF Membership Card
- D Application Processing Fee 285.71+Applicable Taxes (includes exam fee): Enclosed is: Cheque
 ___ Money Order ___ Visa ___ MasterCard ___
 Account # _____ Expiry Date _____
 Signature of Cardholder _____

Mail the completed application to:

CANADIAN ADDICTION COUNSELLORS CERTIFICATION FEDERATION
 PO Box 408 Carp ON K0A 1L0 Email: info@caccf.ca

- ◆ CACCF suggests that you keep a copy of all information and letters relating to your application.
- ◆ CACCF reserves the right to request further information from you, all employers, and other persons listed on the application materials.
- ◆ CACCF and its examiners reserve the option to request additional personal interviews with the applicant.
- ◆ Please notify CACCF of any change of address.

Canadian Addiction Counsellors Certification Federation

PO Box 408 Carp ON K0A 1L0, Phone: 1-866-624-1911, Fax: 613-839-0020, Email: info@caccf.ca, Web: www.caccf.ca

International Certified Clinical Addictions Counsellor (I.C.C.A.C.)

APPLICATION FORM

(All information must be typed or printed)

Personal Information

Name: _____

Address: _____
Street Apt.

City Province Postal Code

Home Phone: _____ Home Email: _____

Business Name: _____

Business Address: _____
Street Suite

City Province Postal Code

Business Phone: _____ Business Email: _____

Signature Requirement

I hereby certify that all of the information being submitted in this application is true and accurate and that I have read, signed, and subscribe to the attached Code of Ethics.

Applicant's Signature Date

By signing this document you have agreed to allow CACCF to transport the information you have provided electronically.

*The ICCAC portfolio review fee is for the processing of your portfolio application. Please attach a cheque, money order or credit card number (include expiry date) made payable to the Canadian Addiction Counsellors Certification Federation (CACCF). This is a **non-refundable** application processing fee. Please mail to: Canadian Addiction Counsellors Certification Federation, 81 Bruce Street, Unit C, Kitchener, ON, N2H 5C8.*

International Certified Clinical Addictions Counsellor (I.C.C.A.C.)

DOCUMENTATION OF WORK EXPERIENCE

Section I – Applicant Information *(all information must be typed or printed.)*

Name: _____

Section II – Program Information

Business Name: _____

Business Address: _____
Street Suite

City Province Postal Code

Phone Number: _____ Email: _____

SUPERVISOR: Please complete and sign this form and return it to the applicant with a copy of the applicant’s job description, for submission with his/her Certification Application.

Section III – Documentation of Experience *(attach a copy of the applicant’s job description on, or attached to, program letterhead).*

Applicant’s position: _____

Beginning date: _____ Ending date: _____

Total number of hours worked (average per week) _____ full or part time

Section IV – Required Signature

By signing below, I attest that the applicant named in Section I worked as Addictions professional at this program providing counselling services.

Signature of supervisor or program director _____ Date _____

SUPERVISOR: Please complete and sign form ICCAC_6 and return it to the applicant sealed for submission with his/her Certification Application. CACCF appreciates your taking the time to assist with the certification process.

International Certified Clinical Addiction Counsellors are required to have 2,000 hours of full or part-time experience counselling clients with alcohol or other drug addictions.



Canadian Addiction Counsellors Certification Federation
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PO Box 408 Carp ON K0A 1L0, Phone: 1-866-624-1911, Fax: 613-839-0050, Email: info@caccf.ca, Web: www.caccf.ca

**International Certified Clinical Addictions Counsellor (I.C.C.A.C)
DOCUMENTATION OF FORMAL EDUCATION**

PLEASE INCLUDE PHOTOCOPIES OF ALL TRANSCRIPTS, DEGREES, DIPLOMAS, AND/OR CERTIFICATES. If program has not formally been reviewed by CACCF, within the last two (2) year period please include an outline with description of all courses completed.

FORMAL EDUCATION (Include all post-secondary education, most recent first)

NAME OF SCHOOL:

DATES ATTENDED:

MAJOR AREA OF STUDY: _____

Year Reached: _____

DEGREE/DIPLOMA/CERTIFICATE EARNED:

NAME OF SCHOOL:

DATES ATTENDED:

MAJOR AREA OF STUDY: _____

Year Reached: _____

DEGREE/DIPLOMA/CERTIFICATE EARNED:

NAME OF SCHOOL:

DATES ATTENDED:

MAJOR AREA OF STUDY: _____

Year Reached: _____

DEGREE/DIPLOMA/CERTIFICATE EARNED:

International Certified Clinical Addictions Counsellor (I.C.C.A.C.) EDUCATION CHECKLIST SUMMARY

Section I - Applicant Information

Name _____

Section II - Education Event Information

International Certified Clinical Addictions Counsellor - 180 total hours

Complete the education documentation form(s) for courses attended. Only the minimum standard needs to be documented. **The education requirement is a total of 180 hours.**

_____ contact hours *Concurrent Disorders (30 hours min.)*

_____ contact hours *Counselling (12 hours min.)*

_____ contact hours *Pharmacology (12 hours min.)*

_____ contact hours *Research Design, Analysis & Utilization (12 hours min.)*

_____ contact hours *Assessment and Treatment Planning (12 hours min.)*

_____ contact hours *Professional, Legal and Ethical Responsibility (12 hours min.)*

_____ contact hours *Cultural Awareness (6 hours min.)*

_____ contact hours *Case Management (6 hours min.)*

_____ contact hours *HIV/Communicable Diseases (6 hours min.)*

_____ contact hours *Dealing with the Criminal Justice Client (6 hours min.)*

_____ contact hours *Client, Family and Community Education (6 hours min.)*

_____ contact hours *Client Supervision (6 hours min.)*

_____ contact hours specific or related to the *IC&RC/AODA Advanced Performance Domains*(54 hours minimum) *(to document complete form 4d)*

