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Certification Standards Manual of the South Dakota Certification Board for Alcohol & Drug Professionals

The South Dakota Certification Board for Alcohol and Drug Professionals (CBADP) operates within legislative guidelines of the State of South Dakota under the auspices of the South Dakota Department of Human Services.

The CBADP purpose is to protect the public through the development and establishment of generally accepted standards of professionalism and competence to be used in the certification and recognition of addiction professionals in South Dakota. The CBADP strives to use valid and reliable national examinations in the certification process and to advance the profession through the promotion and offering of professional development opportunities, advocacy, and by providing a reciprocity process for addiction professionals in South Dakota.

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Chapter 1 THE BOARD

MISSION

The mission of the South Dakota Certification Board for Alcohol and Drug Professionals (CBADP) is to provide a foundation for the continuing development of practitioners in the field as well as the credentialing of alcohol, drug and prevention professionals within generally accepted standards of professionalism and competence using valid and reliable examinations.

BOARD PROFESSIONAL RESPONSIBILITY

The Board of Directors will conduct its business in accordance with State of South Dakota legislation entitled "An Act to create the South Dakota Certification Board for Alcohol and Drug Professionals and to provide for its powers and duties." The ACT was effective July 1, 2004. The CBADP Standards Manual, effective **July 2004**, CBADP By-Laws, state and federal statutes that apply to certification or licensing authorities, ethical codes and standards adopted or promulgated by the Board, and the provisions of the *CBADP Policies and Procedures Manual* are the guides used by the CBADP in the completion of its duties.

Powers

The CBADP Board of Directors is responsible for establishing policies related to the operation of the CBADP and presiding over all matters of the corporation. The Board delegates the administration of policy related to the operation of the CBADP Administrative Office to the Administrative Officer. The Board retains responsibility for evaluating the effectiveness of the execution of Board policies. The Board reserves the right to review any circumstances that are presented in regard to the rules and regulations promulgated herein. The Board may vary from those rules and regulations as deemed appropriate within any special circumstances reviewed thereby.

Duties

The CBADP seeks input to interpret the needs of the public at large, Chemical Dependency Counselor Trainees, Certified Chemical Dependency Counselors, Prevention Specialist Trainees, Certified Prevention Specialists, and Interns. The duties of the Board of Directors include, but are not limited to the following:

1. Protecting the public by setting uniform recognition and certification standards through use of valid and reliable testing instruments and instructional processes designed to establish satisfactory minimum competency requirements for Certified Professionals.

2. Providing for formulation and approval of all policies relating to the organization, governance, and improvement of services, including the continuing review of certification and endorsement criteria.

3. Providing for the safekeeping of the general public, persons who receive substance and related addiction treatment in South Dakota.

4. Promulgating information to governmental bodies and agencies relevant to the Board's purposes and services.

PERSONAL USE & ADDICTIVE BEHAVIOR

It is the expectation and position of the South Dakota Certification Board for Alcohol and Drug Professionals that individuals working in the alcohol and drug abuse profession have a responsibility to themselves, their employer, their clientele, and the general public to provide a positive role model regarding their personal use of chemicals. A professional will adhere to the agency's policies concerning substance use, professional behavior, and related issues of conduct and appropriate ethical standards.

The Board believes that all recognized or certified professionals under the auspices of the Board "shall have a responsibility to model and promote a healthy lifestyle and well-being by low risk or no use of alcohol, tobacco and/or other mood-altering chemicals in addition to low risk use or no use or engagement in other addictive activities" (Professional Code of Ethical Conduct for Prevention Specialists). Further, all persons under Board cognizance have a responsibility to maintain sound mental health to prevent the impairment of professional judgment and performance.

NON-DISCRIMINATION STATEMENT

The CBADP recognizes that equal opportunity is fundamental to equality in all forms of human endeavor. Therefore, all administrative and staff policies and procedures under authority of the Board shall ensure that no person shall be excluded from participation in or be denied benefits of or be subjected to any discrimination under any program or process within the cognizance of the Board based on their status related to race, sex or gender identity, religion, color, creed, national origin, disability, age, ancestry, or sexual orientation or preference.

CONFIDENTIALITY OF BOARD RECORDS

Files containing applications, complaints, investigations, and appeals in possession of the Board, its committees, or its employees relating to certification or disciplinary proceedings shall be privileged and confidential, excepting the Board's findings of fact and ultimate disposition regarding matters under investigation and resulting disciplinary actions. The level of recognition or certification by the Board is not considered confidential. With documented permission from an applicant or person certified or recognized by the Board, an application or contents of the Board file may be provided to employers, supervisors or agency governing bodies.

FELONY STANDING

Any individual seeking Chemical Dependency Counselor Trainee or Prevention Specialist Trainee recognition, student internship status, certification or recertification, or reciprocity will be denied if said individual has been convicted of, pled guilty or no contest to, and/or received a suspended imposition of sentence for a felony offense within at least five (5) years of the date of application. The sentencing requirements must be completed or satisfied prior to the date of the application for any recognition or certification. Persons with Felony records will need to sign appropriate releases of information that will allow the Board to verify current status. Military Court Martial offenses shall be considered as felony offenses.

Chapter 2 CERTIFICATION AND RECOGNITION LEVELS

BOARD CERTIFICATION AND RECOGNITION LEVELS

The Board grants recognition or certification at the following levels:

- Student Internship
- Chemical Dependency Counselor Trainee CDCT
- Certified Chemical Dependency Counselor Level I CCDC I
- Certified Chemical Dependency Counselor Level II CCDC II
- Certified Chemical Dependency Counselor Level III CCDC III
- Prevention Specialist Trainee PST
- Certified Prevention Specialist CPS

Note: Applicants may qualify for CCDC I, CCDC II, or CCDC III certification within the Academic Track or within the Experience Track.

EXPLANATION OF LEVELS

STUDENT INTERNSHIP STATUS

Internship status is available to those individuals currently enrolled in an accredited college or university seeking to complete a substance-related internship with Board recognition. Along with the completion of an application and submission of the required fee, Student Interns must document proof of internship with verification from the accredited college or university and internship facility and provide the dates and place in which the internship will be completed. Student Internship status is granted for the length of the internship only. Student Interns completing a student internship who continue to work at the facility should apply for Chemical Dependency Counselor Trainee or Prevention Specialist Trainee recognition status. Students must inform the agency of their internship status.

CHEMICAL DEPENDENCY COUNSELOR TRAINEES (CDCT)

Trainee Recognition will be granted in two (2) categories when the following conditions are met:

1. Applicants without a Bachelor's degree must have completed a minimum of nine (9) semester hours of required chemical dependency specific coursework as outlined below.
2. Applicants with a Bachelor's degree in a Human Services or Human Relations field from an accredited college or university and who can demonstrate a three (3) semester hour course related in content or equivalent to the Foundations of Individual Counseling requirement.

CHEMICAL DEPENDENCY COUNSELOR TRAINEE APPLICANTS

Applicants must have a minimum of a high school diploma or general education diploma (GED) and complete nine (9) transcribed semester hours of the following specialized education subject areas within two years of obtaining recognition status:

- Introduction to the Study of Alcohol Use and Abuse (3 semester hours)
  Or
  Introduction to the Study of Drug Use and Abuse (3 semester hours)
- Alcohol and Drug Group Counseling (3 semester hours)
- Professional Ethics for the Chemical Dependency Professional (3 semester hours)

Applicants with no prior experience in an addiction or substance abuse work environment must have a current place of employment where it is possible to gain necessary experience and supervision. The experience must be in direct service with clients who have a diagnosis of alcohol or other drug abuse / dependence. This experience includes both direct and indirect counselor core functions. Formal education and unsupervised work experience after Trainee Recognition is granted may not be substituted for the experience requirements. All experience must be documented and verifiable.

Work completed in agencies accredited or recognized through statute by the Division of Alcohol and Drug Abuse or under the control and auspices of an equivalent accrediting or sponsoring body is considered work experience meeting the requirements of the CBADP. Any work experience completed in other agencies or entities must have supporting documents including the agency brochure and statement of philosophy and or mission submitted to the Board to support an applicant's documentation as acceptable work experience.

