

**APPLICATION HANDBOOK
FOR

CERTIFIED
CO-OCCURRING DISORDERS
PROFESSIONAL
(CCDP & CCDP-D)**

March 2012



225 NW School St. • Ankeny, Iowa 50023
Telephone: 515.965.5509 • Fax: 515.965.5540
E-mail: info@iowabc.org
Web: iowabc.org

Application Handbook for CO-OCCURRING DISORDERS PROFESSIONAL

TABLE OF CONTENTS

MISSION, VISION, SCOPE OF PRACTICE	2
RESIDENCY REQUIREMENT	2
CERTIFICATION CRITERIA	3
CCDP REQUIREMENTS.....	3
Education Requirements	3
Experience Requirements	4
Supervised Experience	4
CCDP-D REQUIREMENTS.....	4
Education Requirements.....	4
Experience Requirements.....	5
Supervised Experience.....	5
RECIPROCITY.....	5
DOMAINS	6
EXAM	22
APPLICATION PROCESS	23
How to Apply	23
Certification Period	25
Dual Certification	25
Fees	25
CERTIFICATION APPEAL PROCEDURES	25
RECERTIFICATION	27
How to Renew Certification	27
Late Penalties	27
Continuing Education	28
General Guidelines	29
Voluntary Inactive Status	30
CODE OF ETHICS	32
Subscription to the Code of Ethics	32
Specific Principles	32
Investigation	39
Hearing Procedures	40
Reinstatement	43
Appeals of Decisions.....	44
GLOSSARY OF TERMS	45
CHECKLIST	48

MISSION

The Iowa Board of Certification provides the professional credentialing process for treatment and prevention providers as a means to enhance community health.

VISION

To enhance community health, one professional at a time.

For the Patient/Client: To assure competent, professional co-occurring disorders services to persons suffering from co-occurring disorders, and to improve the quality of service being provided to the client and family members.

For the Public: To assure professional competency that will meet standards required for licensing, accreditation and third-party payers.

For the Co-occurring Disorders Professional: To provide a respected, marketable credential of professional competency and to enhance the role of the professional in the treatment of co-occurring disorders.

For the Profession: To provide a method whereby the highest professional standards can be established, maintained and updated.

SCOPE OF PRACTICE

The Certified Co-Occurring Disorders Professional provides assessment and counseling to persons with co-occurring mental and substance use disorders, and when appropriate, family/significant others. They possess the knowledge and skills specific to both mental and substance use disorders, as well as to the interactions among the disorders. Finally, they assist persons with co-occurring disorders to engage in and maintain a process of recovery.

RESIDENCY REQUIREMENT

The applicant must live and/or work in Iowa at least 51% of the time at the time of application for initial certification, recertification, and reactivation.

APPLICATION HANDBOOK

This Application Handbook contains information you will not only need to become certified, but also will be very useful after the certification process. Please keep this handbook to use as a referral source. An updated version will be available on the IBC web site.

CERTIFICATION CRITERIA

It is the belief of the Iowa Board of Certification that the applicant must demonstrate the ability to perform the skill competencies necessary to provide quality client care. Thus, the co-occurring disorders certification process is based upon a specific measurable process to determine the applicant's ability to demonstrate these competencies. Applicants for certification must also meet established education and experience requirements.

CCDP REQUIREMENTS

1 through 3 required

1. Complete the CCDP application and satisfy all requirements for both education and experience.
2. Receive a passing score on the Supervisor's Evaluation (Form 09).
3. Receive a passing score on the IC&RC exam. Note: the exam is the same for both the CCDP and CCDP-D credential; the exam only needs to be taken and passed once.

Education Requirements

A minimum of a bachelor's degree in co-occurring disorders or behavioral science (i.e. psychology, sociology, criminal justice, human resources, counseling) with a clinical application from an accredited college or university.

Plus: 200 hours of relevant education, including:

- 6 hours in ethics
- 3 hours in racial/ethnic
- 140 hours of Co-occurring Disorders specific training that includes a focus on both substance use and mental disorders and considers the interactive relationship between the disorders. 30 of these hours must be specific to addiction and 30 must be specific to mental health.

- * These hours may not include in-service training. An in-service training is the education and training which occurs within the counselor's agency, *only for* agency staff and conducted *only by* agency staff.
- * Education hours must be verifiable through submission of certificates of completion from training sponsor or through original transcripts sent directly to the IBC office from the college or university.
- * If using college classes, the formula for converting college credit to clock hours is: one semester hour equals 15 clock hours and one quarter hour equals 10 clock hours. A minimum grade of "C" must be earned or the course will be ineligible.
- * Documentation of hours will be according to instructions on Form 04, "Workshop Documentation."

Experience Requirements

6000 total experience hours as follows:

- 2000 hours of documented work experience in counseling within the past ten (10) years
- 4000 hours of co-occurring specific work experience within the past ten (10) years

Documentation of these hours will be according to instructions on Form 05, "Experience Resume."

Supervised Experience

Supervised work experience is defined as paid professional experience in the delivery of counseling services to individuals, families, or groups with mental illness, substance abuse disorders, or co-occurring disorders or delivery of supervision to those providing said counseling services.

Supervision is broadly defined as the administrative, clinical, and evaluative process of monitoring, assessing and enhancing one's performance.

200 hours of on-the-job supervision must be received in the CCDP performance domains. A minimum of 20 hours of supervision must be received in each domain.

CCDP-D REQUIREMENTS

1 through 3 required

1. Complete the CCDP-D application and satisfy all requirements for both education and experience.
2. Complete the IBC application and receive a passing score on the Supervisor's Evaluation (Form 09).
3. Receive a passing score on the exam.

Education Requirements

A minimum of a master's degree in co-occurring disorders or behavioral science (i.e. psychology, sociology, criminal justice, human resources, counseling) with a clinical application from an accredited college or university.

In addition, verification must be submitted for the following requirements:

- 140 hours of COD specific training that includes a focus on both substance use and mental disorders, and considers the interactive relationship between the disorders.
- 6 hours in counselor-specific ethics
- 3 hours in racial/ethnic

- * These hours may not include in-service training. An in-service training is the education and training which occurs within the counselor's agency, *only for* agency staff and conducted *only by* agency staff.
- * Education hours must be verifiable through submission of certificates of completion from training sponsor or through original transcripts sent directly to the IBC office from the college or university.
- * If using college classes, the formula for converting college credit to clock hours is: one semester hour equals 15 clock hours and one quarter hour equals 10 clock hours. A minimum grade of "C" must be earned or the course will be ineligible.
- * Documentation of hours will be according to instructions on Form 04, "Workshop Documentation."

Experience Requirements

2000 total hours of experience in co-occurring specific work within the last ten (10) years.

Documentation of these hours will be according to instructions on Form 05, "Experience Resume."

Supervised Experience

Supervised work experience is defined as paid professional experience in the delivery of counseling services to individuals, families, or groups with mental illness, substance abuse disorders, or co-occurring disorders or delivery of supervision to those providing said counseling services.

Supervision is broadly defined as the administrative, clinical, and evaluative process of monitoring, assessing and enhancing one's performance.

100 hours of on-the-job supervision must be received in the CCDP-D performance domains. A minimum of 10 hours of supervision must be received in each domain.

RECIPROcity

Both the CCDP and CCDP-D credentials are reciprocal with the IC&RC (International Certification and Reciprocity Consortium) and states/countries that carry this credential.

Co-occurring professionals may utilize reciprocity between IC&RC member boards that also carry the CCDP and CCDP-D credential without having to reapply or test. The application for reciprocity is available through the IBC office.

The following Boards currently offer the CCDP credential: Alabama, Arkansas, California, Canada, Connecticut, Delaware, Georgia, Iowa, Indiana, Louisiana, Massachusetts, Michigan, Missouri, New Jersey, Pennsylvania, Rhode Island, Singapore and Virginia.

The following Boards currently offer the CCDP-D credential: Alabama, Arkansas, Canada, Connecticut, Delaware, Georgia, Hawaii, Iowa, Indiana, Louisiana, Massachusetts, Michigan, Missouri, New Jersey, Pennsylvania, Rhode Island and Singapore.

CCDP DOMAINS and EXAM

	<u># questions on exam</u>
Screening & Assessment	25
Crisis Prevention & Management	24
Treatment & Recovery Planning	24
Counseling	23
Management & Coordination of Care	24
Education of the Person, their Support System & the Community	15
Professional Responsibility	15

DOMAIN I: SCREENING AND ASSESSMENT

Task 1 – Engage client and establish rapport.

Knowledge of:

1. Stages of change and recovery process.
2. Empathetic and active listening.
3. Interview process including objectives and techniques (e.g., motivational interviewing).
4. Protection and limitations offered by laws and regulations related to confidentiality and ethical codes in the treatment of substance use, mental health and other health care issues.
5. Culturally-based considerations that may influence the treatment and recovery process.
6. Social, professional, and institutional biases that impact effective treatment of individuals with co-occurring disorders.
7. Current evidence-based theories and principles concerning human behavior, development, and bio-psychosocial approaches as they relate to persons with co-occurring disorders.

Skill in:

1. Sharing compassion, empathy, respect, flexibility, and hope to all individuals, regardless of their level of need or state of recovery.
2. Establishing and maintaining a professional relationship through objective, empathic detachment and the management of personal biases with a non-judgmental, non-punitive demeanor and approach.
3. Demonstrating sensitivity to, and respect for all persons.
4. Awareness of and responsiveness to the unique communication and learning styles of the persons served.
5. Facilitating the participation of support persons, family members, and other service providers and welcoming them as collaborators.

6. Demonstrating a desire and willingness to elicit the individual's viewpoint while acknowledging the strengths and challenges in their recovery from co-occurring disorders.
7. Demonstrating patience, persistence, and optimism in enhancing and maintaining the individual's motivation.
8. Communicating clearly and concisely, both verbally and in writing.
9. Engaging and establishing rapport with all individuals using socially and culturally appropriate conventions.
10. Communicating and applying the protections and limitations offered by laws and regulations related to confidentiality and ethical codes in the treatment of substance use, mental health, and other health care issues.