_____ **Total Hours**

Canadian Addiction Counsellors Certification Federation

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International Certified Clinical Addictions Counsellor (I.C.C.A.C.)**DOCUMENTATION OF SPECIFIC EDUCATION**

Document each training course, and contact hours using this format. Attach certificates of completion or other documentation verifying attendance at the below listed educational events. (Only document the minimum standard). **Please note: If these courses were not taken as part of a formerly documented diploma or degree please provide CACCF with proof of completion.**

Applicants Name:

Name of Course	Course Provider	Hours attended	Dates Attended
<i>Concurrent Disorders</i>			
<i>Counselling</i>			
<i>Pharmacology</i>			
<i>Research Design, Analysis & Utilization</i>			
<i>Assessment and Treatment Planning</i>			
<i>Professional, Legal and Ethical Responsibility</i>			
<i>Cultural Awareness</i>			
<i>Case Management</i>			
<i>HIV/Communicable Diseases</i>			
<i>Dealing with the Criminal Justice Client</i>			
<i>Client, Family and Community Education</i>			
<i>Client Supervision</i>			
<i>Other contact hours specific to Advanced performance domains</i>			



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International Certified Clinical Addictions Counsellor (I.C.C.A.C.)

DOCUMENTATION OF SUPERVISED CLINICAL TRAINING

(300 Hours Total - Minimum of 10 hours in each of the Twelve Core Functions)

Please ask each supervisor named in this document to complete form ICCAC-6

Twelve Core Functions	Number of Hours	Supervisor's Name/Phone Number
Client Screening		
Client Intake		
Client Orientation		
Treatment Planning		
Client Assessment		
Counselling		
Case Management		
Crisis Intervention		
Client Education		
Referral		
Reports & Record Keeping		
Consultations with Other Professionals		
Total Supervised Clinical Training Hours:		

International Certified Clinical Addictions Counsellor (I.C.C.A.C.) SUPERVISOR'S EVALUATION FORM

APPLICANT'S NAME: _____

SUPERVISOR'S NAME: _____

SUPERVISOR'S PROFESSIONAL QUALIFICATIONS: _____

BUSINESS NAME&ADDRESS: _____

Number and Street	City	Province	Postal
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TELEPHONE: (____) _____

SUPERVISORS PLEASE NOTE:

On the basis of your supervision of this candidate, rate his/her skill using the Likert Scale in each area below. Circle the appropriate number:

Likert Scale: 1 equals poor, 3 equals average, 5 equals exceptional

Area of Skill	
Screening:	<p>1 2 3 4 5 1. Evaluates the physiological, psychological, and social signs and symptoms of alcohol/drug use/abuse.</p> <p>1 2 3 4 5 2. Determines the client's appropriateness for admission or referral.</p> <p>1 2 3 4 5 3. Determines the client's eligibility for admission or referral.</p> <p>1 2 3 4 5 4. Identifies coexisting conditions that indicate the need for additional assessment or service.</p> <p>1 2 3 4 5 5. Adheres to applicable laws, regulations and agency policies governing alcohol/drug abuse services.</p>
Intake:	<p>1 2 3 4 5 1. Completes required documents for admission to the program.</p> <p>1 2 3 4 5 2. Completes required documents for program eligibility and appropriateness.</p> <p>1 2 3 4 5 3. Obtains appropriately signed consents when soliciting from or providing information to outside sources to protect client confidentiality and rights.</p>
Orientation:	<p>1 2 3 4 5 1. Provides an overview to the client by describing program goals and objectives for client care.</p> <p>1 2 3 4 5 2. Provides an overview to the client by describing program rules, and client obligations and rights.</p> <p>1 2 3 4 5 3. Provides an overview to the client of program operations.</p>

Assessment:

- 1 2 3 4 5 1. Gathers relevant history including but not limited to alcohol/drug using appropriate interview techniques.
- 1 2 3 4 5 2. Obtain corroborative information from significant secondary sources regarding client's alcohol/drug abuse and psycho-social history.
- 1 2 3 4 5 3. Understands and appropriately uses a variety of assessment tools.
- 1 2 3 4 5 4. Explains to the client the rationale for the use of assessment techniques in order to facilitate understanding.
- 1 2 3 4 5 5. Develops a diagnostic evaluation of the client's substance abuse and coexisting conditions based on the results of assessments to provide an integrated approach to treatment planning based on the results of all assessments to provide integrated approach to treatment planning based on the client's strengths, weaknesses, and identified problems, and needs.

Treatment Planning:

- 1 2 3 4 5 1. Explains assessment results to client in an understanding manner.
- 1 2 3 4 5 2. Identifies and ranks problems based on individual client needs in the written treatment plan.
- 1 2 3 4 5 3. Formulates agreed upon immediate and long-term goals using behavioural terms in the written treatment plan.
- 1 2 3 4 5 4. Identifies the treatment methods and resources to be utilized as appropriate for the individual client.