To have Trainee recognition status, a person must be employed on either a paid or voluntary basis. Trainees are required to be supervised by a CCDC II or CCDC III throughout their entire recognition period as a Trainee. A minimum of eight (8) hours of supervision must be completed per month with the recommended ratio being one (1) hour of supervision for every ten (10) hours of client contact. By the end of their trainee recognition period, applicants must specifically document three hundred (300) hours of supervised practical training in the Twelve Core Functions with a minimum of ten (10) hours in each core function.

Trainee recognition is granted for up to five (5) one-year periods, unless the trainee is granted an extension by the Board. Trainees must meet all requirements for certification at a minimum for CCDC I by the end of their recognition period and at the time of application. The CBADP understands there may be instances when an individual may not have completed all requirements for certification at their desired level before the end of their Trainee Recognition period and will consider a one-time six-month just-cause extension. Trainees must submit a letter of request outlining the reasons for the extension and payment of the required fee.

Trainees who have not completed certification within the five (5) one-year periods, or who have lost their recognition for any reason, must wait twenty-four (24) months before being considered for another recognition period. Trainee recognition is available to those not yet meeting the certification requirements or in an employment status waiting for certification testing. Trainee recognition will allow applicants to work while completing the academic and experience requirements for certification in many agencies. **A person can have Trainee Recognition for a total of five (5) one-year periods.**

Any person that is recognized as a CDCT prior to January 1, 2008 may remain in that status for an equivalent of ten (10) board-testing cycles or five (5) years beginning January 1, 2008.

Trainee Recognition can be placed in an inactive status for a maximum of three (3) years or 36 months total. Trainee Recognition can be reactivated by submitting a Trainee Renewal Application and appropriate fee. Unemployment is considered to be the main factor for Trainee Recognition to be placed in an inactive status. There is no provision for refund of Trainee Recognition fees if placed in an inactive status.

Twelve Core Functions:

(1) Screening,
(2) Intake,
(3) Orientation,
(4) Assessment,
(5) Treatment Planning,
(6) Counseling,
(7) Case Management,
(8) Crisis Intervention,
(9) Client Education,
(10) Referral,
(11) Reports and Record Keeping, and
(12) Consultation.

BACHELOR'S LEVEL TRAINEE RECOGNITION WITH A HUMAN SERVICES / RELATIONS EMPHASIS

An applicant for bachelor's level trainee recognition with a Human Services related Baccalaureate or higher degree from an accredited college or university must document course work for a minimum of three (3) semester hours in one of the following specialized education subject areas:

- Interviewing
- Intervention
- Counseling
- Service delivery to consumers

Within one (1) year of achieving this Bachelor's level Trainee recognition, a three (3) semester hour substance abuse specific course in ethics and standards of practice must be successfully completed or trainee status will not be renewed.

All other educational, work experience, supervision, and time frame requirements for achieving certification shall remain the same as outlined above in the standards for CDCT applicants.

CERTIFIED CHEMICAL DEPENDENCY COUNSELORS

In order for an applicant to be accepted for certification testing by the CBADP in South Dakota, he/she must satisfy the residency/work requirement. This means the applicant must live and/or work at least fifty-one (51) percent of the time within the jurisdiction of the South Dakota CBADP. The applicant must also meet minimum qualifying requirements that include, but not limited to, those listed below:

(1) Official transcripts for college or university coursework,
(2) Statement of non-felony or completion of felony sentencing requirements,
(3) Statement of ethical practice acknowledgement,
(4) Three professional references,
(5) Supervisor's recommendation with indication that applicant meets competencies in each of the Twelve Core Functions,
(6) Work experience documentation and verification,
(7) Written job description for the current position held,
(8) Three hundred (300) hours of documented supervised practical training in the Twelve Core Functions, with a minimum of ten (10) hours in each core function, and
(9) Payment of the required fee.

ACADEMIC TRACK

Note: All levels of the Academic Track (CCDC I, CCDC II, and CCDC III) require that Counselor Candidates work directly with clients who have a diagnosis of alcohol or other drug abuse or dependence on a voluntary or paid basis in activities included in the Twelve Core Functions under supervision by a CCDC II or CCDC III.

CCDC I

Sixty-four (64) transcribed semester hours or a Chemical Dependency specific Associates Degree from an accredited college or university with fifteen (15) semester hours of the following specific specialized education courses:

- Introduction to the Study of Alcohol Use and Abuse (3 semester hours)
- Introduction to the Study of Drug Use and Abuse (3 semester hours)
- Foundations of Individual Counseling (3 semester hours)
- Alcohol and Drug Group Counseling (3 semester hours)
- Professional Ethics for the Chemical Dependency Counselor (3 semester hours)

Qualifying work experience requirement:

- One (1) year full time or 2000 hours of chemical dependency specific work experience, supervised by a CCDC II or CCDC III.
  (Internships and practicums may count if they meet the work experience guidelines.)

CCDC II

One hundred twenty-eight (128) transcribed semester hours or a Bachelor's Degree in a human services field from an accredited college or university with twenty-seven (27) semester hours of the following specific specialized education courses:

- Introduction to the Study of Alcohol Use and Abuse (3 semester hours)
- Introduction to the Study of Drug Use and Abuse (3 semester hours)
- Foundations of Individual Counseling (3 semester hours)
- Alcohol and Drug Group Counseling (3 semester hours)
- Alcohol and Drug Treatment Continuum (3 semester hours)
- Professional Ethics for the Chemical Dependency Counselor (3 semester hours)
- Counseling Families with Alcohol or Other Drug Issues (3 semester hours)
- Cultural Competency or Special Populations (3 semester hours)
- Chemical Dependency Specific Elective (3 semester hours)

Qualifying work experience requirement:

- One (1) year full time or 2000 hours of chemical dependency specific work experience, supervised by a CCDC II or CCDC III.
  (Internships and practicums may count if they meet the work experience guidelines.)

***Note: Individuals certified as a CCDC II under the Academic track must have 6000 hours of experience before being eligible for reciprocity with another IC&RC/AODA Board.**

CCDC III

One hundred sixty (160) transcribed semester hours or a Master's Degree (or above) in a human services field from an accredited college or university and twenty-seven (27) semester hours of the following specific specialized education courses:

- Introduction to the Study of Alcohol Use and Abuse (3 semester hours)
- Introduction to the Study of Drug Use and Abuse (3 semester hours)
- Foundations of Individual Counseling (3 semester hours)
- Alcohol and Drug Group Counseling (3 semester hours)
- Alcohol and Drug Treatment Continuum (3 semester hours)
- Professional Ethics for the Chemical Dependency Counselor (3 semester hours)
- Counseling Families with Alcohol or Other Drug Issues (3 semester hours)
- Cultural Competency or Special Populations (3 semester hours)
- Chemical Dependency Specific Elective (3 semester hours)

Qualifying work experience requirement:

- With 160 semester hours - Two (2) years full time or 4000 hours of chemical dependency specific work experience, supervised by a CCDC II or CCDC III.
- With Master's Degree (or above) – One (1) year full time or 2000 hours of chemical dependency specific work experience, supervised by a CCDC II or CCDC III
  (Internships and practicums may count if they meet the work experience guidelines.)

***Note: Individuals certified as a CCDC III under the Academic track, without a Master's degree, must have 6000 hours of experience before being eligible for reciprocity with another IC&RC/AODA Board.**

EXPERIENCE TRACK

Note: All levels of the Experience Track (CCDC I, CCDC II, and CCDC III) require that Counselor Candidates work directly with clients who have a diagnosis of alcohol or other drug abuse or dependence on a voluntary or paid basis in activities included in the Twelve Core Functions under supervision by a CCDC II or CCDC III.