Task 2 – Gather and document client information.

Knowledge of:

1. Data collection and stage specific interviewing techniques.
2. How to obtain accurate information and bio-psychosocial history including collateral information.
3. Risk factors in co-occurring disorders.
4. Crisis intervention strategies including emergency procedures.
5. Psychosocial stressors and traumas particular to the person served.

Skill in:

1. Identifying and understanding non-verbal behaviors.
2. Discerning the relevance of information obtained from the client, family, and other collateral sources.
3. Organizing and summarizing client data and clinical impressions.
4. Documenting clear, concise reports and summaries in an objective manner.
5. Recognizing and responding to the unique needs of persons served that may impact their ability to participate fully in the screening and assessment process.
6. Assessing risk behaviors and initiating appropriate interventions and referrals.
7. Utilizing the bio-psychosocial components of assessment when screening and assessing for mental health, substance use, and other health issues.

Task 3 – Recognize signs and symptoms of substance use disorders.

Knowledge of:

1. Conceptual models of addiction.
2. Current diagnostic criteria for substance-related disorders (e.g, DSM-IV-TR and ICD-9).
3. Classes of substances of abuse including basic actions in the body and brain, intoxication and withdrawal symptoms, and potential combined interactions.
4. Newly emerging drugs of abuse.
5. Signs and symptoms of potentially high-risk medical complications associated with withdrawal.
6. The relationship between substance use and trauma.

7. Manifestations of intoxication from all classes of substances of abuse.
8. Laws and regulations that apply when a person meets the legal criteria of intoxication during the screening and assessment process.
9. The importance of seeking prompt consultation regarding lab findings that are not within normal limits.

Skill in:

1. Identifying the various conceptual models of addiction.
2. Recognizing signs, symptoms, and severity of intoxication, tolerance, and withdrawal of various substances used.
3. Identifying health risks associated with substance use and making appropriate referrals.
4. Recognizing the cultural difference with regard to substance use among different groups.
5. Exploring with the client and support system the role culture may play in their belief system regarding substance use.
6. Appropriately responding and consulting resources when obtaining lab findings that are not within normal limits.

Task 4 – Recognize signs and symptoms of psychiatric disorders.

Knowledge of:

1. Conceptual models of psychiatric disorders.
2. Current diagnostic criteria for mental disorders (e.g, DSM-IV-TR and ICD-9).
3. Components and terminology of the mental status examination.
4. Basic tenants of psychopharmacology.
5. Cultural norms regarding the interpretation of psychiatric distress and symptoms.

Skill in:

1. Identifying the various conceptual models of psychiatric disorders.
2. Integrating the finds of the mental status examination into the screening, assessment and treatment planning processes.
3. Utilizing inclusive language and approaches in the screening and assessment process.
4. Using established criteria for assessing acuity of symptoms and service intensity needs.
5. Identifying various classes of psychotropic medication and recognizing relevant side effects.

Task 5 – Recognize interactions between co-existing mental health, substance use, and other health care issues.

Knowledge of:

1. Barriers that may complicate a person’s ability to access and remain in treatment.
2. Mental health, substance use, and other health care issues that may require more extensive evaluation.

3. The potential interactions between substance use, mental health and other health care issues.
4. The relationship between substance use and trauma throughout the life cycle.
5. The interaction between general health conditions, prescribed medications, and substances of abuse.

Skill in:

1. Accurately assessing substance use in the presence of symptoms of co-occurring mental health and other health conditions from an inclusive perspective.
2. Accurately assessing mental health issues in the presence of symptoms of co-occurring substance use and other health conditions from an inclusive perspective.
3. Identifying conditions that present risk for harm and facilitating appropriate referrals.
4. Responding to the unique influences that impact an individual's substance use, mental health and recovery.
5. Identifying interactions between health care issues, prescribed medications, and other substance abuse.
6. Addressing issues related to traumatic experiences in a sensitive and informed manner.

Task 6 – Utilize relevant screening and assessment instruments.

Knowledge of:

1. Valid and reliable screening and assessment tools.
2. Applications and limitations of screening and assessment tools.

Skill in:

3. Selecting and applying appropriate screening and assessment instruments.
4. Explaining the rationale for the use of specific tools.
5. Interpreting the results obtained during the screening and assessment process.
6. Explaining the results obtained during the screening and assessment process to the person served.

Task 7 – Understand the person's diagnostic profile and review results with the treatment team.

Knowledge of:

1. A holistic perspective in the care of the person being served.
2. Cultural norms as differentiated from psychopathology.
3. Interactions between substance use, mental health, and other health conditions.
4. Diagnostic criteria and rule-out procedures for the presenting symptoms.
5. Techniques for synthesizing assessment data and formulating diagnostic impressions.
6. Standardized placement criteria to determine level of care.

Skill in:

1. Organizing and summarizing relevant client data and clinical impressions.
2. Writing clear, concise, objective reports and summaries.
3. Developing diagnostic impressions with the person served that reflect individual needs and circumstances.
4. Distinguishing between cultural norms and psychopathology.
5. Recognizing and responding to special client needs.

DOMAIN II: CRISIS PREVENTION & MANAGEMENT

Task 1 – Develop and implement a crisis prevention plan.

Knowledge of:

1. Purpose of a crisis prevention plan.
2. Elements of a crisis prevention plan.

Skill in:

1. Addressing the unique risk factors of the individual being served when developing and implementing a crisis prevention plan.
2. Recognizing and responding to verbal and non-verbal cues in order to prevent crisis situations.

Task 2 – Conduct an immediate risk assessment to determine the existence of an emergency or crisis situation.

Knowledge of:

1. Indicators of serious threat of harm to self or others.
2. Diagnostic decision trees for identifying medical, substance use, mental health, environmental, and cultural stressors.
3. Signs and symptoms of and appropriate responses to high-risk medical complications including withdrawal, medication toxicity, and overdose.
4. High risk indicators for suicide and violence in persons with co-occurring disorders.

Skill in:

1. Gathering relevant information using all available resources.
2. Assessing acuity of risk to self and others.
3. Engaging and communicating clearly and concisely with the person and support systems.
4. Determining the presence or extent of an emergency or crisis situation.

Task 3 – Evaluate the nature and level of risk in a crisis situation.

Knowledge of:

1. The effects on functioning related to mental health and substance use both separately and combined.
2. Psychotropic medications, their actions, side effects, possible interactions with other substances, and addictive potential.

3. Individual differences in response to psychotropic medications and other substances.
4. Bio-psychosocial stressors that could impact the crisis situation.
5. Specific instruments to assess risk of harm to self and others.
6. Symptoms of relapse for both mental health and substance-use disorders that could lead to increased risk of harm to self and others.
7. Personal biases and professional limitations in effectively assessing and responding to a crisis situation.

Skill in:

1. Recognizing established indicators for assessing acuity of symptoms and service intensity needs.
2. Using risk assessment procedures and instruments appropriate to the type of crisis.
3. Conveying empathy, respect, and hope to the person being served during a time of crisis.
4. Engaging individuals, support system, and traditional/complementary service providers and welcoming them as collaborators.
5. Utilizing supervision and consultation.

Task 4 – Implement an immediate course of action appropriate to the crisis.

Knowledge of:

1. Duty to warn/protect rulings, related regulations, and policies.
2. Community resources that can assist in resolving a person's crisis.
3. Current crisis prevention, intervention, and resolution theories and techniques.
4. Motivational enhancement to engage individuals in resolving crisis situations.

Skill in:

1. Prioritizing immediate needs and identifying existing resources available to mediate the crisis.
2. Taking immediate and appropriate action regarding duty to warn/protect while maintaining engagement with person/support system.
3. Identifying other needed clinical/medical supports.
4. Involving the person and support systems in active choices, goal setting, use of therapeutic contracting, and other activities, which support the person's capacity to resolve the crisis.
5. Developing, writing, communicating and monitoring a crisis plan in collaboration with person being served and other involved parties.
6. Negotiating, advocating, and acquiring clinical and community resources and services needed to resolve crisis.
7. Using current evidence-based crisis intervention techniques.

Task 5 – Debrief parties impacted by the crisis.

Knowledge of:

1. Rationale and methods for facilitating a debriefing process.

2. How to evaluate the effectiveness of the crisis intervention.
3. The need for and content of crisis documentation.
4. Crisis situations as opportunities for acquiring new knowledge and skills.

Skill in:

1. Determining how, when, and with whom to conduct debriefing.
2. Identifying and evaluating the contributing factors and solutions to the crisis situation.
3. Developing proactive strategies for avoiding similar crises in the future.
4. Maintaining engagement with and soliciting feedback from the person served, support system, service providers and others.
5. Documenting the nature of the crisis, interventions used, and outcomes.

Task 6 – Develop and implement an individualized crisis follow-up plan.

Knowledge of:

1. Individual's current strengths, resources, diagnoses, clinical support and needs.
2. Peer support and empowerment resources aimed at dual recovery or an acute area of need.
3. Individual and social supports compatible with different cultures.
4. Integrated relapse prevention strategies.
5. The interrelationship between elements of the crisis and modifications to the treatment plan.
6. The need for timely verbal and written reports to other care providers and support systems.

Skill in:

1. Identifying and accessing a full range of treatment and support services.
2. Engaging support system and offering varying services on an individual and group basis where indicated and desired.
3. Integrating applicable elements of the crisis into modifications of the treatment plan.
4. Advocating for needed services and supports.

DOMAIN III: TREATMENT & RECOVERY PLANNING

Task 1 – Interpret and evaluate assessments and clinical data received from the individual, support systems, and other relevant sources to determine treatment and recovery needs.

Knowledge of:

1. Mental health and substance use symptomology, a comprehensive understanding of their inter-relationship, and their effects on functioning.
2. Categories within, and application of, diagnostic criteria and related features.
3. Integrated models of assessment, intervention, and recovery for persons having both substance-use and other mental health issues.