Counselling:

- 1 2 3 4 5 1. Selects appropriate counselling theories and methods.
- 1 2 3 4 5 2. Uses appropriate techniques to assist the client, group, or family in exploring problems and ramifications.
- 1 2 3 4 5 3. Uses appropriate techniques to assist the client, group or family in examining the client's behaviour, attitudes, and feeling.
- 1 2 3 4 5 4. Individualizes counselling in accordance with cultural, gender, and lifestyle differences.
- 1 2 3 4 5 5. Interacts with the client in an appropriate therapeutic manner.
- 1 2 3 4 5 6. Elicits solutions and decisions from the client.
- 1 2 3 4 5 7. Implement and revise the treatment plan.

Case Management:

- 1 2 3 4 5 1. Explains the rationale of case management activities to the client.
- 1 2 3 4 5 2. Coordinates the services for client care.

Crisis Intervention:

- 1 2 3 4 5 1. Recognizes the elements of the client crisis.
- 1 2 3 4 5 2. Implements an immediate course of action appropriate to the crisis.
- 1 2 3 4 5 3. Enhances overall treatment by utilizing crisis events.

Client Education:

- 1 2 3 4 5 1. Presents relevant alcohol/drug information to the client through formal/informal processes.
- 1 2 3 4 5 2. Presents information about available alcohol/drug services and resources.

Referral:

- 1 2 3 4 5 1. Identifies the client needs/problems that the agency/counsellor cannot meet.
- 1 2 3 4 5 2. Explains the rationale for the referral to the client.
- 1 2 3 4 5 3. Matches client needs/problems to appropriate resources.
- 1 2 3 4 5 4. Adheres to applicable laws, regulations and agency policies governing procedures related to the protection of the client's confidentiality.
- 1 2 3 4 5 5. Assists the client in utilizing the support systems and community resources available.

Report and Record Keeping:

- 1 2 3 4 5 1. Prepares reports and relevant records integrating available information to facilitate the continuum of care.
- 1 2 3 4 5 2. Charts pertinent ongoing information pertaining to the client.
- 1 2 3 4 5 3. Utilizes relevant information from written documents for client care.

Consultation with Other Professionals:

- 1 2 3 4 5 1. Recognizes issues that are beyond the counsellor's base of knowledge and/or skill.
- 1 2 3 4 5 2. Consults with appropriate resources to ensure the provision of effective treatment services.
- 1 2 3 4 5 3. Adheres to applicable laws, regulations and agency policies governing the disclosure of client-identifying data.
- 1 2 3 4 5 4. Explains the rationale for the consultation to the client, if appropriate.

Your general remarks are welcomed, if you wish to write any.

I hereby certify that all of the above answers are based on my supervision of this candidate, and are an honest appraisal of the candidate's knowledge and skill.

Signature: _____ Date: _____ Telephone _____ Email _____

The Canadian Addiction Counsellors Certification Federation appreciates your input in assessing this candidate. If need for further clarification, we would appreciate being able to contact you.

**ALL REFERENCES ARE TO BE RETURNED TO APPLICANT IN A SEALED ENVELOPE.
APPLICANT IS RESPONSIBLE TO SUBMIT REFERENCES WITH COMPLETE PORTFOLIO APPLICATION.**

International Certified Clinical Addictions Counsellor (I.C.C.A.C.)

**CONSENT TO RELEASE INFORMATION TO
THE CANADIAN ADDICTION COUNSELLORS CERTIFICATION FEDERATION
(hereafter called “CACCF”)**

1. I have presented full information concerning education, certification, accreditation, experience, special skills and certificates, as well as any disclosure of any unfavorable history with regard to prior employment.
2. You are requested and permitted to seek from my present employer, or any prior employer/institution/agency/person with which I have been associated, information concerning my professional competence and ethical character, including my knowledge or information as to whether my membership status of professional privileges have ever been suspended, revoked, reduced or not renewed at any other agency or institution.
3. I hereby authorize the CACCF to consult with the professional staffs of other facilities with which I have been associated, and with any other persons who may have information on competence, character and ethical qualifications.
4. I hereby consent to CACCF inspection of all records and documents that may be material to the requested certification.
5. I hereby consent to allow CACCF to share the information I have provided with its reviewers/affiliates. I agree to allow this information to be transported electronically.
6. I hereby release from any liability all representatives of the CACCF for acts, performed in good faith and without malice, concerning the evaluation of my credentials.
7. I hereby release from any liability all individuals and organizations who provide information to the CACCF in good faith and without malice concerning my competence, ethics, character, and other qualifications for certification, including otherwise privileged or confidential information.
8. I understand that any misrepresentation, deliberately erroneous information or omission of significant information relevant to my qualifications and competence for certification, now or in the future, will result in negative action by the CACCF, which may include denial of certification, suspension or revocation of certification or legal action.

NAME OF APPLICANT (print): _____

Signature

Date

International Certified Clinical Addictions Counsellor (I.C.C.A.C.)

CODE OF ETHICS AGREEMENT CANADIAN ADDICTION COUNSELLORS CERTIFICATION FEDERATION CANON OF ETHICAL PRINCIPLES

As an International Certified Clinical Addictions Counsellor (I.C.C.A.C.), I must:

1. Believe in the dignity and worth of all human beings, and pledge my service to the well-being and betterment of all members of society.
2. Recognize the right of humane treatment of anyone suffering from alcoholism or drug abuse, whether directly or indirectly.
3. Promote and assist in the recovery and return to society of every person served, endeavoring to provide the highest feasible quality of care.
4. Maintain a proper professional relationship with all persons served, assisting them to help themselves, and referring them promptly to other programs or individuals, when in their best interest.
5. Adhere strictly to established precepts of confidentiality in all knowledge, records, and materials concerning persons served, also according with any current government regulations.
6. Ensure that all interpersonal transactions between myself and persons served are non-exploitive and essential to their good recovery.
7. Give due respect to the rights, views and positions of any other alcoholism and/or drug counsellors, and related professionals.
8. Respect institutional policies and procedures and co-operate with any agency management with which I may be associated, as long as this remains consistent with recognized standards, procedures and ethics.
9. Contribute my ideas and findings regarding alcoholism, and other drug addiction, and their treatment and recovery, to any body of knowledge, through appropriate channels.
10. Refrain from any activities, including the abuse of alcohol, drugs or other mood-altering chemicals, where my personal conduct might diminish my personal capabilities, denigrate my professional status, or constitute a violation of law.
11. Avoid claiming or implying any personal capabilities or professional qualifications beyond those I have actually attained, recognizing that competency gained in one field of activity must not be used improperly to imply competency in another.
12. Regularly evaluate my own strengths, limitations, biases or levels of effectiveness, always striving for self-improvement and seeking professional development by means of further education and training.

I hereby certify that all of the enclosed application material is, to the best of my knowledge, true. I have read, and I subscribe to, the Canon of Ethical Principles, of the Canadian Addiction Counsellors Certification Federation. I agree to surrender my certificate, if necessary, for violations of the professional code of conduct.

Name: _____ Signature: _____ Date: _____



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**International Certified Clinical Addictions Counsellor (I.C.C.A.C.)
CASE PRESENTATION METHOD
(See section 4.4 for instruction)**

CASE PRESENTATION BY
(Please Print)

COUNSELLOR'S NAME: _____

COUNSELLOR'S STATEMENT

"I HEREBY CERTIFY THAT I PREPARED THIS CASE PRESENTATION, AND THAT IT REPRESENTS AN ACTUAL CASE OF MINE."

Signature: _____ Date: _____

SUPERVISOR'S STATEMENT

"I HEREBY CERTIFY THAT I HAVE READ THIS CASE PRESENTATION, THAT IT REPRESENTS AN ACTUAL CASE OF THE CANDIDATE, AND THAT, TO THE BEST OF MY KNOWLEDGE, IT WAS PREPARED BY THE CANDIDATE."

Name: _____ Title: _____

Name of Agency: _____

Signature: _____ Date: _____



Canadian Addiction Counsellors Certification Federation
Federation Canadienne D'agrément des Conseillers en Toxicomanie

PO Box 408 Carp ON K0A 1L0, Phone: 1-866-624-1911, Fax: 613-839-0050, Email: info@caccf.ca, Web: www.caccf.ca

International Certified Clinical Addictions Counsellor (I.C.C.A.C.) CASE PRESENTATION METHOD

DEMOGRAPHIC INFORMATION ON CLIENT

FICTIONAL NAME: _____

AGE AT ADMISSION: _____ SEX: _____ MARITAL STATUS: _____

EMPLOYMENT STATUS: _____

OCCUPATION: _____

REFERRAL SOURCE: _____

CURRENT LEGAL STATUS: _____

ADMISSION DATE: _____ DISCHARGE DATE: _____

TREATMENT SETTING MODALITY: _____

SECTION 6
INTERNATIONAL CERTIFIED CLINICAL ADDICTIONS
COUNSELLOR (I.C.C.A.C.) RE-CERTIFICATION REQUIREMENTS

6.1 RE-CERTIFICATION OVERVIEW

Description

The International Certified Clinical Addictions Counsellor (ICAC) certification expires two years from the last date of certification. To maintain the high standards of this professional practice and to assure continuing awareness of new knowledge in the field, the Canadian Addiction Counsellors Certification Federation requires all International Certified Clinical Addictions Counsellors (I.C.C.A.C.) to submit 40 hours of continuing education every two years to renew their certification. The continuing education must be specifically related to the IC&RC Performance Domains. **It is your responsibility to apply for re-certification.**

Process

Approximately six months in advance of re-certification due dates, the CACCF Office will notify members that they are due to re-certify by mailing a re-certification package that will contain the forms necessary for re-certification application. Please be sure to include the applicable re-certification fee with your documentation. Failure to submit the fee and documentation in a timely manner may result in loss of certification or additional requirements to re-certify. **Please keep your mailing address current with the CACCF Office.**

To be re-certified as an I.C.C.A.C., an individual must:

- a.) Be a CACCF member in good standing, which means consecutively paying the annual membership fee;
- b.) Hold a current and valid certificate issued by the Canadian Addiction Counsellors Certification Federation;
- c.) Endorse (by signature) and uphold (by practice) the Canadian Addiction Counsellors Certification Federation Code of Ethics;
- d.) A minimum of 40 documented hours of continuing education units (CEU's) is required every two years. This education must be specific to the IC&RC Performance Domains.
- e.) Complete an accurate, signed application and submit the appropriate application fee.

Documentation of Education

Continuing Education Units will be granted on the basis of the actual *hours of attendance* at relevant sessions approved by the CACCF Application forms for submitting courses and workshops for approval to qualify for continuing education units (CEU's) are available from the CACCF office or the CACCF website, www.caccf.ca.

Many courses particularly in the United States give out certificates of attendance and these certificates may be acceptable. Where such a form is not available, provide a copy of the course, seminar or workshop outline with a notation that you have taken it signed by the course leader.

6.2 EDUCATIONAL REQUIREMENTS FOR RE-CERTIFICATION

Continuing Education

This category includes workshops, seminars, lectures or a series of lectures and/or courses. These courses must meet specification for continuing education units (CEU's). The hours granted on the basis of the actual hours of attendance or participation. Workshops, seminars, lectures, or course work must be able to correlate to the Twelve Core Functions of Addiction Counselling and the Global Criteria that is used to describe each function. It must represent areas of upgrading and/or new learning for the application, that is either addiction specific or addiction related.