CCDC I

Fifteen (15) transcribed semester hours of the following specific specialized education courses:

- Introduction to the Study of Alcohol Use and Abuse (3 semester hours)
- Introduction to the Study of Drug Use and Abuse (3 semester hours)
- Foundations of Individual Counseling (3 semester hours)
- Alcohol and Drug Group Counseling (3 semester hours)
- Professional Ethics for the Chemical Dependency Counselor (3 semester hours)

Qualifying work experience requirement:

- Two (2) years full time or 4000 hours of chemical dependency specific work experience, supervised by a CCDC II or CCDC III.
  (Internships and practicums may count if they meet the work experience guidelines.)

CCDC II

Twenty-seven (27) transcribed semester hours of the following specific specialized education courses:

- Introduction to the Study of Alcohol Use and Abuse (3 semester hours)
- Introduction to the Study of Drug Use and Abuse (3 semester hours)
- Foundations of Individual Counseling (3 semester hours)
- Alcohol and Drug Group Counseling (3 semester hours)
- Alcohol and Drug Treatment Continuum (3 semester hours)
- Professional Ethics for the Chemical Dependency Counselor (3 semester hours)
- Counseling Families with Alcohol or Other Drug Issues (3 semester hours)
- Cultural Competency or Special Populations (3 semester hours)
- Chemical Dependency Specific Elective (3 semester hours)

Qualifying work experience requirement:

- Four (4) years full time or 8000 hours of chemical dependency specific work experience, supervised by a CCDC II or CCDC III.
  (Internships and practicums may count if they meet the work experience guidelines.)

CCDC III

Twenty-seven (27) transcribed semester hours of the following specific specialized education courses:

- Introduction to the Study of Alcohol Use and Abuse (3 semester hours)
- Introduction to the Study of Drug Use and Abuse (3 semester hours)
- Foundations of Individual Counseling (3 semester hours)
- Alcohol and Drug Group Counseling (3 semester hours)
- Alcohol and Drug Treatment Continuum (3 semester hours)
- Professional Ethics for the Chemical Dependency Counselor (3 semester hours)
- Counseling Families with Alcohol or Other Drug Issues (3 semester hours)
- Cultural Competency or Special Populations (3 semester hours)
- Chemical Dependency Specific Elective (3 semester hours)

Qualifying work experience requirement:

- Six (6) years full-time or 12,000 hours of chemical dependency specific work experience, supervised by a CCDC II or CCDC III.
  (Internships and practicums may count if they meet the work experience guidelines.)

PREVENTION SPECIALIST TRAINEE (PST)

The Board has initiated Prevention Specialist Trainee Recognition. This prevention recognition is available to persons with a minimum of a Bachelor's degree from an accredited college or university who are working in the prevention field. **The following are some informational items pertaining to the Prevention Specialist Trainee process:**

- Bachelor's degree required from an accredited college or university
- Five (5) years to complete the required coursework outlined in the CPS standards
- Supervised by a Certified Prevention Specialist, unless due to unavailability and with board approval, may be supervised by a CCDC II or CCDC III (supervisor must sign off on work experience, have knowledge of prevention, and abide by the Code of Ethical Conduct for Prevention Specialists) and must include a minimum of eight contact hours of supervision each month
- Follows the CBADP adopted Code(s) of Ethics and Codes of Ethical Conduct for Prevention Specialists and for Chemical Dependency Counselors
- Present to the public as a Prevention Specialist Trainee or Chemical Dependency Counselor Trainee if both credentials are recognized; Presents to the public as both or either a Prevention Specialist Trainee or Certified Chemical Dependency Counselor at the certified level if both credentials are present
- Payment of fees

CERTIFIED PREVENTION SPECIALIST (CPS)

In order for an applicant to be accepted for Prevention Specialist certification testing by the CBADP in South Dakota, he/she must satisfy the residency/work requirement. This means the applicant must live and/or work at least fifty-one (51) percent of the time within the jurisdiction of the South Dakota CBADP. The applicant must also meet minimum qualifying requirements that include, but not limited to, those listed below:

(1) Official transcripts for college or university coursework,
(2) Statement of non-felony or completion of felony sentencing requirements,
(3) Statement of ethical practice acknowledgement,
(4) Three professional references,
(5) Supervisor's recommendation with indication that applicant meets competencies in the prevention domains,
(6) Work experience documentation and verification,
(7) Written job description for the current position held,
(8) Seven hundred fifty (750) documented supervised practical training hours, with a minimum of fifty (50) hours in each of the performance domains, and
(9) Payment of the required fee.

The following standards were established to ensure a minimum knowledge for the individuals responsible for prevention programming.

Education: A Bachelor's Degree from a regionally accredited college or university with fifteen (15) semester hours in the following specific specialized education courses:

- Introduction to the Study of Alcohol Use and Abuse (3 semester hours)
- Introduction to the Study of Drug Use and Abuse (3 semester hours)
- Foundations of Alcohol and Other Drug Prevention (or workshop equivalent as approved by the CBADP*) (3 semester hours)
- Theory and Practice of Alcohol and Drug Prevention (3 semester hours)
- Professional Ethics for the Addiction Professional (3 semester hours)
  (Must include six (6) contact hours of ethics specific to prevention)

*Intensive Education Workshop and/or Training that has been pre-approved by the CBADP may fulfill the requirements for the Foundations of Alcohol and Other Drug Prevention course at the discretion of the Board. A three (3) semester hour course is the equivalent of 45 contact hours. Applicants must demonstrate training hours to meet the course requirements.

Examinations: Must complete all requirements for prevention certification, apply and successfully pass the national written examination for prevention.

Supervision/Experience Requirements: A minimum of *750 hours* of practical training experience with a minimum of *50 hours* in each of the five IC&RC/AODA Performance Domains:

Domain 1: Planning and Evaluation
Use needs assessment strategies to gather relevant data for ATOD prevention planning.
Identify gaps and prioritize needs based on the assessment of community conditions.
Select prevention strategies, programs, and best practices to meet the identified needs of the community.
Develop an ATOD prevention plan based on research and theory that addresses community needs and desired outcomes.
Identify resources to sustain prevention activities.
Identify appropriate ATOD prevention program evaluation strategies.
Conduct evaluation activities to document program implementation and effectiveness.
Use evaluation findings to determine whether and how to adapt ATOD prevention strategies.

Domain 2: Education and Skill Development
Develop ATOD prevention education and skill development activities based on target audience analysis.
Connect prevention theory and practice to implement effective prevention education and skill development activities.
Maintain program fidelity when implementing evidence-based programs.
Assure that ATOD education and skill activities are appropriate to the culture of the community being served.
Use appropriate instructional strategies to meet the needs of the target audience.
Ensure all ATOD prevention education and skill development programs provide accurate, relevant, timely, and appropriate content information.
Identify, adapt, or develop instructor and participant materials for use when implementing ATOD prevention information.
Provide technical assistance to community members and organizations regarding ATOD prevention strategies and best practices.

Domain 3: Community Organization
Identify the community's demographic characteristics and core values.
Identify key community leaders to ensure diverse representation in ATOD prevention programming activities.
Build community ownership of ATOD prevention programs by collaborating with key community leaders/members when planning, implementing and evaluating prevention activities.
Provide technical assistance to community members/leaders in implementing ATOD prevention activities.
Develop capacity within the community by recruiting, training, and mentoring ATOD prevention-focused volunteers.
Assist in creating and sustaining community-based coalition.

Domain 4: Public Policy and Environmental Change
Examine the community's public policies and norms to determine environmental change needs.
Make recommendations to policy makers/stakeholders that will positively influence the community's public policies and norms
Provide technical assistance, training, and consultation that promote environmental change.
Participate in public policy development and enforcement initiatives to affect environmental change.
Use media strategies to enhance prevention efforts in the community.

Domain 5: Professional Growth and Responsibility
Maintain personal knowledge, skills, and abilities related to current ATOD prevention theory and practice.
Network with others to develop personal and professional relationships.
Adhere to all legal, professional, and ethical standards.
Build skills necessary for effectively working within the cultural context of the community.
Demonstrate self-care consistent with ATOD prevention messages.