4. The effects of culture on the individual's beliefs and choices related to treatment.
5. The relationship between mental health, substance use, and other health conditions.

Skill in:

1. Synthesizing data to determine treatment needs.
2. Consulting with the person being served to determine their treatment needs and preferences.
3. Consulting with other professionals to interpret findings.
4. Organizing and summarizing relevant data and clinical impressions to determine treatment needs.

Task 2 – Engage the individual and support system in a comprehensive treatment planning process.

Knowledge of:

1. Confidentiality laws, regulations and other ethical perspectives across disciplines.
2. Cross-cultural familial structures, dynamics, communication styles, and techniques.
3. Social supports and networks for individuals using services.
4. Methods of engagement and maintenance of therapeutic relationships.
5. Stages of change theories and motivational enhancement strategies.

Skill in:

1. Communicating and applying laws, regulations, and ethical principles including professional boundaries.
2. Facilitating communication while engaging diverse individuals, support systems, and social networks.
3. Demonstrating sensitivity to, and respect for, individual differences.
4. Creating and integrating collaborative relationships.
5. Matching interviewing techniques to an individual's stage of change.

Task 3 – Collaboratively identify and prioritize treatment needs with the individual and support system.

Knowledge of:

1. Strategies for clearly, effectively and empathetically presenting the assessment data.
2. The relevance of specific screening and assessment tools in evaluating symptom severity.
3. Collaborative methods for developing consensus regarding needs and priorities for treatment and recovery.

Skill in:

1. Presenting assessment data clearly and empathetically.

2. Evaluating the extent to which the data presented is understood and accepted.
3. Communicating appropriately, both verbally and non-verbally, with diverse populations.
4. Identifying and prioritizing needs collaboratively.

Task 4 – In collaboration with the person served, develop and implement integrated treatment and recovery goals using measurable objectives.

Knowledge of:

1. Models of assessment, intervention, and recovery for individuals with co-occurring disorders.
2. Available resources, interventions and services to address a range of treatment related needs.
3. How to match interventions to stages of change.
4. The treatment plan as a working contract between all parties.
5. Barriers to integrated care.
6. How to identify and implement stage specific measurable steps to achieve short and long-term goals, utilizing the individual's strengths and resources.
7. Strengths-based approaches.

Skill in:

1. Collaboratively developing an integrated treatment and recovery plan.
2. Linking persons served with resources and supports that promote recovery.
3. Building consensus.
4. Identifying and overcoming barriers to achieve treatment recovery goals
5. Developing and implementing steps toward treatment and recovery clearly and logically
6. Facilitating active choice in setting recovery goals that build on the strengths of the person served.

Task 5 – Monitor and document individual's progress toward treatment and recovery goals, modifying the plan as necessary.

Knowledge of:

1. The treatment plan as a dynamic working document
2. Documentation procedures rationale and regulations for recording progress toward the achievement of treatment and recovery goals.
3. The stages of change and phases of treatment.
4. Internal and external contributors to relapse.
5. Circumstances that may necessitate a change in the course of treatment.
6. Assessment and treatment planning as an ongoing process.

Skill in:

1. Collaboratively evaluating the effectiveness of treatment interventions on a regular basis.
2. Writing clear, concise notes that track individual's progress using client centered language.

3. Matching interventions to the stages of change.
4. Early identification of and response to relapse risk factors.

Task 6 – Develop integrated discharge and continuing care plans.

Knowledge of:

1. Recovery as a long term process that continues after the treatment relationship ends.
2. Strategies for identifying and managing relapse risk factors.
3. Resources available to support recovery.
4. Documentation procedures rationale and regulations for developing discharge and continuing care plans.

Skill in:

1. Educating persons served and the support system about recovery as a long-term process.
2. Empowering persons served to identify and manage relapse risk factors.
3. Empowering the person served to utilize resources that sustain recovery post-discharge.
4. Writing and communicating discharge and continuing care plans.

DOMAIN IV: COUNSELING

Task 1 - Provide a safe, welcoming, and empathic environment in order to facilitate a collaborative relationship with the person and support systems.

Knowledge of:

1. Communication styles, strategies, and supports that facilitate rapport with diverse populations.
2. Factors in the treatment environment that support or inhibit the collaborative relationship.

Skill in:

1. Engaging persons and family members as collaborators.
2. Demonstrating sensitivity to, and respect for, persons with co-occurring disorders.
3. Identifying and addressing intrapersonal attitudes, values, and beliefs that may impede the development of an inclusive collaborative relationship.

Task 2 - Develop and maintain an ongoing therapeutic relationship.

Knowledge of:

1. Importance of developing and maintaining professional boundaries throughout the treatment and recovery process.
2. Transference and counter transference issues.
3. The power differential intrinsic to the therapeutic relationship.
4. The factors that contribute to the successful establishment and maintenance of therapeutic relationships.
5. Methods to measure treatment satisfaction.

Skill in:

1. Maintaining one's professional boundaries with objectivity and empathic detachment.
2. Recognizing and responding appropriately to transference and counter transference.
3. Demonstrating compassion, empathy, respect, flexibility, and hope to all individuals.
4. Communicating with integrity and honesty.
5. Establishing the person's motivation to remain engaged in the therapeutic process.

Task 3 - Utilize evidence-based integrated counseling strategies and techniques.

Knowledge of:

1. Integrated models of assessment, intervention, and recovery.
2. The interactive relationship between co-occurring disorders.
3. Evidence based counseling theories and techniques for co-occurring disorders.

Skill in:

1. Matching integrative strategies and theoretical approaches to the person's strengths, needs, and goals.
2. Using theories of change and strength based interviewing techniques.

Task 4 – In collaboration with the person served, evaluate the effectiveness of counseling interventions and strategies and modify recovery plan where appropriate.

Knowledge of:

1. Program and treatment specific outcome measures.
2. Implications of relapse on the counseling process.
3. The various perspectives and needs of stakeholders involved in the treatment process.

Skill in:

1. Utilizing and interpreting specific outcome measures.
2. Renegotiating goals and/or action steps.
3. Adjusting strategies based on information obtained from various stakeholders in the treatment process.
4. Documenting progress in reference to the treatment plan for ongoing review with the person and others.

DOMAIN V: MANAGEMENT & COORDINATION OF CARE

Task 1 – Collaborate with the individual and support systems to match services with identified needs and client preferences.

Knowledge of:

1. Available services within the agency and the larger community.

2. Methods for creating a variety of integrative programs and therapeutic models.
3. Various criteria utilized for matching service needs and/or need for additional evaluation.
4. Overlapping and differing principles of recovery from both substance use and mental health disorders.
5. The use of empowerment as it relates to the individual taking responsibility in directing his/her own recovery.

Skill in:

1. Matching services to identified needs and preferences of the person served.
2. Coordinating the efforts and activities of the service delivery system in order to provide integrated care.
3. Identifying and accessing additional resources that extend beyond the scope of the service provider.
4. Explaining options and promoting the person's choice.

Task 2 – Access, coordinate, and facilitate appropriate referrals which maximize treatment and recovery opportunities in partnership with the person served.

Knowledge of:

1. Agency referral processes.
2. Procedures and requirements for accessing services, including funding sources and entitlements.
3. Strategies to promote continuity across the continuum of care.
4. The need to negotiate and advocate to overcome barriers to treatment.
5. The need to coordinate services with multiple systems including family, education, rehabilitation, criminal and juvenile justice, medical and other social services.
6. Peer support services.

Skill in:

1. Negotiating, coordinating, and advocating for needed services.
2. Advocating against discriminatory practices identified throughout the service continuum.
3. Developing and maintaining positive working relationships.
4. Managing service transitions in a manner that ensures continuity of care.
5. Identifying and navigating barriers to treatment.

Task 3 – Monitor, evaluate and advocate within the service delivery system to ensure client access to necessary services.

Knowledge of:

1. Expected outcomes related to treatment service provisions.
2. Protocols for information exchange with other service providers.

3. Mechanisms to monitor treatment response and available alternatives.
4. Follow-up strategies for persons at risk.

Skill in:

1. Monitoring and evaluation techniques to assess treatment outcome focused services.
2. Communicating relevant information with other providers in a timely fashion.
3. Utilizing new information to facilitate access to additional services as needed.
4. Developing an individualized follow-up strategy to ensure continuity of care whenever possible.
5. Identifying risk factors.

DOMAIN VI: EDUCATION OF THE PERSON, THEIR SUPPORT SYSTEM & THE COMMUNITY

Task 1 - Educate the person and family about the symptoms of specific disorders, their interactive effects, and the relationship between symptoms and stressors.

Knowledge of:

1. Categorical diagnostic systems (e.g, DSM-IV-ATR, ICD-9, etc.) and how to apply them.
2. Substance use and mental health disorders as primary co-occurring disorders.
3. Health issues associated with substance abuse and mental health concerns.
4. Effects of co-occurring disorders on the person, support system and community.
5. Actions, interactions and side effects of various classes of prescribed and non-prescribed psychoactive substances.
6. Interactive relationship between the person's mental health status and their pattern of substance abuse.
7. The relationship between stressors and the risk of mental health and/or substance use relapse.
8. Psycho-educational approaches that are inclusive of diversity.

Skill in:

1. Using applicable learning theories and teaching techniques.
2. Tailoring the education to abilities, needs and preferred learning styles of the person and support system.
3. Accessing and utilizing educational resources.

Task 2 - Educate the person and support system about the recovery process.

Knowledge of:

1. Recovery models related to substance use disorders
2. Recovery models related to mental health disorders.
3. Integrated recovery models related to co-occurring disorders.

Skill in:

1. Explaining recovery as a process.
2. Engaging the person and support system in the recovery process.
3. Promoting hope and self-efficacy.

Task 3 - Educate the person and the support system about available self-help and peer groups in the recovery process.

Knowledge of:

1. Support and recovery groups in the local community.
2. Alternative support resources.
3. The history, value, and philosophy of specific self-help and peer groups.