Whereas the intention is obtaining new knowledge, in addition to pre-approved courses, seminars, workshops, practical training, the re-certification committee may consider pre-approved work done in preparation of the delivery of workshops, etc. or published articles for credit for re-certification for the total 40 hours required. Please note that ceu credit hours may be granted based on the research and development of addiction related work and is reviewed on a case by case basis. CACCF reserves the right to deny approval of those ceu applications deemed not suitable.

Continuing Education Procedures

Any course/workshop that has not been pre-approved will have to be submitted to the CACCF office for approval. Procedure for the CACCF office to review courses submitted for continuing education credits will be as follows:

1. CACCF members to send course material and description (outline of program objectives and educational methods being used as well as biographical information on presenter) directly to the CACCF office.
2. List of approved courses to be kept by the CACCF office, in alphabetical order.
3. Approved courses will be identified – course name, course date, location.
4. No continuing education courses are to be approved by anyone except the CACCF office.
5. All CACCF out-of-country courses are approved by reciprocity only. CACCF members are to contact IC&RC for information.

Continuing Education Guidelines

No credit will apply for attendance at/or requests for continuing education credits (CEU's) for the following categories:

1. Personal Growth Focused Courses

These are not appropriate for CEU's.

2. Separate Reading Lists

Unless part of a structured distance education program, or tested education program offered by a recognized institution, i.e., university, college, or institute, reading addiction-related books, journals, or addiction articles, are not eligible for CEU's.

3. Supervision

Whether on the job or received as part of a practicum, supervision hours are not eligible for CEU's.

4. Agency Program Visits

Visits for the purpose of observation or network are not eligible for CEU's.

5. Videos, Films, Television Programs, etc.

Unless offered as part of a structured tested program, workshop or other short course offered by a recognized institution, are not eligible for CEU's.

6. Committee Meetings

Committee meetings of any kind are not eligible for CEU's.

NOTE: In the following standards, "one hour" of education is equal to fifty minutes of continuous instruction. University and college credits are variable and therefore subject to confirmation of hours, but a general rule is three (3) credits = 39 hours.

6.3 RE-CERTIFICATION FROM LAPSED STATUS

In cases where an individual's I.C.C.A.C. has lapsed, the following procedure will apply.

From the date of expiration, there will be a 30-day grace period for re-certification materials to reach the CACCF 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 package, a \$120 re-certification administrative fee plus a \$10 per month late fee for each month past the re-certification date. If the Addictions professional is successfully re-certified, the new expiration date will be the same as if the re-certification had occurred in a timely manner.

This process is effective only for 6 months from the date of re-certification. After 6 months, the individual must complete the entire process to become certified again.

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International Certified Clinical Addictions Counsellor (I.C.C.A.C.)

APPLICATION FOR APPROVAL OF CONTINUING EDUCATION HOURS

DATE OF REQUEST: _____

PLEASE CHECK THE APPROPRIATE BOX: Course Provider Course Attendee

DOES THIS COURSE/WORKSHOP HAVE A TESTING COMPONENT? Yes No

DATE OF COURSE: _____

NAME OF COURSE: _____

LOCATION OF COURSE: (Auditorium, hospital, etc.) _____

City: _____ Province: _____

RESPONSIBLE ORGANIZATION: _____

PROGRAM ORGANIZER/CONTACT: (Name) _____

Organization: _____ Telephone: _____

PLEASE COMPLETE: A and/or B

A. Total hours requested "SPECIFIC" to Addictions Counselling, excluding Meals and Breaks: _____

Reasons why course hours are "core" to Addictions _____

AND/OR

B. Total hours requested "RELATED" to Addictions Counselling to a maximum of 12 hours per 2 years:

Reasons why course hours are related to Addictions _____

** Be sure to include a program brochure or outline of the program objectives and educational methods being used as well as biographical information on the speakers/presenters. **

(Please print)

NAME OF APPLICANT: _____ TELEPHONE: () _____

MAILING ADDRESS:

CITY: _____

PROVINCE _____ POSTAL CODE _____ FAX: _____

SIGNATURE: _____ EMAIL: _____

APPROVED FOR _____ Hours, either CORE _____ OR RELATED _____

APPROVED BY (signature) _____ DATE _____

SECTION 7
APPEALS PROCESS

7.1 APPEAL OF THE CERTIFICATION PROCESS

Written Exam

The appeal process will consist of the counsellor's petitioning the President of the Canadian Addiction Counsellors Certification Federation. The purpose of an appeal is to determine if the candidate's file was reviewed accurately, adequately, and fairly.

The petition requesting an appeal must be made, in writing, to the President of CACCF within 30 days of being notified of the Examination Board's action. A person shall be considered notified 3 days after the relevant date of mailing.

CACCF shall formally acknowledge the receipt of the appeal within 5 business days.

The President of CACCF shall, within 30 days, transmit the appeal request to the Executive Committee of the CACCF, who in turn shall conduct a review to determine if the total Board of the CACCF should hear the appeal. The Executive Committee shall schedule that hearing within 90 days of the receipt of the appeal request by the Executive Committee.

Notification of the time, place and date of the Executive Committee hearing shall be sent by registered mail to the petitioner. The petitioner has the right to appear at the hearing, the right to counsel, and the right to have witnesses present. The petitioner may request that a record of the proceedings be made at his/her expense.