Note: Certified Prevention Specialists must have 2000 hours of experience before being eligible for reciprocity with another IC&RC/AODA Board.

Certified Prevention Specialists are required to follow the CBADP Code of Ethics, South Dakota, and the Professional Code of Ethical Conduct for Prevention Specialists promulgated by IC&RC/AODA.
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ILLUSTRATION OF COURSE AND RELATED EDUCATIONAL REQUIREMENTS for CBADP RECOGNITION OR CERTIFICATION

			CCDC I, II, III Academic Track Required Credit Hours				CCDC I, II, III Experience Track Required Credit Hours					
Course	Counselor Trainee	Counselor Trainee (BA Level)	CCDC I	CCDC II	CCDC III		CCDC I	CCDC II	CCDC III		Prevention Specialist Trainee	CPS
Introduction to or Study of Alcohol Use and Abuse	3 (or) 3		3	3	3		3	3	3			3
Introduction to or Study of Drug Use and Abuse			3	3	3		3	3	3			3
Foundations of Individual Counseling		3	3	3	3		3	3	3			
Alcohol and Drug Group Counseling	3		3	3	3		3	3	3			
Alcohol and Drug Treatment Continuum				3	3			3	3			
Professional Ethics for the CD Counselor	3		3	3	3		3	3	3			3
Counseling Families with Alcohol or Other Drug Issues				3	3			3	3			
Cultural Competency or Special Populations				3	3			3	3			
CD-specific elective				3	3			3	3			
Foundations of Prevention												3
Theories of Prevention												3
Bachelor's Degree		Yes		Yes	Yes						Yes	Yes
Total Required Hours in Alcohol, Drug, or Prevention Area	9	3	15	27	27		15	27	27		128	128
Total Hours Required	9	128	64	128	160		15	27	27		128	128

Note: Counselor Trainees are required to have completed either an Intro. to Alcohol Use and Abuse or Intro. to Drug Use and Abuse course, not both.
Note: Vocational or Technical training that is included in the 160 semester hours for CCDC III must be in a Human Services Area. Any Vocational Technical Training that transferred to an institution that accepted those hours in a degree granting or certification program cannot be given any separate or additional credit towards the 160 hours beyond the transfer credit.

Chapter 3 CLINICAL SUPERVISION AND THE PROCESS OF SUPERVISING

SUPERVISION OF CHEMICAL DEPENDENCY PROFESSIONALS

PROFESSIONAL RESPONSIBILITY

Qualified Clinical Supervisors shall be a Certified Chemical Dependency Counselor II or Certified Chemical Dependency Counselor III, as defined and set forth in this Standards Manual.

Clinical Supervisors should be proficient and competent in the following skills and knowledge:

> **Administrative:** The planning, organizing, coordinating, and delegation of tasks related to the organization's clinical functions. This includes selecting and assigning staff and treatment planning and case management.
>
> **Evaluative:** The ability to assess the counselor's skills, experience with and knowledge of the addiction field, social and behavioral sciences, and 12 step philosophy; to clarify performance standards, negotiate objectives for learning, and utilize sanctions properly in order to determine the counselor's strengths and weaknesses.
>
> **Counselor Development:** Promote a career development process with the counselor through the use of mutual planning and assessment, promotion of professional and personal growth, and self-awareness.

The Clinical Supervisor's primary focus is skill development of staff, teaching counselors what staff and Trainees need to know and being able to provide specific services to specific clients. The supervisor focuses on the practical issues of the client-counselor relationship, on how to identify and remediate transference and counter-transference issues, on inter- and intra-personal problems, on treatment, and other related areas germane to the employing agency and to the field.

Clinical Supervisors should actively participate in professional organizations to model and encourage professional involvement. Clinical Supervisors should promote, maintain, and safeguard the best interests of the client and the supervisee by adhering to established codes of ethics in order to encourage high standards of conduct. Clinical Supervisors should pursue their own personal and professional educational opportunities and activities in order to further their own competence and effectiveness.

Clinical Supervisors should strive to maintain or improve personal, physical, and mental health by participating in activities that promote professional effectiveness.

Clinical Supervisors should be adept at recognizing the uniqueness of the individual counselors by gaining knowledge about personalities, cultures, life-styles, personal feelings, and other factors in order to influence the counselor in the process of his/her development.

The Clinical Supervisor should subscribe and uphold the federal, state, local, and agency rules and regulations and other legal and liability guidelines regarding the addiction treatment field by following appropriate procedures in order to protect consumer's rights; recommending new policies and procedures when appropriate.

THE PROCESS OF CLINICAL SUPERVISION OF CHEMICAL DEPENDENCY PROFESSIONALS

Clinical Supervision is defined as an aspect of staff development dealing with the clinical skills and competencies of each staff member. **The structure for clinical supervision is typically face to face, one-to-one and/or group(s) on a regular basis.** The methods used are intensive case review and discussion; utilizing direct observation of a counselor in action via videotape, sitting in on sessions, process recordings, simulations, role playing, etc.; and indirect observation of clinical practice via case presentations, case review, and quality of care reviews. Supervision through the use of email, Internet, video or audio-conferencing and teleconferencing is discouraged and shall not be the primary mode of supervision and shall comprise less than 50% of the total supervision hours.

Clinical supervision is a unique and identifiable educational procedure that enables the counselor to integrate theoretical information, practiced skills and self-knowledge into a personalized, effective counseling style. Clinical supervision should not be confused with therapy, case management, and in-service training.

Clinical supervisors should be engaged in the practice of his/her profession that assures a high level of professional competency and should be qualified to supervise, which assumes the abilities to teach, communicate, and support those receiving supervision.

Clinical supervision responsibilities should be clearly defined by the agency so that the counselor is not overwhelmed by excessive and vague tasks. This allows the counselor and clinical supervisor to negotiate a "contract for learning within the counselor's duties that sets clear learning objectives and limits to the clinical supervision." Clinical supervision requires that the roles of clinical supervision and counselor be appropriate to their professional identity. This means the Clinical Supervisor's level of professional competency should be greater than that of the counselor, giving him/her a role model and a level of competency for which to strive.

Clinical supervisors are required to review and guide the Trainee in the certification process. Clinical Supervisors should also be cognizant of the certification standards to ensure proper supervision and guidance in the certification process. Supervisors shall engage in interactive supervision to the extent that at the time a Trainee applies for certification the Supervisor will have sufficiently addressed deficits (if present) so that a minimally acceptable level of performance in each of the Twelve Core Function areas is verified. If a Trainee has not attained a minimally acceptable level of performance in all core function areas, the Supervisor should not recommend certification. Failure of the Trainee to progress in a timely fashion may result in the inability to become certified at the end of the Trainee Recognition period. Any mark below the minimally acceptable level on the Supervisor Evaluation Form in the certification application will result in a Trainee being denied the opportunity to take the written exam.

Supervisors will be required to document completion of experience and supervision for those under his/her supervision. Clinical Supervisors will be required to sign the 300 hours of supervised practical training form as well as submit a Supervisor Evaluation at the end of a Trainee's recognition period. After a Trainee achieves 300 hours of supervised practical training within the Twelve Core Functions, the requirement for ongoing supervision remains throughout the entire Trainee recognition period.

All experience must be documented and verifiable. Any work experience that is completed in any agency other than an agency accredited or recognized by the South Dakota Division of Alcohol and Drug Abuse or other acceptable licensing authority requires the Trainee to submit an agency brochure and statement of philosophy of the agency to support the Trainee's documentation of acceptable work experience.

Clinical supervisors shall ensure that each supervisee is familiar with all applicable ethical standards adopted by the Board. Trainees are required to be supervised by a CCDC II or CCDC III throughout the entire time period they have Trainee status**.** If a Trainee fails a written examination, supervision must continue while the person remains in the Trainee Recognition status.