Skill in:

1. Describing the group, their norms, and their purposes.
2. Reviewing the potential benefits and risks of available groups.
3. Assisting in the selection of a group(s) that best meets their needs.
4. Teaching behaviors for effective group participation.

Task 4 - Educate the person and support system about self-advocacy and empowerment.

Knowledge of:

1. Personal rights and responsibilities.
2. Pertinent laws and regulations.
3. Strategies for negotiation and advocacy.
4. Assertiveness training techniques.
5. Barriers and discriminatory practices which may occur in the treatment and recovery process.
6. Service systems and resources.

Skill in:

1. The use of role-playing techniques and assertiveness training.
2. Supporting access to resources and navigating systems
3. Encouraging empowerment.
4. Promoting confidence and self-efficacy.

Task 5 - Educate society about the relationship between mental health and substance use.

Knowledge of:

1. Psychological, physiological, social, and emotional effects of discrimination.
2. Stigma and discrimination related to co-occurring disorders.
3. Co-occurring disorders and integrated treatment.
4. Value and effectiveness of treatment.
5. Cost analysis of treatment delivery.
6. Current research regarding treatment efficacy.
7. Prevailing community and political structure.

Skill in:

1. Assessing and synthesizing current literature and research.
2. Organizing and presenting materials.
3. Communicating effectively and persuasively.
4. Mediation and negotiation.

DOMAIN VII: PROFESSIONAL RESPONSIBILITY

Task 1 – Adhere to multi-disciplinary codes of ethics, laws, and standards of practice.

Knowledge of:

1. Applicable professional codes of ethics pertaining to agency, discipline, and/or scope of practice.
2. Client rights.
3. Consequences of violating applicable codes of ethics.
4. Professional standards of practice.
5. Cross-cultural competencies for mental health and substance abuse providers.
6. Overt and subtle forms of discrimination.

Skill in:

1. Translating applicable codes of ethics into professional behavior.
2. Effective written and oral communication.
3. Applying professional standards of practice in a culturally competent manner.
4. Assessing personal and system bias.

Task 2 - Follow appropriate policies and procedures by adhering to laws and regulations regarding substance use and mental health treatment as they relate to integrated care.

Knowledge of:

1. Mandatory reporting requirements.
2. Applicable statutes, regulations and agency policies.
3. Applicable confidentiality regulations and consequences of non-compliance.
4. Processes to address complaints and grievances.
5. Anti-discrimination guidelines.

Skill in:

1. Interpreting and integrating policies, procedures, and regulations.
2. Applying confidentiality regulations.
3. Communicating relevant statutes, regulations, complaint and grievance procedures to the person being served.
4. Applying anti-discrimination guidelines.
5. Complying with mandatory reporting requirements.

Task 3 - Recognize and maintain professional and personal boundaries.

Knowledge of:

1. Personal and professional strengths and limitations.
2. Transference/countertransference.

3. The importance of utilizing supervision and peer feedback.

Skill in:

1. Identifying, evaluating, and managing boundary issues.
2. Eliciting and utilizing feedback from supervisors and peers.

Task 4 - Engage in continuing professional development.

Knowledge of:

1. Methods for establishing professional development goals.
2. Education, certification, credentialing requirements and scope of practice restrictions.
3. Current professional literature and resources on emerging substance use, mental health, and co-occurring treatment practices.
4. Resources for education and training in evidence-based substance use, mental health, and integrated treatment practices.

Skill in:

1. Assessing professional development and training needs.
2. Selecting and accessing training and educational opportunities.
3. Critically interpreting professional literature.
4. Applying practical and professional knowledge and experience.

Task 5 - Participate in clinical and administrative supervision and consultation.

Knowledge of:

1. The use of supervision in the ongoing assessment of professional skills and development.
2. Resources for clinical administrative supervision and consultation.
3. The function and need for clinical and administrative consultation and technical assistance.

Skill in:

1. Recognizing one's own professional capabilities and limitations in providing integrated treatment.
2. Recognizing and communicating the need for consultation and supervision.
3. Reviewing and consulting on clinical issues.
4. Accepting and utilizing constructive criticism and positive feedback.

Task 6 - Advocate for public policy and resource development in support of integrated services.

Knowledge of:

1. The use and importance of public relation techniques.
2. Existing resources and community organizations.
3. The importance of interagency and community collaboration.
4. Government systems and political leaders.

Skill in:

1. Accessing avenues for policy and political change.
2. Effective public relations techniques.
3. Identifying common interests and areas of potential conflict between stakeholders.

EXAM

The examination for Certified Co-Occurring Disorders Professional is the same for both CCDP & CCDP-D, and is an examination that tests knowledge and skills about co-occurring disorders. The exam is based on current practice in the field, and is offered via computer. Applicants will be able to choose the date, time and location of their exam once their application is complete.

A candidate guide will be included in the application packet and may also be found on the IBC web site. The purpose of the Candidate Guide is to provide you with guidance for the CCDP examination process. By providing you with background information on examination domains and sample questions, your preparation for the exam can be enhanced.

If the applicant is scheduled to take the exam but cancels within 40 days of the exam, or does not show up for the exam, \$115.00 of the exam fee will not be refunded. If the applicant gives more than a 40-day notice of being unable to take the scheduled exam, the fee will be applied toward the next exam.

EXAMINATION CONTENT

A 2008 Job Task Analysis Assessment Report for Co-Occurring Disorders Professionals identified seven performance domains. Within each performance domain there are several identified task statements, knowledge, and skill areas that provide the basis for questions in the examination. This Candidate Guide contains detailed information on the domains, tasks, knowledge, and skill areas.

TAKING THE EXAMINATION

The test measures the seven major Performance Domains in co-occurring disorders. Test questions are designed to assess knowledge as well as the candidate's ability to assess typical co-occurring disorders clients and apply sound principles. Successful candidates will draw on knowledge, analysis, and application to identify the one best option.

If an applicant fails the exam, the applicant may re-take the exam upon submission of the exam fee. The exam must be successfully completed within one year of notification that the application was complete, or the applicant must purchase a new handbook and begin the application process anew. Exams can be taken no more often than every 60 days.

APPLICATION PROCESS

HOW TO APPLY

Each Application has a unique application number that appears on each form to be submitted. **The application and its forms will expire one (1) year from the date of issue.**

To complete the application, follow these steps:

1. Applicants begin the application process in one of two ways:
 - a. Applicant may download the handbook at no charge from the IBC web site; or,
 - b. Applicant may request the handbook for a nominal fee from the IBC office.When the applicant is ready to apply, the applicant needs to request in writing (along with submission of the application fee) the numbered application packet from the IBC office and pay the non-refundable application fee included with the application will be a cover letter to the applicant with a stamped applicant identification number on it, appendices, and relevant stamped forms. A copy of the application request letter will be placed in the applicant's file.
 2. The applicant is required to meet the education and experience requirements.
 3. The applicant is required to submit the completed application to IBC for eligibility and format review.
 4. The applicant will take and pass the exam.
 5. The applicant will be notified of approval or denial of certification.
- A. All information must be documented on the numbered forms provided in the application; only the original application will be accepted. Forms must bear original signatures. It is recommended you keep a copy of your completed application before mailing it to IBC.
- B. **Ask your supervisor to complete Form 09, "Supervisor's Evaluation."** You may have more than one supervisor complete a Form 09.
- An applicant must receive at least an average score of one on the Supervisor's Evaluation. IBC staff shall score the Supervisor's Evaluation. If the score is not sufficient, the application shall be considered incomplete and the applicant will not be scheduled for the test until the minimum required score is received or the evaluation is resubmitted.
- C. **Complete Forms 01, 02, 03, 04, 05, and 06** which will provide the needed information on your education and experience. Attach any additional documentation as directed. **Include a written job description.**
- D. Contact any college or university you attended to request a transcript be sent directly to the IBC office from that college or university.

E. **Verify the completeness of your application** by reviewing the checklist on the final page of this handbook. Check with your supervisor to ensure the completion and mailing of Form 09.

F. **Mail the completed application and the exam fee to:**

Iowa Board of Certification
225 NW School St.
Ankeny, Iowa 50023

All application materials must be delivered to this address. Application materials become the property of IBC and will not be returned to the applicant.

G. **Questions?** All questions should be directed to IBC at the above address, or by calling (515) 965-5509, or emailing the Executive Director at info@iowabc.org.

Repeating the Application Process. An applicant who repeats the application process must receive a new application number through the purchase of a new Application Packet. Application materials submitted as part of the first application may be combined with part of the second application. However, the new application number must appear on each section of the second application. The combining of materials is the responsibility of the applicant.

Recommendation for Approval. Upon determining that demonstration of competence has been shown in the test, a recommendation is made to the IBC Board that the applicant be granted CCDP/CCDP-D certification.

Certification. Once the IBC Board approves the recommendation, the applicant will receive notification after successful completion of competency reviews, along with a request for payment of the certification fee. When the fee is received, IBC will issue a certificate to the applicant as verification of certification. The fee must be paid within thirty (30) days of the date of notification or the application will be considered inactive and the applicant must reapply. Certification is not valid until approved by the IBC board and receipt of the certification fee.

CERTIFICATION PERIOD

The Iowa certification period encompasses two calendar years, commencing from the first day of the month that follows approval by the Iowa Board of Certification. Dates of validation are printed on the counselor's certificate. The application for recertification can be found on the IBC web site and must be postmarked on or before the date of certificate expiration (but no later than 45 days following the expiration date) or the late fee will be due. Applications postmarked more than 45 days following the expiration date will not be accepted and the certification will be considered as lapsed.

DUAL CERTIFICATION

To support those professionals who wish to carry more than one IBC credential, the certification fee of both credentials shall be at a 25% discount.

Similarly, those holding more than one IBC credential shall receive a 25% decrease in the recertification fees as long as both credentials are maintained.