After the petitioner's hearing, the Executive Committee will forward its recommendations to the full Board, and the petitioner will be notified within 30 days of the decision.

A report of the appeal and its resolution shall be made, and kept on file by CACCF.

SECTION 8
REFUSAL OR REVOCATION OF CERTIFICATION

8.1 REFUSAL OF CERTIFICATION

Notwithstanding the candidate's successful completion of the certification process, CACCF may refuse to certify on the following grounds:

1. Employment of fraud or deception in applying for a certificate or in taking the examination provided in the procedure.
2. Practice of substance abuse counselling under a false name, or the impersonation of another counsellor 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 Canon of Ethical Principles of the CACCF

8.2 REVOCATION OF CERTIFICATION

If the application and/or evaluation forms reveal possible grounds for refusal of certification, the Examination Committee will consider whether there are grounds for refusal or revocation on the basis of information submitted, and will submit their findings to the Board of Directors.

The Board of Directors shall then decide, if it determines the need, to appoint a Professional Conduct Review committee, to investigate complaints against the personal or professional conduct of any counsellor accredited by the CACCF. The membership of this committee shall be at the discretion of the CACCF Board of Directors.

Any person may, if they have cause, can make a written complaint, about a Certified CACCF member, to the Board of Directors.

1. In the event that the Board of Directors decides to proceed with an investigation of a complaint, it will appoint a Professional Standards Review Committee, as above. The counsellor must be given at least twenty (20) days notice in writing of the complaint against him/her and of the hearing by the Review Committee.
2. The written notice will be mailed by registered mail, to the counsellor's last known address, but the non-appearance without good cause of the counsellor will not prevent such a hearing. The counsellor involved may appear in person at the hearing or may present his/her answer to the complaint in writing to the Review Committee.
3. The final decision of the Review Committee made at the hearing will be communicated in writing to the counsellor, and to the complainant, within one week after the hearing.

SECTION 9
PROFESSIONAL CONDUCT REVIEW

Professional Conduct Review

In June 1995, the Board of Directors of the Canadian Addiction Counsellors Certification Federation approved a review of procedures related to responding to complaints of unprofessional conduct by C.A.C.C.F. certified counsellors or I.C.A.D.C. applicants received by the Federation. These procedures were satisfied by the membership in April 1996.

It is the goal of the Canadian Addiction Counsellors Certification Federation to protect the safety of clients and the rights of addictions counsellors by promoting sound counselling practice and preventing undesirable practice. C.A.C.C.F. does this by developing and promoting standards for addiction counselling practice that clearly outline expectations of addictions professionals by clients, employers, colleagues, and funding bodies. In addition, workshops on standards and other addiction specific topics, as well as one to one consultation to help individuals with practice dilemmas, will also contribute to the promotion of sound practice goals.

The revised Professional Conduct Review (PCR) process offers brief, clear guidelines and includes options as alternatives to a formal inquiry. The revised process also includes an education plan to inform counsellors, employers, institutions, agencies, and funding bodies how the process works. The process is intended to preserve the integrity of the C.A.C.C.F. certification process. The process is intended as an intervention of last resort. Complaints which are frivolous or malicious in nature are detrimental to the notion of professionalism in the addictions field and will be treated accordingly. This means that individual complainants will be encouraged to resolve the situation through a process of mediation with the counsellor or, where applicable, the counsellor's supervisor or employer, with or without legal advice provided by the complainant's legal counsel. The problem may also be referred to an addictions professional consultant whose fees are the responsibility of the complainant. Other actions, i.e., further education or training, may also be identified to deal with the problem.

I. MAKING A COMPLAINT

When C.A.C.C.F. is first contacted regarding a complaint about a certified counsellor, the complainant will be encouraged to resolve the problem

through the mediation process described above in paragraph three (3). If the problem cannot be resolved informally, it may be necessary to initiate a formal review.

II. BASIS OF COMPLAINTS

Any complaint brought against C.A.C.C.F. certified counsellor must be based on a breach of one or more of the components of the C.A.C.C.F. Canon of Ethical Principles.

III. FILING A COMPLAINT

- 1) The individual complainant shall file a complaint in writing, addressed to the Executive Director. Verbal complaints unaccompanied by the appropriate written information will not be accepted.
- 2) The complainant must specify the exact nature of the complaint.
- 3) The complainant must indicate which of, in view of the complainant, the twelve components of the Code of Ethics are involved.
- 4) Each written complaint must outline the efforts undertaken, if any, by the complainant to resolve the situation prior to filing the complaint.
- 5) The written statement must include information and facts to substantiate the complaint.
- 6) The complaint must be verifiable: the name and address of witnesses should be included. Third party statements of individuals who have *not* witnessed an incident will *not* be accepted. Supporting information or supporting documents should be attached. This information becomes part of the record and may be used in the professional review process.
- 7) Complaints must be signed by the complainant and include his/her name, address, and phone number. Complaints may not be made anonymously.
- 8) Complainants should understand that the counsellor will be provided with a copy of the complaint.

IV. PROCESS AND FILE COMPLAINT

1) Proper Filing

Once the C.A.C.C.F. office receives a written complaint, the Executive Director will decide if it has been filed in the proper format within fourteen (14) working days.

If a complaint has not been filed in the proper format, it shall be returned to the complainant with an explanation of why the complaint was not accepted and shall include recommendations to assist the complainant to comply with the PCR guidelines. Delays can be avoided by consulting with the C.A.C.C.F. Executive Director before submitting a complaint.