For every ten (10) hours of client contact the trainee has, there shall be a minimum of one (1) hour of supervision between the clinical supervisor and trainee. **Trainees generally would receive a minimum of two (2) hours per week of clinical supervision. The supervisor shall determine and direct any need for**

further supervision beyond the eight hours per month requirement. Supervision must include a combination of the following although it is not restricted to just the following:

1. Case Staffing;
2. Individual Case Supervision;
3. General Clinical Supervision;
4. Consultation, to include other clinical professionals.

A Trainee's work experience must be specific to chemical dependency counseling. Qualifying work experience is defined as supervised work experience, paid or voluntary, working directly with clients who have a diagnosis of alcohol or other drug abuse. A Trainee's work experience may include both direct and indirect Twelve Core Functions. Formal education and unsupervised experience may NOT be substituted for the work experience requirements.

CCDC I Upgrade

An applicant must complete the upgrade application and pay the upgrade application fees. A CCDC I that wishes to upgrade, will need to demonstrate ongoing supervision from a CCDC II or CCDC III. A CCDC I is not considered an independent practice level and ongoing supervision and consultation within case management is expected. Documentation by a supervisor at the time of a CCDC I upgrade to CCDC II or CCDC III is required, in addition to documentation of the additional required qualifying work experience hours for CCDC II or CCDC III. A CCDC I will also need to document completion of relevant academic requirements corresponding with the level he/she wishes to upgrade to.

For every ten (10) hours of client contact a CCDC I has, there shall be a minimum of one (1) hour of supervision between the clinical supervisor and CCDC I. The following modes of supervision are appropriate for a CCDC I:

1. Case Staffing;
2. Individual Case Supervision;
3. General Clinical Supervision;
4. Consultation, to include other clinical professionals.

CCDC II Upgrade

An applicant must complete the upgrade application and pay the upgrade application fees. A CCDC II that wishes to upgrade will need to demonstrate ongoing supervision from a CCDC II or CCDC III that is approved by the agency that employs the CCDC II that seeks to upgrade. A CCDC II is considered an independent practice and a supervisory level. Ongoing supervision and consultation within case management is expected if the CCDC II wishes to upgrade. Documentation by a supervisor at the time of a CCDC II upgrade to CCDC III is required in addition to documentation of the additional required qualifying work experience hours for CCDC III. A CCDC II will also need to document completion of relevant academic requirements.

For every ten (10) hours of client contact a CCDC II has, there shall be a minimum of one (1) hour of supervision between the clinical supervisor and CCDC II. The following modes of supervision are appropriate for a CCDC II:

1. Case Staffing;
2. Individual Case Supervision;
3. General Clinical Supervision;
4. Consultation, to include other clinical professionals;
5. Supervision on the process of providing supervision to CCDC I or Trainees.

<u>SUPERVISION OF PREVENTION PROFESSIONALS</u>

PROFESSIONAL RESPONSIBILITY

Qualified supervision of Prevention Specialist Trainees (PST's) shall be conducted by a Certified Prevention Specialist (CPS), unless due to unavailability and with **documented** Board approval, the supervisor may be a Certified Chemical Dependency Counselor II or Certified Chemical Dependency Counselor III.

Prevention Supervisors should be proficient and competent in the following skills and knowledge:

Administrative: The planning, organizing, coordinating and delegation of tasks related to the organization's provision of prevention services.

Evaluative: The ability to assess the prevention professional's skills, experience with and knowledge of each of the five IC&RC/AODA Performance Domains.

Professional Development: Promote a career development process though the use of mutual planning and assessment, promotion of professional and personal growth and self awareness.

The Supervisor's primary focus is skill development of staff, teaching prevention professionals and/or Trainees what they need to know to provide quality prevention services. The supervisor focuses on the issues including but not limited to implementation and utilization of needs assessments, community mobilization techniques, provision of educational services and alternative activities, policy development and other environmental strategies, the provision of technical assistance to individuals and communities and the evaluation of all such strategies.

Supervisors should actively participate in professional organizations to model and encourage professional involvement. Supervisors should promote, maintain, and safeguard the best interests of the target populations and the supervisee by adhering to established codes of ethics in order to encourage high standards of conduct. Supervisors should pursue their own personal and professional educational opportunities and activities in order to further their own competence and effectiveness.

Supervisors should strive to maintain or improve personal, physical, and mental health by participating in activities that promote professional effectiveness.

Supervisors should be adept at recognizing the uniqueness of the individual Prevention Professional by gaining knowledge about personalities, cultures, life-styles, personal feelings, and other factors in order to influence the professional in the process of his/her development.

Supervisors should subscribe and uphold the federal, state, local, and agency rules and regulations and other legal and liability guidelines regarding the addiction field by following appropriate procedures in order to protect consumer's rights; recommending new policies and procedures when appropriate.

Supervisors must comply with any applicable Board-adopted code of ethics for the position being supervised. This requires that a CPS that is supervising a PST within a prevention environment, or a CCDC II or CCDC III that supervises a PST, must comply with both the code of ethics for their credentialed position and that of the person they are supervising.

THE PROCESS OF CLINICAL SUPERVISION OF PREVENTION PROFESSIONALS

Supervision is defined as an aspect of staff development dealing with the development of the skills and competencies of each staff member. **The structure for supervision is typically face to face, one-to-one and/or group(s) on a regular basis.** Supervision through the use of email, Internet, video or audio-conferencing and teleconferencing is discouraged and shall not be the primary mode of supervision and shall comprise less than 50% of the total supervision hours.

Supervision is a unique and identifiable educational procedure that enables the prevention professional to integrate theoretical information, practiced skills and self-knowledge into a personalized, effective style.

Supervisors should be engaged in the practice of his/her profession that assures a high level of professional competency and should be qualified to supervise, which assumes the abilities to teach, communicate, and support those receiving supervision.

Supervision responsibilities should be clearly defined by the agency so that the Prevention Professional is not overwhelmed by excessive and vague tasks. This allows the Prevention Professional and the Supervisor to negotiate a "contract for learning within the professional's duties that sets clear learning objectives and limits to the supervision." Supervision requires that the roles of Supervisor and Prevention Professional be appropriate to their professional identity. This means the Supervisor's level of professional competency should be greater than that of the Prevention Professional, giving him/her a role model and a level of competency for which to strive.

Supervisors are required to review and guide the Prevention Specialist Trainee in the certification process. Supervisors should also be cognizant of the certification standards to ensure proper supervision and guidance in the certification process. Supervisors shall engage in interactive supervision to the extent that at the time a Prevention Specialist Trainee applies for certification the Supervisor will have sufficiently addressed deficits (if present) so that a minimally acceptable level of performance in each of the Domain areas is verified. If a Trainee has not attained a minimally acceptable level of performance in all Domain areas, the Supervisor should not recommend certification. Failure of the Trainee to progress in a timely fashion may result in the inability to become certified at the end of the Trainee Recognition period. Any mark below a minimally acceptable level on the Supervisor Evaluation form in the certification application will result in a Trainee being denied the opportunity to take the written exam.

Supervisors will be required to document completion of experience and supervision for those under his/her supervision. Supervisors will be required to sign the Work Experience Verification form as well as the Supervisor Evaluation at the end of a Trainee's recognition period. After a Trainee achieves the minimum number of hours of practical training experience within the Five Performance Domain Areas (750 hours required), the requirement for ongoing supervision remains throughout the entire Trainee recognition period.

All experience must be documented and verifiable. Any work experience that is completed in any agency other than an agency accredited or recognized by the South Dakota Division of Alcohol and Drug Abuse or other acceptable licensing authority requires the Trainee to submit an agency brochure and statement of philosophy of the agency to support the Trainee's documentation of acceptable work experience.

Supervisors shall ensure that each supervisee is familiar with all applicable ethical standards adopted by the Board.

Trainees are required to be supervised by a CPS or if due to unavailability and with documented approval by the Board, a CCDC II or CCDC III throughout the entire time period they have Trainee status**.** If a Trainee fails a written examination, supervision must continue while the person remains in the Trainee Recognition status.