This policy refers to IBC credentials only: Certified Alcohol and Drug Counselor (CADC) and Advanced Certified Alcohol and Drug Counselor (ACADC), Certified Prevention Specialist (CPS), Certified Assessment Specialist (CAS), Certified Gambling Treatment Counselor (CGTC), Certified Criminal Justice Professionals (CCJP), Certified Co-Occurring Disorders Professional (CCDP), Certified Co-Occurring Disorders Professional-Diplomate (CCDP-D) and Certified Clinical Supervisor (CCS).

National or state licenses/credentials do not apply.

FEES

Refer to the "Fee Schedule" attached to the certification application or on the IBC web site.

CERTIFICATION APPEAL PROCEDURES

Appeal of the Denial for Certification. Every applicant shall be provided the opportunity to appeal the decision of the Board regarding the applicant's certification to the Ethics and Appeals Committee. Only under extraordinary circumstances can an appeal be submitted for the denial of the test.

If the applicant desires to appeal the decision of the Board regarding certification, the applicant shall send a written request for an appeal review meeting within thirty (30) days of receipt of the certified notice of denial of certification. The response shall be addressed to:

**Executive Director
Iowa Board of Certification
225 NW School St.
Ankeny, Iowa 50023**

Appeal Review Meeting. An appeal review meeting shall be held at a time and place fixed by the chairperson of the Ethics and Appeals Committee.

- A. All appeal review meetings of the Ethics and Appeals Committee shall be closed to the public. Only committee members, those invited by the committee to testify, and staff members shall be in attendance.
- B. There shall be no contact prior to the appeal review meeting between the applicant and any member of the Ethics and Appeals Committee for the purpose of discussing the appeal.
- C. The Ethics and Appeals Committee shall review with the applicant the reasons for denial of certification and the applicant may present any information he or she feels is relevant.
- D. The Ethics and Appeals Committee may not consider additional materials presented by the applicant for the purposes of correcting deficiencies in the test.
- E. The Ethics and Appeals Committee shall make a determination to:
 - 1. Recommend that the Board uphold the decision regarding certification.
 - 2. Recommend that the Board overturn the decision regarding certification.
 - 3. Recommend that the Board remand the application to the Committee on Credentialing for re-review.
- F. If an applicant who has requested an appeal review meeting, and upon whom proper notice of the meeting has been served, fails to appear for the meeting, the Committee shall proceed with the conduct of the review and the applicant shall be bound by the results to the same extent as if the applicant had been present.
- G. The Board shall, at its next regular scheduled meeting, vote to accept or reject the recommendations of the Ethics and Appeals Committee.
- H. The applicant shall be notified by certified mail within two weeks of the decision of the Board concerning the appeal.

RECERTIFICATION

HOW TO RENEW CERTIFICATION

Certification must be renewed every two years. Dates of validation are printed on the certificate. Recertification is a continuous process which involves earning continuing education credit on an on-going basis, as well as submission of the actual recertification application.

Recertification applications can be found on IBC's web site at www.iowabc.org. In addition, counselors due to recertify each quarter are listed in the IBC newsletter as well as on our web site. **Please note: It is the responsibility of the professional to keep track of recertification dates and to make timely application for recertification.**

Recertification materials will not be sent to you unless you request them from the IBC office.

An application for recertification shall include the following:

1. Completion of Form 12, "Application for Recertification." This form must be signed and dated by the professional.
2. Submission of Form 11, "Verification of Continuing Education" form to be completed for all trainings attended with copies of certificates of completion attached, totaling at least 40 clock hours, signed by the professional. All continuing education hours must be completed within the validation dates shown on the certificate.
3. Submission of the recertification fee, as well as applicable CEU processing fees and the late penalty fee, if applicable.

LATE PENALTIES

1. The application for recertification must be postmarked on or before the certification expiration date, or the late penalty will be imposed beginning on the day following the certification expiration date.
2. A forty-five (45) day penalty period following the certification expiration date shall be allowed.
3. During the penalty period of the certification, the professional may choose to do one of the following:
 - a. Renew the certification by submitting the required documentation of Professional Development, the recertification fee, and the penalty fee;
 - b. Apply for voluntary inactive status, if applicable; **or**
 - c. Allow the certification to lapse. Certification will lapse on the 46th day. If certification is lapses, the professional may again apply for certification whenever he/she believes that the criteria can be met. At that time, the professional may purchase a new application packet and begin the application process anew.

CONTINUING EDUCATION REQUIREMENTS

Certified co-occurring disorders professionals must obtain forty (40) clock hours of continuing education during the two-year certification period to qualify for recertification.

- Three (3) of the clock hours must be in ethics
- The remainder of the hours must be education specific to Co-occurring Disorders

No more than 20 clock hours may be earned through distance learning for each two-year certification period.

Up to 10 hours of credit may be used from IBC approved in-service trainings.

To receive college credit for clock hours, a minimum grade of "C" is required. One semester hour equals 15 clock hours. One quarter hour equals 10 clock hours. If college courses are being used, an original transcript must be sent from the college to the IBC office.

The required forty (40) clock hours may be obtained in more than one category. If desired, all forty (40) clock hours may be earned in Category A.

CATEGORY A - ATTENDING FORMAL TRAININGS

A minimum of twenty-five (25) clock hours must be obtained through a combination of pertinent courses, workshops and/or seminars. Accredited home-study courses may be included.

Professionals will be assessed a CEU Processing Fee per submitted workshop that has not been IBC-approved (see definition on page 43). The fee is not charged for college courses submitted for IBC credit.

CATEGORY B - TEACHING OTHER PROFESSIONALS

A maximum of fifteen (15) clock hours may be obtained in this category. The number of hours awarded will be equal to the number of hours spent in actual teaching time. Credit also will be awarded for repeated workshop presentations offered by a professional as the presenter.

CATEGORY C - PARTICIPATORY LEARNING EXPERIENCES AND COMMUNITY INVOLVEMENT

Prior approval is recommended. A maximum of fifteen (15) clock hours may be obtained in this category which includes documented credit for direct participation (e.g. public speaking or volunteering in a professional capacity) with substance abuse or community

boards, committees, or task forces which are substance abuse/co-occurring related, as well as independent peer review. Volunteering as a parent, such as a teacher's assistant or Cub Scout leader, DOES NOT qualify for credit. The intent of the category is to encourage professionals to participate in the community in a professional capacity to promote the profession and the welfare of the public.

GENERAL GUIDELINES

The following general guidelines apply to Continuing Education:

- A. The content of all courses on continuing education must be relevant to the Domains as listed in the Application Handbook.
- B. The following is an example of continuing education that will not receive IBC credit.
 - 1. Parenting or other programs that are designed for lay people.
 - 2. Basic living skills.
 - 3. Orientation programs, meaning, a specific series of activities designed to familiarize employees with the policies and procedures of an institution.
- C. Continuing education hours exclude non-program time such as coffee breaks, social hours, and time allocated for meals.
- D. The forty (40) clock hours must be obtained within each certification period; that is, between the dates of certification shown on the certificate. Therefore, hours earned before the last application was submitted will not be accepted.
- E. Continuing education hours are not cumulative. Therefore, additional hours earned during one certification period **and** before the recertification application was submitted will not be accepted for the next period.
- F. One approved college or university semester hour credit is the equivalent of fifteen (15) clock hours and one approved college or university quarter hour credit is the equivalent of ten clock hours. In order to give IBC credit for college coursework, an original transcript will need to be sent to the IBC office.
- G. Professionals cannot repeat an *identical* training within his or her recertification period.
- H. The minimum acceptable unit of credit for any single experience is one clock hour.
- I. Professionals may submit Form 11, "Verification of Continuing Education," upon completion of any activity for which continuing education credit is desired. It may also be to the professional's advantage to seek information from the IBC office about whether a particular activity may qualify for credit prior to attendance or participation.
- J. It is the responsibility of each professional to maintain records of continuing education credit for submission with the Application for Recertification. *IBC does not keep records of individuals' credits.*

VOLUNTARY INACTIVE STATUS

Inactive certification status is for the certified professional who is currently **not working as a co-occurring disorder professional**, yet plans to someday return to that field.

Not having earned enough continuing education hours or an employer not requiring IBC-certification are inadequate reasons to be granted inactive status.

In addition to the professional not working in the field, the Iowa Board of Certification may grant inactive status under the following circumstances:

1. Behavior-Medical problems
2. Maternity, paternity, or family
3. Education
4. Military service
5. Other valid reasons

Instructions. Certified individuals desiring inactive status shall send a letter of request to the IBC office which includes:

1. Current home address and telephone number.
2. Reason for request.
3. Final date of employment in the field.
4. Anticipated date of return to employment in the field.
5. Non-refundable enrollment fee.

At the next scheduled regular IBC Board meeting, the request for inactive status will be considered. The applicant will be notified upon the Board's decision.

Fees. The following fees must be remitted in order to obtain inactive status and reactivation of certification.

To maintain inactive status, a letter of request, as described above, and the appropriate fee must be sent on or before the annual expiration date or the late fee will be assessed. The 45-day penalty period and late fees apply.

To restore to active certification, the application for recertification must be submitted along with the applicable recertification fee.

Rights, Limitations, and Responsibilities.

1. While on inactive status, an individual shall continue to receive all bulletins, newsletters, and other communications from IBC.
2. A professional on inactive status may not use the initials of a certified co-occurring disorders professional (CCDP).
3. Individuals on inactive status are not eligible for reciprocity.
4. Inactive individuals must adhere to applicable aspects of the IBC Code of Ethics.

5. The inactive individual must notify IBC immediately upon returning to work in the co-occurring disorders field. Failure to notify the Board within 30 days of returning to such employment will constitute a violation of the IBC Code of Ethics and will result in referral to the Board for investigation, in accordance with the procedures outlined in the Code of Ethics. The inactive individual must successfully reactivate certification within 90 days of returning to employment.

Reactivation. Individuals requesting reactivation of their certification status shall follow the recertification process and meet residency requirements. Current recertification forms will be available on the IBC web site. At least 25 of the 40 clock hours must have been earned within two years of the reactivation application.