If the complaint has been filed in the proper form, the Executive Director will forward it to the respondent and all members of the PCR Committee within seven (7) days of the receipt of the complaint. The notice to the respondent should inform the respondent that the complaint was received, that the PCR Committee is reviewing it on a preliminary basis; that no action will be taken against the respondent without the respondent having the right to respond. The notice should also advise the counsellor to seek legal advice.

2) Preliminary Review

The PCR Committee will acknowledge receipt of the complaint to the complainant and shall meet within sixty (60) days of the receipt of the complaint, to determine if the complaint should be investigated. Please note: No investigation will take place if all appropriate avenues, if there are any, for informal resolution have not been explored. If the problem cannot be resolved informally, the PCR Committee may decide that a formal review is necessary.

3) Preliminary Investigation

The certified addictions counsellor or I.C.A.D.C. applicant who is the subject of the complaint (the respondent) will be notified *immediately in writing* that an investigation is about to take place.

The respondent will be asked to provide a written statement to the PCR Committee in response to the complaint. This response will be due writing thirty (30) days of receipt of notification of the complaint.

Upon receipt of this written statement, the PCR Committee shall meet within sixty (60) days of receipt of the written response to determine if the complaint merits further investigation or dismissal.

The complainant and respondent will be notified of the scheduling of the PCR Committee to discuss the complaint and will be sent the minutes of this meeting. However, the parties' right to be present will not apply to this phase.

The Committee will notify the complainant and the respondent whether the complaint has been found to have merit or has been dismissed. This will happen within ten (10) days of the PCR Committee's decision. If the complaint is found to have merit, then an investigation will take place.

In the written statement, the respondent may choose not to contest the complaint and may waive the right to a hearing. In such an instance, the Committee will recommend a course of action and forward the case to the Certification Committee for action within thirty (30) days of receipt of this statement.

4) Further Investigation

A certified addiction professional appointed by the PCR Committee, and approved by the Board of Directors, conducts the investigation. Relevant information about the counsellor's conduct is collected from various sources; client and agency records, employer, co-workers, clients or clients' families. A written summary of conduct concerns is prepared by the investigator and provided to the counsellor so that as the respondent, he/she may prepare a reply. Again, the counsellor/respondent should be advised to seek legal advice. The PCR Committee will review the results of the investigation and determine whether the complaint is without merit and should be dismissed or whether a hearing is to be held.

If the complaint has been investigated as described above, the PCR will notify both the complainant and the respondent of the scheduling of a hearing to review the complaint. This hearing will be held within ninety (90) days of the receipt of the respondent's written statement to the PCR Committee. If no written response is received and/r if the respondent refuses to cooperate with the PCR Committee, a decision will be made based on the available data.

If it is decided that a hearing is not necessary, a letter of guidance may be sent to the counsellor in question, or no further action may be taken. The counsellor/respondent also has the option of requesting a “diversion” acknowledging the conduct or illness that has given rise to the complaint and agreeing to seek help. If a diversion agreement is reached between the counsellor and the Chair of the PCR Committee, no hearing is to be held.

V. THE HEARING

Hearings shall take place before a panel of three members of the PCR Committee. The hearing shall be convened at a time and place most convenient to the respondent, complainant, and the PCR Committee. The complainant and the respondent shall be notified in writing of the date, time, and location of the hearing. The complainant and the respondent shall also be notified of their rights in relationship to the hearing. These rights include;

- 1) *The right to be present and to present evidence;*
- 2) *The right to have witnesses present;*
- 3) *The right to cross examine;*
- 4) *The right to be represented by counsel at his/her own expense;*
- 5) *The right to record the proceedings at requester’s expense;*
- 6) *The opportunity to request a postponement or rescheduling of the hearing;*
- 7) *The right to be notified of the outcome of the hearing process and to be notified of the disposition of the complaint*

Parties may request that a record (audio and/or transcript) be taken of the hearing. The party making the request must bear the expense of having that record taken.

All written materials related to the complaint shall be maintained in the C.A.C.C.F. office for a minimum of three (3) years.

If the complainant fails to appear or to participate in the hearing, the complaint may be dismissed.

The PCR Committee may invite additional parties to the hearing. These persons should be restricted to those who have first hand knowledge of the situations that led to the complaint.

The PCR Committee reserves the right to interview other persons with reference to the complaint. The PCR Committee shall notify the complainant and the respondent at the hearing of who has been contacted and consulted with reference to the investigation of the complaint.

The PCR Committee shall not be bound by common law or statutory rules of evidence.

VI. DECISIONS

Within thirty (30) days of the hearing, the PCR Committee shall forward a copy of their report to each of the complainant, respondent and Chair of the Certification Committee. The report shall include the following:

- 1) A summary of the complaint and the related evidence presented by the complainant and the respondent;
- 2) An outline of the review process followed by the PCR Committee including relevant dates;
- 3) The rationale for the decision;
- 4) PCR Committee recommendation:
 - i) Dismissal of the complaint(s);
 - ii) Suspension of certification including specification of, if, and when reapplication would be considered;
 - iii) A reprimand;
 - iv) Revocation of certification;
 - v) Such further and other disposition as the PCR Committee determines is reasonable in the circumstances.

The PCR Committee may recommend remedial actions (i.e., documented supervision, specific education/training, counselling for personal problems).

Any member of the PCR Committee may submit a written minority report to the Certification Committee.

The Certification Committee shall review the reports and recommendations of the PCR at the next scheduled meeting. The respondent, complainant and members of the PCR Committee may attend this meeting.