Trainees generally should receive a minimum of two (2) hours per week of supervision. The supervision of a PST by a CPS, CCDCII or CCDC III must include a minimum of eight contact hours each month. The supervisor shall determine and direct any need for further supervision beyond the eight hours per month requirement.

Formal education and unsupervised experience may NOT be substituted for the work experience requirements.

Chapter 4 CERTIFICATION PROCESS

CERTIFICATION APPLICATION AND PROCESSING

Certification is granted for a two-year period. Recertification fees are collected annually. Certification commences on a date following the successful completion of the examination process and upon submission of the required fees. Certification is granted for Chemical Dependency Counselors and Prevention Specialists.

Professionals certified from the date of original certification to the month of their birth, will be able to complete their initial recertification with no evidence of continuing professional training hours. Certified Professionals are required to complete the application, the survey, if requested, and pay the required fees.

The certified professional will then be required to submit the recertification application and recertification survey unless otherwise directed by the Board, documentation and evidence of completion of 40 continuing professional training hours and the required fees every two years in the month of their birth.

The Board issues both certificates and identification cards. **Certificates issued by the Board are intended for public display either in the professional's office or in a place designated by the agency. Certificates are issued upon initial certification and at upgrade levels. Identification cards are issued annually.**

APPLICATION PROCESS

Certification can be applied for at any time when all the requirements are completed. Requests should be made for an "Application-for-certification" packet. A certification packet will be mailed upon receipt of the appropriate application fee. Applications can be submitted at any time throughout the year and are accepted on an ongoing basis for the two testing cycles approved by the Board. Applications must be received prior to the application deadlines of January 1 and July 1 for inclusion in each particular testing cycle. For example, applications received after July 1 will be processed for the January 1 testing cycle. **An applicant will not be approved to take the certification examination while an incomplete application is on file. An application must be complete before final processing.**

The entire application must be completed and submitted by the deadline set by the Board. The application must include the following:

(1) Official transcripts for college or university coursework,
(2) Statement of non-felony or completion of felony sentencing requirements,
(3) Statement of ethical practice acknowledgement,
(4) Three professional references,
(5) Supervisor's recommendation with indication that applicant meets competencies in each of the Twelve Core Functions,
(6) Work experience documentation and verification,
(7) Written job description for the current position held,
(8) Three hundred (300) hours of documented supervised practical training in the Twelve Core Functions, with a minimum of ten (10) hours in each core function, and
(9) Payment of the required fee.

Upon receipt of the application, the administrative staff will send acknowledgment of receipt and indicate any deficient items within the applicant's portfolio. This review will be done within two weeks of receipt of the application and fees. **The applicant will be given 10 days to provide the deficient items and/or any further documentation needed to complete their portfolio.**

Completed applications are then reviewed for acceptance or denial. Board action can be taken at that time to include a request for re-submission of any item within the portfolio that has not met the standards. The Board may reject the application. The Board may approve the application and accept the candidate for testing. Applicants, who are denied for cause, whether in the application or testing stage, shall be notified in writing within 30 days of denial. The reason for the denial shall be provided along with the appeal guidelines. The burden of proof for all requirements rests with the applicant. The Board and/or Administrative Staff are not responsible for gathering information to determine the qualifications or appropriateness of any candidate.

WRITTEN EXAMINATION GUIDELINES

Once an acceptable portfolio is on file, the applicant will be notified and scheduled for the approved National Written Examination. Applicants will be issued an identification number. Applicants will be provided with a letter informing them of the date, time and place of the examination. Applicants will be required to bring this letter with them to the exam, and will be required to show two forms of personal identification, one of which must include a photo. No person will be allowed in the testing room other than those issued letters of approval and test notification.

The passing score for each testing cycle is determined by ICRC/AODA. If a Trainee fails the written examination in the final cycle of the trainee recognition time frame, the Trainee may request in writing for an extension of time on their Trainee recognition so that two (2) additional testing cycles can be attempted. If the request is approved by the Board, trainee renewal fees will be assessed. A CDCT or PST that has completed the five-year recognition period and has not become certified and has not been granted an extension shall wait 24 months before reapplying for certification or recognition. The trainee may not present him/herself as a CDCT or PST during the 24-month waiting period. An applicant may retest during the 24-month waiting period upon the submission of the request to retest and payment of applicable testing fees. Agency and/or South Dakota Division of Alcohol and Drug Abuse and/or other accrediting bodies rules and regulations may apply to the employment and continuation status of the person who failed to achieve certification within the five (5) one-year periods.

Note: Candidates requesting special accommodations should coordinate with the Board Office. Special accommodation requests need to be accompanied by a health-care provider's documentation of the condition requiring accommodations, which accommodations are recommended and the candidate's request for the accommodation. A recognized health-care provider shall be a licensed physician, psychologist or other health-care provider that is acceptable to the Board and IC&RC/AODA.

NOTIFICATION OF TESTING OUTCOME

Applicants who participated in the written examination are notified in writing within five (5) days of the Board's receipt of test results from the IC&RC/AODA Test Administrator. IC&RC/AODA operates within a 30-day window for dissemination of written examination results. Individualized reports are provided to the Board and forwarded to the applicant.

RETESTING

Applicants or candidates for certification who fail the written examination can retake the examination during the next immediate testing cycle. Applicants are required to submit a letter of intent to retest and pay the applicable re-testing fee by the application deadlines, January 1 and July 1 of the current year.

Applicants must complete a new application packet and reapply for testing in the event they have not successfully passed after their fourth cycle.

If a trainee fails the written examination in the final cycle of the trainee recognition time frame, he/she may send a written request to the Board for an extension of his/her trainee recognition so that two (2) additional testing cycles can be attempted for the written examination. If the request is approved by the Board, trainee renewal fees will be assessed.

CERTIFICATION AND UPGRADES

Applicants for certification are encouraged to apply directly for the level for which they qualify. All application and testing procedures are the same for all levels of counselor certification and simply require the additional documentation and verification of education and work experience in the application portfolio process. There may, however, be instances or circumstances where counselors desire to upgrade their certification while simultaneously applying for certification, e.g. a CDCT applying for a CCDC II may have completed final requirements for CCDC III. A written request to the Board is needed for approval to the higher level.

Counselors who gained certification as a CCDC I or CCDC II may apply for an upgrade with a new application portfolio documenting completion of the additional education, supervision, and experience requirements for CCDC II or CCDC III certification. Those individuals are exempt from having to retake the written examination if there is documentation of having successfully completed the written examination process.

An applicant that applies to test for CCDC I or CCDC II and is eligible for CCDC II or CCDC III respectively shall notify the Board prior to the time of the Written Examination that they have met the requirements for a level higher than their application level.

RECERTIFICATION & TRAINEE RENEWAL

Recertification is the ongoing process of applying for continuation of certification. Recertification requires timely submission of the completed recertification application, which shall include the following:

(1) Continuing education and training report form,
(2) Statement signed by the practitioner of compliance with Board adopted ethics and standards of practice,
(3) Documentation of professional training,
(4) Statement of non-felony or completion of felony sentencing requirements,
(5) Completion of an annual Board survey, if required by the Board, and
(6) Payment of required fee.

The application for recertification must be completed and received at the Board office by the last day of the month of the professional's birth every two (2) years.

There will be no required continuing professional training hours from the date of initial certification to the month of the applicant's birth. Professionals at the time of initial recertification are required to complete the application, an annual Board survey, if required by the Board, and pay the required fees.

Certified professionals will then submit the recertification application, recertification survey if required by the Board, documentation and evidence of completion of forty (40) continuing professional training hours and the required fees every two (2) years, unless the professional is dually certified, where (60) continuing professional training hours are required.

Recertification applications are mailed from the Administrative Office to all certified professionals one month prior to the month of their birth.

Recertification fees are to be paid in one installment of $150.00 for the twelve-month recertification cycle. Fees are to be paid in one installment of $225.00 for persons with dual credentials. All recertification information, including the completed application, documentation and proof of continuing professional training, recertification fees and the survey, must be received by the last day of the month of the professional's birth.