CODE OF ETHICS
FOR CERTIFIED CO-OCCURRING DISORDERS PROFESSIONALS

INTRODUCTION

All certified professionals must subscribe to the IBC Code of Ethics upon application for certification. This Code of Ethics is adopted to aid in the delivery of the highest quality of professional care to persons seeking chemical dependency/co-occurring services. It is hoped that these standards will assist the certified professional to determine the propriety of his or her conduct in relationships with clients, colleagues, members of allied professions, and the public.

The Board is committed to investigate and sanction those who breach this Code of Ethics. Certified professionals, therefore, are encouraged to thoroughly familiarize themselves with the Code of Ethics and to guide their behavior according to the principles set forth below.

Violation of the IBC Code of Ethics shall be deemed as grounds for discipline. Engaging in unethical conduct includes, in addition to violation of the Principles enumerated herein, any other violation that is harmful or detrimental to the profession or to the public.

SUBSCRIPTION TO CODE OF ETHICS

Persons applying for certification must subscribe to the Iowa Board of Certification's Code of Ethics for Certified Professionals and so indicate by signing Form 02. This subscription will be in effect until their certification is no longer valid. In the event the applicant did not successfully complete the certification process, the subscription shall be in effect until the application period expires. IBC can provide specific information regarding these time-frames.

SPECIFIC PRINCIPLES

PRINCIPLE I. Responsibility to clients. Certified professionals respect the rights of those persons seeking their assistance and make reasonable efforts to ensure that their services are used appropriately.

- A. Certified professionals do not discriminate against or refuse professional service to anyone on the basis of race, gender, religion, national origin or sexual orientation.
 - 1. Certified professionals avoid bringing personal or professional issues into the counseling relationship. Through an awareness of the impact of stereotyping and discrimination, the professional guards the individual rights and personal dignity of clients.

2. Certified professionals are knowledgeable about disabling conditions, demonstrate empathy and personal emotional comfort in interactions with clients with disabilities, and make available physical, sensory, and cognitive accommodations that allow clients with disabilities to receive services.
- B. Certified professionals do not use their professional relationships with clients to further their own interests.
 - C. Certified professionals respect the right of clients to make decisions and help them to understand the consequences of these decisions.
 - D. Certified professionals continue therapeutic relationships only as long as it is reasonably clear that clients are benefiting from the relationship.
 - E. Certified professionals assist persons in obtaining other therapeutic services if the professional is unable or unwilling to provide professional help.
 - F. Certified professionals do not abandon or neglect clients in treatment without making reasonable arrangements for the continuation of such treatment.
 - G. Certified professionals obtain written, informed consent from clients before videotaping, audio recording, or permitting third-party observation.
 - H. Certified professionals respect the integrity and protect the welfare of the client. The professional, in the presence of professional conflict, is concerned primarily with the welfare of the client.
 - I. Certified professionals ensure the presence of an appropriate setting for clinical work to protect the client from harm and the counselor and professional from censure.
 - J. Certified professionals do not continue to practice while having a physical or mental disability which renders the professional unable to practice the occupation or profession with reasonable skill or which may endanger the health and safety of the persons under the professional's care.
 - K. Certified professionals do not engage in the conduct of one's practice while suffering from a contagious disease involving risk to the client's or public's health without taking adequate precautions including, but not limited to, informed consent, protective gear or cessation of practice.

PRINCIPLE II. Dual relationships.

- A. Certified professionals are aware of their influential position with respect to clients, and they avoid exploiting the trust and dependency of such persons. Professionals, therefore, make every effort to avoid dual relationships with clients that could impair professional judgment or increase the risk of exploitation. When a dual relationship cannot be avoided, professionals take appropriate professional precautions to ensure judgment is not impaired and no exploitation occurs. Examples of such dual

relationships include, but are not limited to, business or close personal relationships with clients and/or their family members.

1. Soliciting and/or engaging in sexual conduct with clients is prohibited; this includes the five years following the termination of services.
 2. Certified professionals do not accept as clients anyone with whom they have engaged in sexual conduct.
- B. Certified professionals are aware of their influential position with respect to students, employees, and supervisees, and they avoid exploiting the trust and dependency of such persons. Professionals, therefore, make every effort to avoid dual relationships that could impair professional judgment or increase the risk of exploitation. When a dual relationship cannot be avoided, professionals take appropriate professional precautions to ensure judgment is not impaired and no exploitation occurs. Examples of such dual relationships include, but are not limited to, business or close personal relationships with students, employees or supervisees.
1. Provision of therapy to students, employees, or supervisees is prohibited.
 2. Sexual conduct with students or supervisees is prohibited.

PRINCIPLE III. Confidentiality. Certified professionals embrace, as primary obligation, the duty of protecting the privacy of clients and do not disclose confidential information acquired in teaching, practice or investigation without appropriately executed consent.

- A. Certified professionals make appropriate provisions for the maintenance of confidentiality and the ultimate disposition of confidential records. Professionals ensure that data obtained, including any form of electronic communication, are secured by the available security methodology. Data shall be limited to information that is necessary to and appropriate to the services being provided and be accessible only to appropriate personnel.
- B. Certified professionals adhere to all federal, state, and local laws regarding confidentiality and the professional's responsibility to report clinical information in specific circumstances to the appropriate authorities.
- C. Certified professionals discuss the information obtained in clinical, consulting, or observational relationships only in the appropriate settings for professional purposes that are in the client's best interest. Written and oral reports present only data germane and pursuant to the purpose of evaluation, diagnosis, progress, and compliance. Every effort is made to avoid undue invasion of privacy.
- D. Certified professionals reveal information received in confidence only when there is a clear and imminent danger to the client or other persons, and then only to appropriate workers, public authorities, and threatened parties.

PRINCIPLE IV. Professional competence and integrity. Certified professionals maintain high standards of professional competence and integrity.

- A. Certified professionals seek appropriate professional assistance for their personal problems or conflicts that may impair work performance or clinical judgment.
- B. Certified professionals, as teachers, supervisors, and researchers, are dedicated to high standards of scholarship and present accurate information.
- C. Certified professionals do not engage in sexual or other harassment or exploitation of clients, students, trainees, supervisees, employees, colleagues, research subjects, or actual or potential witnesses or complainants in investigations and ethical proceedings.
- D. Certified professionals do not diagnose, treat, or advise on problems outside the recognized boundaries of their competence.
- E. Certified professionals do not engage in conduct which does not meet the generally accepted standards of practice for the substance abuse/co-occurring profession including, but not limited to, incompetence, negligence or malpractice.
 - 1. Falsifying, amending or making incorrect essential entries or failing to make essential entries of client record.
 - 2. A substantial lack of knowledge or ability to discharge professional obligations within the scope of the alcohol and drug/mental health profession.
 - 3. A substantial deviation from the standards of skill ordinarily possessed and applied by professional peers in the state of Iowa acting in the same or similar circumstances.
 - 4. Acting in such a manner as to present a danger to public health or safety, or to any client including, but not limited to, impaired behavior, incompetence, negligence or malpractice.
 - 5. Failing to comply with a term, condition or limitation on a certification or license.
 - 6. Failing to obtain an appropriate consultation or make an appropriate referral when the problem of the client is beyond the certified professional's training, experience or competence.
 - 7. Suspension, revocation, probation or other restrictions on any professional certification or licensure imposed by any state or jurisdiction, unless such action has been satisfied and/or reversed.
 - 8. Administering to oneself any controlled substance, or aiding and abetting the use of any controlled substance by another person.
 - 9. Using any drug or alcoholic beverage to the extent or in such manner as to be dangerous or injurious to self or others, or to the extent that such use impairs the ability of such person to safely provide professional services.

10. Using alcohol or any dangerous drug or controlled substance while providing professional services.
11. Refusing to seek evaluation and follow through with the recommended treatment for chemical dependency or a mental health problem which impairs professional performance.

PRINCIPLE V. Responsibility to students, employees, and supervisees. Certified professionals do not exploit the trust and dependency of students, employees, and supervisees.

- A. Certified professionals do not permit students, employees, or supervisees to perform or to hold themselves out as competent to perform professional services beyond their training, level of experience and competence.
- B. Certified professionals who supervise others accept the obligation to facilitate further professional development of these individuals by providing accurate and current information, timely evaluations, and constructive consultation.

PRINCIPLE VI. Responsibility to the profession. Certified professionals respect the rights and responsibilities of professional colleagues.

- A. Professionals treat colleagues with respect, courtesy, and fairness and afford the same professional courtesy to other professionals.
 1. Certified professionals do not offer professional services to a client in counseling with another professional except with the knowledge of the other professional or after the termination of the client's relationship with the other professional.
 2. Certified professionals cooperate with duly constituted professional ethics committees and promptly supply necessary information unless constrained by the demands of confidentiality.
 3. Certified professionals report the unethical conduct or practice of others in the profession to the appropriate certifying authority.
 4. Certified professionals do not knowingly file a false report against another professional concerning an ethics violation.
- B. As employees or members of organizations, certified professionals refuse to participate in an employer's practices which are inconsistent with the ethical standards enumerated in this Code.
- C. Certified professionals assign publication credit to those who have contributed to a publication in proportion to their contributions and in accordance with customary professional publication practices.
- D. Certified professionals who are the authors of books or other materials that are published or distributed cite persons to whom credit for original ideas is due.

PRINCIPLE VII. Financial arrangements. Certified professionals make financial arrangements for services with clients and third-party payers that are reasonably understandable and conform to accepted professional practices.

- A. Certified professionals do not offer, give or receive commissions, rebates or other forms of remuneration for the referral of clients.
- B. Certified professionals do not charge excessive fees for services.
- C. Certified professionals disclose their fees to clients at the beginning of services.
- D. Certified professionals do not enter into personal financial arrangements.
- E. Certified professionals represent facts truthfully to clients and third-party payers, regarding services rendered.
- F. Certified professionals do not accept a private fee or any other gift or gratuity for professional work.

PRINCIPLE VIII. Advertising. Certified professionals engage in appropriate informational activities, including those that enable lay persons to choose professional services on an informed basis.