The Certification Committee shall, within ten (10) days of the meeting, issue their disposition of the complaint. The Committee may take one of the following actions:

- 1) Dismiss the complaint;
- 2) Suspension of the respondent's certification, including specification, if and when reapplication will be considered.
- 3) Issue a reprimand;
- 4) Revoke certification;
- 5) Return the report to the PCR Committee for further consideration with the specific directives and recommend remedial action:
 - a) documented supervision;
 - b) documented supervision with a certified Supervisor/Counsellor;
 - c) specific education/training
 - d) personal counselling for a specified period of time.

The complainant and the respondent will be notified by registered mail of committee decisions within thirty (30) days of the Certification Committee meeting.

VII. APPEALS

The respondent whose certification is suspended or revoked, or who has been reprimanded by the Certification Committee, may appeal the decision to the Board of Directors according to the "Appeals Process" as outlined below. The respondent must file an appeal within thirty (30) days of the notification of the Certification Committee decision. An individual shall be considered notified three (3) days after the mailing of the document.

The Board of Directors, with the Board of Examiners, after conducting a second hearing conducted in the manner contemplated in Section 5 of this document, may take any of the following actions:

- 1) Uphold the decision of the Certification Committee.
- 2) Affirm the Certification Committee's procedures as valid.
- 3) Rule the Certification Committee's decision not valid based on improper or untimely procedures.

VIII. FOLLOW UP

- 1) An addictions counsellor whose membership is suspended or revoked or has conditions imposed or has undertaken a diversion agreement is monitored in accordance with the Committee decision or agreement. REINSTATEMENT: Counsellors who resign with prejudice or have their membership revoked may apply to the C.A.C.C.F. Board of Directors after two (2) years.
- 2) Publishing Decisions: The PCR education plan includes, subject to obtaining the prior approval of the Board of Directors, publishing abridged versions of the decisions and reasons of the PCR Committee decisions and reasons in order to understand the PCR process and what is meant by unacceptable professional conduct in the field of addiction.

IX. DEFINITIONS

1) Suspension

A suspension shall involve no less than sixty (60) days and no more than one hundred eighty (180) calendar days, the dates to be specifically designated by the PCR Committee.

The PCR Committee may, at its discretion, stipulate the specific conditions to be met prior to removal of the suspension. The PCR shall be responsible for documenting that these conditions have been met. In all cases, the PCR Committee shall review all suspensions at least twenty (20) days prior to the end of the suspension period. In the event that the counsellor's certification expires during the suspension period, the counsellor may submit his/her certification renewal at the end of

his/her suspension period, will full fees and continuing education documentation.

2) Revocation

Revocation shall be for a period of not less than twenty-four (24) months. The PCR Committee may stipulate that specific conditions be met prior to the individual making reapplication for certification.

The individual, having had his/her certification revoked, may after a minimum of twenty-four (24) months reapply for certification. The Certification Committee action on the reapplication shall be contingent upon the conviction that the situation, which caused the revocation of the certification, has been corrected.

X. PROFESSIONAL CONDUCT REVIEW

1) Appointments to the PCR Committee

The Board of Directors of the Canadian Addiction Counsellors Certification Federation shall appoint certified counsellors to serve as members of the PCR Committee. No members of the Board of Directors or other Certification members may be appointed to this Committee. In making these appointments, the Board will make good efforts to ensure a representative membership on this Committee: certification classification, type of treatment setting, and other demographic factors, including geographic locations.

When a complaint has been filed against a certified counsellor or an applicant for certification, the Chairperson of the PCR Committee shall notify members of the Committee. The Chair will preside over this Committee and the President of C.A.C.C.F. shall serve as ex-officio member ensuring accurate minutes of the proceedings. The Board of Directors, using procedures outlined in the C.A.C.C.F. by-laws, may replace members of the PCR Committee.

The Board of Directors shall adopt rules to govern the operation and activities of the PCR Committee. These rules will include provisions for travel and reimbursements for expenses incurred for committee business. Reimbursements will be in accordance with the general rules established by the Board of Directors of C.A.C.C.F.

2) Authority

The PCR Committee will have the authority to:

- i) Investigate a complaint, mediating when possible;
- ii) Determine the validity of the complaint;
- iii) Dismiss invalid complaints;
- iv) Conduct a hearing on complaints which appear to have merit;
- v) Recommend a disposition for a valid complaint to the Certification Committee.

3) Protocol

The PCR Committee will operate within the following parameters:

- i) The PCR Committee has access to the relevant counsellor files at the C.A.C.C.F. office. The respondent and complainant will be notified why the PCR Committee has consulted such files.
- ii) The PCR Committee will meet or act with the presence of quorum: three (3) voting members.
- iii) The PCR Committee may meet up to and including notification of respondent, in person or by teleconference, as determined by the Chair in consultation with the President and Executive Director of C.A.C.C.F.
- iv) Subject to publication of decisions and reasons in the C.A.C.C.F. newsletter, all information and communication pertaining to the disciplinary review process shall be held confidential by C.A.C.C.F. Board members, Certification Committee members, PCR Committee members, and C.A.C.C.F. staff members.
- v) The PCR Committee may not meet nor take action without the presence of the Chair or his/her designate.
- vi) All written materials related to the complaint shall be maintained in the C.A.C.C.F. office.
- vii) The PCR committee may request a continuance on the established time frames from the Certification Committee. The PCR Committee may grant reasonable continuances to the complainant and/or respondent.

- viii) In the event the complainant withdraws the complaint, the PCR Committee reserves the right to proceed and consider the circumstances on behalf of the interest of the addictions profession.



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