Trainee renewal is the process of applying for continuation of trainee recognition status. Trainee renewal requires the timely submission of the renewal application, which shall include the following:

(1) Documentation of supervision,
(2) Supervisor's signed statement of compliance with Board adopted ethics and standards of practice,
(3) Statement signed by the trainee of compliance with Board adopted ethics and standards of practice,
(4) Statement of non-felony or completion of felony sentencing requirements,
(5) Continuing education and training report form, and
(6) Payment of required fee.

Trainee renewal applications are mailed from the Administrative Office to all recognized Chemical Dependency Counselor Trainees and Prevention Specialist Trainees one month prior to the month of their birth.

The application for continued recognition must be completed and received at the Board office by the last day of the month of the professional's birth every year.

FAILURE TO RENEW

All continuing professional training hours must be completed within the appropriate and corresponding certification or trainee recognition period. Failure to complete the recertification requirements, and any assessed penalties, will result in the loss of the individual's certification or trainee recognition. Any person who allows their certification or trainee status to lapse will be required to meet the *current* certification or trainee recognition standards and criteria in order to regain certification or recognition. In addition, they will be required to complete an application for certification or trainee recognition, pay the required fees, and complete the examination process (if seeking certification).

A Professional who experiences circumstances that prevent them from being able to renew their application needs to notify the Board, in writing, of the circumstances related to their inability to renew. Options that will allow continued certification or recognition may be available to the applicant if pre-approved by the Board.

Chapter 5 CONTINUING PROFESSIONAL TRAINING

CONTINUING PROFESSIONAL TRAINING REQUIREMENTS

Certified Professionals must obtain forty (40) hours of continuing professional training during the two-year recertification cycle. Dually credentialed professionals must obtain sixty (60) hours of continuing professional training during the two-year certification period to qualify for recertification. A practitioner renewing CCDC I, CCDC II, CCDC III or CPS certification and is also renewing for recognition as a CDCT or PST, shall complete at least fifty (50) contact hours of approved continuing professional training. These hours shall be submitted to the Board every two (2) years.

A practitioner renewing CDCT or PST recognition shall obtain ten (10) hours per year of approved continuing professional training. Only five (5) of those hours may be provided by the trainee's employer. These hours shall be submitted to the Board every two (2) years.

Certified professionals are responsible for maintaining their own certification and documentation in an acceptable format and for completion of all requirements. The burden of proof lies with the certified individual. The Board Office does not maintain an individual's continuing professional training hours nor will the office seek to verify attendance at any training event. **A maximum of 10% of the applicants for each monthly recertification process will be audited.**

Continuing Professional Training means training gained from participation in approved lectures, seminars or college/university courses considered relevant to the alcohol and drug abuse and counseling profession. This includes the areas of prevention, treatment, counseling and the administration of programs to improve professional skills and upgrade the standards of all alcohol and drug abuse and prevention professionals.

Agency sponsored training events, formerly known as "in-service training," can account for 50% of the required continuing professional training hours. A maximum of 50% of required Continuing Professional Training hours can be from Internet or other on-line education (separate from college-credit earned on-line).

The following guidelines apply to continuing professional training:

- All continuing professional training hours that are not on the approved list maintained by the Board must be approved within thirty (30) days of attendance by the South Dakota CBADP. A Request for Approval Form must be completed and provided to the office with a copy of the brochure, agenda, syllabus, etc., for any training event.
- Continuing professional training is measured in units of "clock hours." A clock hour is a continuous fifty-minute period. Time devoted to mealtimes, breaks, exercise, meditation, etc., will not be considered or included when awarding continuing professional training hours.
- Continuing Professional Training must be obtained within the time frame of each certification period.
- Continuing Professional Training hours are not cumulative. Additional hours earned during one recertification period can not be carried to the next recertification period.
- The Board may grant extensions or exemptions of the continuing professional training hours for reasons of health, military service, or other good causes. Professionals needing extensions or exemptions are required to submit a written request prior to the date of recertification. Board exemptions may affect an individual's ability to achieve reciprocity.

The hours can be obtained in a combination and variety of ways to include:

- Chemical dependency and prevention courses, workshops, seminars or trainings.
- Counseling related courses, workshops, seminars or trainings.
- In-service training (educational training events which occur within the professional's agency, for agency staff, and conducted by agency staff). A training agenda shall be in the Professional or Trainee's file at their place of employment.
- Teaching and/or Training in the Counselor Core Functions.

The practitioner is responsible for financing the costs of continuing professional training.

Continuing Professional Training through approved organizations or sponsors or through other agencies, sponsors or individual's that provide Continuing Professional Training must complete a Continuing Professional Training / Continuing Education Approval Form and pay the South Dakota CBADP the required fee.

The Board shall maintain and make available to practitioners a list of courses for continuing professional training approved by the Board.

TEACHING AND TRAINING HOURS FOR FACILITATORS

Hours can be obtained through education and training provided by Certified Professionals to other professionals on alcohol and drug related topics. The number of hours awarded will be equal to the number of contact hours spent in the actual teaching/training time and will be limited to no more than fifteen (15) hours if singly credentialed, and twenty (20) hours if dually credentialed of the Continuing Professional Training requirements within the reporting period. The following guidelines apply:

- Training must be accredited trainings as designated by an accredited post-secondary educational institution for which college credit is issued.
- All training events not on the approved provider list must be approved within thirty days of the event.
- All training must be completed within the reporting period.
- An instructor can receive credit for teaching or training one time per course/workshop/training activity within a three year period.
- Patient lectures or public education lectures (i.e., those offered to schools or to public service groups) cannot be used to meet the teaching/training requirement.

DOCUMENTATION OF CONTINUING PROFESSIONAL TRAINING

Certified Professionals must maintain acceptable documentation of attendance and completion of training events. The Continuing Professional Training /Training Report Form must be submitted with the recertification application, recertification fees, and the CBADP Survey if requested by the Board.

A supervisor or agency representative (Clinical Director, Human Resources, Agency Director, etc.) must sign a Trainee's Continuing Professional Training /Training Report Form if the Trainee is audited.

The recertification application will not be considered complete unless all parts of the application with supporting documents are included.

Certificates of attendance, letters, rosters, transcripts, etc., should be made available to attendees by the sponsoring agency or college/university.

Professionals should claim only the number of hours of actual attendance for workshops and trainings that they attended.

The CBADP approves the educational events as acceptable for use by Certified Professionals; the office and/or Certification Board does not grant or issue the actual credit, or continuing professional training hours, unless the training is given or directly sponsored by the Board.

BOARD POLICY ON CONTINUING PROFESSIONAL TRAINING AUDIT

A maximum of 10% of the Certified Professionals and Trainees will be audited on a monthly basis. If audited, the burden of proof to demonstrate adequate Continuing Professional Training is with the professional, the Trainee and supervisor when applicable.

Audits will be conducted in the following manner:

a. The Board will notify each professional that has been randomly selected for audit and will provide that professional with a copy of their Continuing Professional Training /Continuing Education Report Form.
b. The Board will ask that the professional send a copy of the Continuing Professional Training documentation to the Board.
c. The Administrative Office will review the documentation and verify the professional's Continuing Professional Training report with the supporting documentation.
d. If there is a discrepancy, the Board will seek further information from the Professional.
e. If there is a discrepancy with a Trainee's Continuing Professional Training, the Board may seek further information from the Supervisor and/or Agency Director.
f. False documentation will be cause for a referral to the Ethics Committee.
g. A minimum of four (4) audits per month will be conducted.

Chapter 6 RETIREMENT STATUS, INACTIVE STATUS, MILITARY ACTIVATION

RETIREMENT STATUS

Certified professionals, in good standing, who are age 62 or older; and/or any person who may be disabled, either permanently or temporarily, are eligible to apply for retirement status.

Retirement status requires only half of the required educational hours and fees to maintain certification. Retirement status must be applied for at the time of application for recertification and applicants must currently be unemployed or employed in the profession on a part-time basis (20 hours per week or less).