- A. Certified professionals accurately represent their competence, education, training, and experience.
- B. Certified professionals do not use a firm name, letterhead, publication, term, title designation or document which states or implies an ability, relationship or qualification which the professionals does not have.
- C. Certified professionals do not use any professional identification (such as a business card, office sign, letterhead, or telephone or association directory listing) if it includes a statement or claim that is false, fraudulent, misleading, or deceptive. A statement is false, fraudulent, misleading, or deceptive if it:
 - 1. contains a material misrepresentation of fact;
 - 2. fails to state any material fact necessary to make the statement, in light of all circumstances, not misleading; or
 - 3. is intended to or is likely to create an unjustified expectation.

PRINCIPLE IX. Legal and Moral Standards. Certified professionals uphold the law and have high morals in both professional and personal conduct.

Grounds for discipline under this principle include, but are not limited to, the following:

- 1. Conviction of any felony or misdemeanor, excluding minor traffic offenses, whether or not the case is pending an appeal. A plea or verdict of guilty or a conviction following an Alford Plea, or any other plea which is treated by the court as a plea of guilty and all the proceedings in which the sentence was deferred or suspended, or the conviction expunged shall be deemed a conviction within the meaning of this section.

2. Permitting, aiding, abetting, assisting, hiring or conspiring with an individual to violate or circumvent any of the laws relating to licensure or certification under any licensing or certification act.
3. Fraud-related conduct under this principle includes, but is not limited to, the following:
 - a. Publishing or causing to be published any advertisement that is false, fraudulent, deceptive or misleading.
 - b. Engaging in fraud, misrepresentation, deception or concealment of material fact in:
 1. Applying for or assisting in securing certification or certification renewal.
 2. Taking any examination provided for #1 above including fraudulently procured credentials.
 - c. Making misleading, deceptive, untrue or fraudulent representation in the practice or the conduct of the alcohol and drug/mental health profession or practicing fraud or deceit, either alone or as a conspirator.
 - d. Failing to cooperate with an investigation by interfering with an investigation or disciplinary proceeding by willful misrepresentation of facts before the disciplining authority or its authorized representatives; by use of threats or harassment against, or inducement to any patient, client or witness to prevent them from providing evidence in a disciplinary proceeding or any person to prevent or attempt to prevent a disciplinary proceeding or other legal action from being filed, prosecuted or completed. Failing to cooperate with a board investigation in any material respect.
 - e. Committing a fraudulent insurance act.
 - f. Signing or issuing, in the certified professional's capacity, a document or statement that the counselor knows, or ought to know, contains a false or misleading statement.
 - g. Using a firm name, letterhead, publication, term, title designation or document which states or implies an ability, relationship or qualification which the professional does not have.
 - h. Practicing the profession under a false name or name other than the name under which the certification is held.
 - i. Impersonating any certified professional or representing oneself as a certified professional for which one has no current certification.
 - j. Charging a client or a third party payer for a service not performed, or submitting an account or charge for services that is false or misleading. This does not apply to charging for an unkept appointment by a client.

- k. Charging a fee that is excessive in relation to the service or product for which it is charged.
 - l. Offering, giving or promising anything of value or benefit to any federal, state, or local employee or official for the purpose of influencing that employee or official to circumvent federal, state, or local law, regulation or ordinance governing the certified professional or the profession.
4. Engaging in sexual conduct, as defined in the Iowa Code, with a client during a period of time in which a professional relationship exists and for one year after that period of time.

DEFINITIONS

See Glossary of Terms.

INVESTIGATION

Complaint Procedure. Any individual may file a complaint against a certified professional by submitting a completed “Ethics Violation Allegation Worksheet” (available on IBC’s web site at iowabc.org or by requesting one from the IBC office).

1. The Ethics Violation Allegation Worksheet shall be submitted to:
Executive Director
Iowa Board of Certification
225 NW School St.
Ankeny, Iowa 50023
2. A copy of the Worksheet is forwarded to the Ethics & Appeals Committee chairperson.
3. The Executive Director shall send a letter to the complainant to acknowledge receipt of the complaint and that it has been forwarded to the Ethics Committee.
4. The Ethics Committee, at their next monthly meeting, determines which principle(s) may have been violated.
5. If a potential violation has been determined, an investigator is assigned and the investigation is started.
6. If, in committee review, the allegation does not warrant assignment of an investigation, the complainant and the person who is alleged to have violated the principle will be notified of that decision. The allegation worksheet will be maintained in a committee file.
7. The Executive Director sends a certified letter to the respondent, notifying him/her that a complaint has been received, that an investigation has begun, and that he/she will be sent correspondence by the investigator. **Note: not cooperating with an investigation can result in a violation of Principle VI.**
8. The Executive Director shall send a certified letter to the complainant stating that the investigation has begun and that the investigator may be in contact with him/her.
9. When all investigation is completed, the investigator will report to the Ethics Committee. The committee shall review the information and make one of the following recommendations to the hearing panel:

- a. Disciplinary hearing be held, or
 - b. Dismiss the complaint
10. Following the hearing, the respondent and complainant are notified in writing of the actions taken by the Board.

Should further violations be uncovered in the course of an investigation, these would comprise an additional complaint by the Committee on Ethics and Appeals. If a complaint has been filed, the Ethics Committee may, at its discretion, proceed with an investigation even if the complainant subsequently requests that the complaint be withdrawn.

HEARING PROCEDURES

Order for Hearing. Upon recommendation of the Committee on Ethics and Appeals, the IBC Board shall approve the date, time and place for an ethics hearing and shall appoint a hearing panel for the proceedings. Within ten (10) days of Board action, a written notice will be sent to the complainant, the respondent and the hearing panel members.

- A. The hearing panel shall be comprised of three directors of the Board, excluding any member having a conflict of interest in the matter. At least one of the three members of the hearing panel shall be a certified professional.
- B. Both the respondent and complainant will be provided with a copy of the investigative summary and recommendations including the level of violation severity and the hearing procedures.
- C. The notice of the hearing shall state:
 1. The date, time, and location of the hearing; and
 2. The respondent may, at his or her expense, be represented by legal counsel at the hearing; and
 3. The rules by which the hearing shall be governed.

A hearing may only be postponed at the discretion of the hearing panel chair and/or the IBC Executive Director.

Conduct of Hearing. The hearing shall be conducted in compliance with the following rules:

- A. The hearing shall be conducted by the hearing chair as assigned by the Ethics & Appeals Committee Chair or Executive Director, an impartial administrative law judge, attorney, or other person designated by the board.
- B. The investigator or chairperson of the Committee on Ethics and Appeals, or a representative designated by the Committee on Ethics and Appeals, shall present evidence in support of the Committee's recommendation before the hearing panel. The complainant and the respondent shall be allowed the opportunity to participate in the hearing. Witnesses will be called when appropriate, but shall only be present in the hearing during their testimony. The hearing shall be closed to the public.
- C. The hearing panel shall not be bound by common law or statutory rules of evidence, and may consider all evidence having probative value.

- D. No discovery shall be permitted and no access to Board files shall be allowed by the respondent except as specifically provided for herein. The Board shall keep all files in permanent form and confidential, unless otherwise provided or directed in writing by the President of the Board or the President's designee, for disciplinary purposes or by a specific rule of the IBC Board.
- E. After completion of the investigation and prior to the commencement of the hearing, members of the Board and hearing panel shall not discuss the case with either the complainant or the respondent in order to maintain neutrality and impartiality. The Executive Director may act as a source of general information to all parties.
- F. Members of the hearing panel may inquire and/or conduct relevant fact-finding to obtain the information necessary to make an accurate determination of the facts of the case. If additional violations are discovered during the hearing, it may result in additional sanctions.
- G. Board members and committee members who are not serving in an official capacity during the hearing shall not be present unless all parties present agree to such circumstances.
- H. A member of the IBC staff shall be responsible for record keeping at the hearing.
- I. The hearing shall be audio taped.

Failure by Respondent to Appear. If a respondent, upon whom proper notice of hearing has been served, fails to appear either in person or represented by counsel at the hearing or otherwise respond to the complaint, the respondent shall be deemed to be at default and bound by the results of the hearing to the same extent as if the respondent had been present.

Right to Waive Hearing. At any time during the ethics investigation process, a respondent has the right to waive an ethics hearing by formal notification in written form with an original signature to IBC. In so doing, the respondent stipulates that the allegations of the ethics violation(s) are correct. As soon as practical, but no later than 90 days upon receipt of the waiver or scheduled hearing date, the Board shall determine any disciplinary sanctions. The decision of the Board shall be final.

Deliberation of the Hearing Panel. Once the chairperson of the Committee on Ethics and Appeals or a representative designee has presented the case information, the complainant and the respondent have had an opportunity to speak, and the hearing panel has asked any questions, the hearing panel will meet in closed session to discuss the facts. A member of the IBC staff is permitted to be present during the deliberation. All panel deliberations will be audio taped.

Decision of the Hearing Panel. The hearing panel shall make the determination regarding violation(s) and disciplinary sanctions as founded, substantiated, unsubstantiated or unfounded. Upon conclusion of the hearing, the hearing panel chair shall submit a written report to the IBC office which shall include:

1. A concise statement of the findings of fact;
2. A conclusion as to whether any specific Principles have been founded, substantiated, unsubstantiated, or unfounded; and
3. The sanctions imposed by the Panel.

At its next regularly scheduled Board meeting, the Board shall be notified of the hearing panel's decision.

The hearing panel's decision and the official hearing panel report shall be sent by certified mail to both the respondent and the complainant and include information on how an appeal may be requested.

Discretion of the Hearing Panel. The following factors may be considered by the hearing panel in determining the nature and severity of the disciplinary sanction to be recommended:

1. The relative seriousness of the violation as it relates to assuring the citizens of this state a high standard of professional service and care;
2. The facts of the particular violation;
3. Any extenuating circumstances or other counter-vailing considerations;
4. The number of complaints;
5. Prior violations or complaints and/or sanctions;
6. Whether the violation was self-reported;
7. Whether remedial action has previously been taken;
8. The level of cooperation from the respondent; and
9. Other factors which may reflect upon the competency, ethical standards and professional conduct of the individual.

Method of Discipline. The hearing panel may impose the following disciplinary sanctions:

1. Temporary revocation or permanent revocation; or
2. Suspension of certification or application privileges; or
3. Denial of an application for certification;
4. Reprimand; or
5. Other sanctions which may be deemed appropriate, such as additional education, training, supervision, competency demonstration, assessment and completion of any recommendations resulting from the assessment and/or other additional requirements in conjunction with any of the above disciplinary sanctions.

Announcement of Decision. At its next scheduled regular meeting, the Board shall be notified of the hearing panel's decision. The decision and the official hearing panel report shall be sent by certified mail to both the respondent and the complainant and include information on how an appeal may be requested.

Confidentiality. At no time prior to the release of the decision by the hearing panel shall any portion or the whole thereof of any action be made public or be distributed to any persons other than the directors of the Board, its Committee on Ethics and Appeals, and its staff.

Publication of Decisions. The decision in any disciplinary proceeding shall be published in whatever manner deemed appropriate by the Board. The employer, if any, shall be notified by certified mail of the final decision of the Board if a violation was founded. IBC may report a disciplinary action against certified professionals to the Iowa Department of Public Health-Division of Health Promotion, Prevention and Addictive Behaviors.

PROCEDURES AND REINSTATEMENT FOLLOWING DISCIPLINARY SANCTION(S)

Repossession of Certificate. If a respondent's IBC credential has been suspended, denied, or revoked, the respondent must return his or her certificate to IBC no later than twenty-one (21) days after he or she receives notice of the suspension, denial, or revocation. The IBC certificate remains the property of IBC. Failure to return the certificate as required may result in additional sanctions.

Reinstatement Following a Suspension. Upon expiration of the suspension period, the Board shall authorize reinstatement of the professional's credential for the balance of his or her certification period, unless:

1. The respondent did not submit a letter of application for reinstatement or the letter did not present facts which, if established, would be sufficient to enable the Board to determine that the basis for sanction no longer exists;
2. Another suspension or revocation of the respondent's certification has occurred;
3. The respondent has committed another violation of the Code of Ethics;
4. The respondent has failed to remit the recertification fees or make an application for recertification in a timely manner; or
5. The respondent has failed to comply fully with the terms of his or her suspension.

Possible Consideration Following Revocation. It is recognized that there may be mitigating circumstances which could warrant granting permission to apply for certification following revocation. This does not apply to a permanent revocation sanction.

1. Permission to apply for certification following revocation may be considered only after two years have lapsed from the date of the Board's final decision.
2. The request for permission to apply for certification shall be initiated by the respondent. The request shall present facts which, if established, would be sufficient to enable the Board to determine that the basis for sanction no longer exists.
3. Permission to seek certification following revocation is granted solely within the discretion of the Board.

Permanent Revocation. Permanent revocation of certification or application privileges shall be construed as lasting a lifetime without the possibility for reinstatement.

APPEALS OF DECISIONS OF HEARING PANEL

Notice of Right to Appeal. The respondent has the right to appeal the hearing panel's decision. The IBC office shall provide notice to the respondent that he or she may file an appeal of the hearing panel's decision.

Filing of Appeal. Appeals must be postmarked or personally delivered to IBC within thirty (30) days of receiving the certified notice of the hearing panel's decision. Appeals shall be addressed to:

Executive Director
Iowa Board of Certification
225 NW School St.
Ankeny, Iowa 50023

Administrative Fee for Appeals. A non-refundable administrative fee must be submitted to IBC with the party's written appeal.

Content of Appeal. The appeal shall contain the following information:

1. Name, address, and telephone number of appealing party;
2. A written statement of the reasons supporting the appealing party's dissatisfaction with the hearing panel's decision;
3. A statement of the relief desired by the appealing party;
4. Copies of all relevant documents;
5. Signature of the appealing party.

Review and Adjudication of Appeal. The Directors of the Board, excluding any member having a conflict of interest in the matter, will review the case within 75 days of receipt of the request for appeal. The original hearing panel members may participate in the review with at least one member representing the hearing panel's decision.

Review of the appeal shall include review of the written appeal, any relevant documents submitted for purposes of the appeal, and transcripts of the hearing panel proceedings.

The Board shall make the determination to do one of the following.

1. Uphold the decision of the hearing panel;
2. Overturn or otherwise alter the decision of the hearing panel; or
3. Recommend a new hearing.

Final Decision. If no request for an appeal is made within the required time frame stated above, the decision of the hearing panel shall be final. Once the appeal process is completed, the decision of the Board shall be final.

Respondents who waive their right to a hearing also waive their right to appeal the sanctions determined by the board.

GLOSSARY OF TERMS

Alcohol and Drug Specific: Includes history, uses, and pharmacology of stimulants, depressants, psychotherapeutic drugs, alcohol, tobacco, and various other substances as well as the psychological, biological and social aspects of substance abuse. Appropriate intervention for preventing and treating substance abuse in special populations is also acceptable. In simpler terms, the training must be either about chemical substances or directly relate the topic to substance use and abuse.

Board: The Iowa Board of Certification.

CEU: Literally means a continuing education unit and is synonymous with "clock hour."

Client: A person who seeks or is assigned the services of a certified professional or agency, regardless of the setting in which the counselor works, and for five years after the termination of services which includes aftercare, growth group and/or continuing care.

Clock Hour: Sixty minutes of participation in an organized learning experience. The unit of measurement for Professional Development credit for alcohol and drug counselors.

Complainant: A person who has filed an official complaint pursuant to these rules.

Continuing Education: The variety of forms of learning experiences including, but not limited to lectures, conferences, academic studies, institutes, workshops, extension studies, and home study programs undertaken by applicants.

Co-occurring Specific: Pertaining to both substance abuse and mental health.

Date of Application: The date on which the Iowa Board of Certification receives the completed Application Handbook.

Disciplinary Proceeding: Any proceeding conducted under the authority of the Board.

Discipline: Any sanction the Board may impose upon a counselor for conduct which denies or threatens to deny the citizens of this state a high standard of professional care.

Distance Learning: Education that is obtained via Internet, home study programs, or other means in which the counselor works independently from an instructor and classroom. A limit of 20 clock hours can be earned by this method per recertification period. ICN trainings are not considered distance learning.

Ethics: Moral and ethical conduct as described in the IBC Code of Ethics.

Experience: Actual work in the field of alcohol and drug counseling and mental health. This may include practicum, volunteer, or part-time counseling, if provided under direct supervision.

Hearing Panel: A panel comprised of directors of the Board, which conducts a disciplinary proceeding pursuant to these rules.

Home Study Courses: Continuing education courses offered for individual study.

IBC-Approved: When a sponsor submits workshop materials to IBC demonstrating that a workshop has relevant content and requesting IBC CEU's for all participants.

In-Service Training: The education and training which occurs within the applicant's agency, *only for agency staff* and conducted *only by agency staff*.

Internal Complaint: A complaint registered against any IBC director of the Board or any of its committee members.

Permanent Revocation: The permanent loss of certification or application privileges.

Racial/Ethnic: Covers training including, but not limited to, the following categories: American Indian/Alaskan Native, Asian, African American, Native Hawaiian/Pacific Islander, and Hispanic/Latino.

Reactivation: The process of certification becoming active following Inactive Status. This is done by completing the recertification application which can be found on the IBC web site or by requesting the forms from the IBC office.

Relevant Content: Content relevant to the development and maintenance of current competency in the delivery of alcohol and drug counseling. Such course content may include, but is not limited to, the Core Functions and Knowledge and Skill Competencies as defined in the Application Handbook.

Reprimand: A formal written reproof or warning. Two reprimands within a two year period will result in a six month suspension.

Residency Requirement: IBC's policy that the applicant must live and/or work in Iowa at least 51% of the time at the time of application for initial certification, recertification, and reactivation.

Respondent: A person who is seeking or who has obtained certification from the Iowa Board of Certification and against whom a complaint has been filed pursuant to this Code.

Revocation: The loss of certification, including all related test scores.

Sexual Conduct: Includes kissing; touching of the clothed or unclothed inner thigh, breast, groin, buttocks, anus, pubes, or genitals; and sex acts which include intercourse, oral sex, and sexual contact with fingers, hands, objects.

Special Populations: Clients from various populations who are unique in their needs. Special Populations include age, race, national origin, religion, gender, economic status, sexual orientation, disability, HIV positive, veterans, rural or urban, dual diagnosis of mental health disorder and substance abuse, gangs, Post Traumatic Stress Disorder, impoverished, criminals, and abuse victims.

Sponsor: An organization or presenter seeking IBC hours for all participants at a specific workshop.

Successful Completion: Meeting all criteria as specified by the sponsor for continuing education course credit.

Supervisor: A person who meets the criteria to conduct supervision for counselor certification purposes.

Suspension: A time-limited loss of certification or the privilege of making application for certification.

Workshop: A systematic learning experience, at least one hour in length, which deals with and is designed for the acquisition of tasks, knowledge, skills, and information for application in client care.

CHECKLIST

APPLICATION FOR CO-OCCURRING DISORDERS PROFESSIONALS

The completed application sent to the Iowa Board of Certification needs to include the following:

- _____ 1. Form 01, "Applicant Information"
- _____ 2. Form 02, "Assurances and Release"
- _____ 3. Form 03, "Education Resume"
* Have you requested your college(s) to send transcripts to IBC?
- _____ 4. Form 04, "Workshop Documentation"
- _____ 5. Form 05, "Professional Experience Resume"
- _____ 6. Form 06, "Documentation of Domain Experience & Supervision"
(completed and signed off on by supervisor)
- _____ 7. A written job description
- _____ 8. Completed Form 09
(completed and signed off on by supervisor)
- _____ 9. Test fee of \$140.00 in the form of a check, money order or credit card payment