Certified Professionals with a permanent or temporary disability requesting the status must provide a statement from a licensed physician, psychiatrist or psychologist or other certified or licensed professional documenting the disability, course of treatment and anticipated outcome for the individual's physical and/or mental health.

Certified Professionals in retirement status working 50% of the time or less must meet the 50% of the current IC&RC/AODA Continuing Professional Training requirement and will pay 50% of the current CBADP recertification fees.

Individuals who are granted Retirement Status are not eligible for reciprocity.

INACTIVE STATUS

Certified professionals, in good standing, may elect to put their certification on inactive status. Inactive status allows the professional to maintain their certification by payment of the fees and requires no Continuing Professional Training. Professionals may not actively practice in the field while on inactive status. Individuals who are granted Inactive Status are not eligible for reciprocity.

A certified professional can place their certification on inactive status at any time. It is not the intent of this policy for practitioners to enter inactive status to avoid the requirement to obtain continuing professional training hours. Therefore, certification can be reactivated with submission of the recertification application and documentation of continuing professional training related to the time frame prior to the certification being placed on inactive status. Under no circumstance will a professional be required to submit more than 40 continued professional training hours or 60 continued professional training hours for dually credentialed individuals.

Following initial certification, a certified professional may elect to enter inactive status prior to recertification. When this occurs, the number of hours required to reactivate certification will be related to the time frame the certification was placed on inactive status. A maximum of 40 hours of continuing professional training is required unless dually certified and both certificates were placed on inactive status. A professional who is dually credentialed will be required to document a maximum of 60 hours of continuing professional training at the time of reactivation. If a practitioner who is dually credentialed placed one credential on inactive status, the practitioner will be required to submit a maximum of 40 hours of continued professional training.

Trainee Recognition can be placed in an inactive status for a maximum of three years or 36 months total time. A trainee renewal application and fee are required to reactivate Trainee Recognition. Unemployment is considered to be the main factor for Trainee Recognition to be placed in an inactive status. There is no provision for refund of Trainee Recognition fees if placed in an inactive status. Trainees may not actively practice in the field while on inactive status.

For military activation, the certificate will be held in an inactive status, no reactivation fee and no Continuing Professional Training hours are required unless the person is working as a military substance abuse specialist or other related addictions counselor.

MILITARY ACTIVATIONS & CERTIFICATION STATUS

The CBADP recognizes the importance of service in the military. In the event of a "call-up" or activation, the Board policy will attempt to accommodate the individual that is activated and within reason the employment site of that individual.

For certified individuals, the certificate will remain in place. For persons with recognition as a Trainee, the reissue of the Trainee status will take place upon request. In general, there will be no lapse of certificate or trainee status upon the return of a person from an active military duty or reserve military activation.

If a disability is indicated upon a person's return from active duty, the certificate will be held in abeyance until the individual is cleared to return to work.

Fees will cease at the time of call-up or a reasonable time before call-up. The Board recognizes that an actual report date and date of notification are often different from the actual date a reservist or active duty professional is no longer working at their civilian job site or in their chemical dependency or prevention standing. When there is an activation and the person returns to employment in the field, the Board will allow reasonable time if the professional opts not to return to immediate employment. On a case-by-case basis, if an activated individual decides not to reenter the profession, the Board will review the case and consider a refund if appropriate and within policy.

In the event an activated individual returns from duty to a work site that is no longer available (site closes, there is a reduction in force, or other cause outside of the activated individual's control), the Board will consider case-by-case how to approach fees, Continuing Professional Training, and related concerns.

Continuing Professional Training requirements will be in place; however, the Board on a case by case basis may identify a need to offset total hours of Continuing Professional Training required by the months/days activated or some other manner that seems appropriate for the particular reservist or active duty personnel. For military activation, the certificate will be held in an inactive status, no reactivation fee and no Continuing Professional Training hours are required unless the person is working as a military prevention or substance abuse specialist or other related addictions professional.

Reasonable consideration will be given in regard to applicants for testing, etc. if the call-up returns close to deadlines for testing.

On a case-by-case basis, the Board may consider other actions as it deems appropriate.

It is the Professional's responsibility at the time of activation and deactivation to notify the Board of his or her current status. That notification can be made by a person designated by the Professional.

Chapter 7 RECIPROCITY AND CODES OF ETHICS

THE INTERNATIONAL CERTIFICATION AND RECIPROCITY CONSORTIUM (IC&RC) & INTERNATIONAL CERTIFICATES

The South Dakota Certification Board for Alcohol and Drug Professionals is a member of the International Certification & Reciprocity Consortium (IC&RC). IC&RC is a voluntary membership organization comprised of member boards located in 44 states, the District of Columbia, two US territories, and twelve global jurisdictions. IC&RC certification boards also include those affiliated with the Indian Health Services, and the World Federation of Therapeutic Communities. Organizations are approved or removed by IC&RC.

The IC&RC member boards must adhere to national standards for initial certification and recertification requirements. The IC&RC establishes, monitors, and advances reciprocal competency standards for credentialing of professionals. Uniform standards allow reciprocity between IC&RC member boards. A member board can utilize or implement individual requirements that are greater than but not less than IC&RC's minimum standards for initial certification or recertification. Every member organization is entitled to appoint delegates to serve on the IC&RC Board of Directors. Delegates are actively involved in the governance of the IC&RC and standard setting and review.

The minimum standards for the Alcohol & Other Drug Abuse Counselor (AODA) are listed below:

Experience: 6000 hours of supervised work experience specific to the AODA domains. (An associate's degree in behavioral science may substitute for 1000 hours; a bachelor's degree in behavioral science may substitute for 2000 hours; a master's degree in behavioral science may substitute for 4000 hours.)
Education: 270 hours specific to the AODA domains. Six hours must be specific to counselor ethics.
Supervision: 300 hours specific to the AODA domains; to include the 12 core functions with a minimum of ten hours in each core function area.
Examination: Applicants must pass the IC&RC International Written AODA Examination.
Code of Ethics: Applicants must sign a code of ethics statement or affirmation statement.
Recertification: 40 hours of continuing education earned every two years.

AODA Domains
(Tap 21 Competencies & the 12 Core Functions are contained within these domains.)

1. Clinical Evaluation
2. Treatment Planning
3. Referral
4. Service Coordination
5. Counseling
6. Client, Family & Community Education
7. Documentation
8. Professional & Ethical Responsibility

Note that each member board may have higher standards for this credential. Please see Chapter 2 for the CBADP requirements for Certified Chemical Dependency Counselors (CCDC).

The minimum standards for the Certified Prevention Specialists (CPS) are listed below:

Experience: 2000 hours of Alcohol, Tobacco and Other Drug (ATOD) prevention work experience.
Education: 100 hours of prevention specific education. Fifty hours of this education must be ATOD specific. Six hours must be specific to prevention ethics. One hour of education is equal to 50 minutes of continuous instruction.
Supervision: 120 hours specific to the CPS domains with a minimum of ten hours in each domain.
Examination: Applicants must pass the IC&RC International Written Prevention Specialist Examination.
Code of Ethics: Applicants must sign a prevention specific code of ethics statement or affirmation statement.
Recertification: 40 hours of continuing education earned every two years.

CPS Domains

1. Planning & Evaluation
2. Education & Skill Development
3. Community Organization
4. Public Policy & Environmental Change
5. Professional Growth & Responsibility

Note that each member board may have higher standards for this credential. Please see Chapter 2 for the CBADP requirements for Certified Prevention Specialists (CPS).

RESIPROCITY

Alcohol and Drug Counselors and Prevention Specialists meeting the standards and successfully completing the IC&RC International Written Examination are granted certification by member boards and are eligible for reciprocity through the IC&RC. Reciprocity is the transfer of an IC&RC credential from one jurisdiction (state, country, nation) to another usually without having to retest.

RECIPROCITY INTO THE CBADP

Addiction professionals certified at a reciprocal level by an IC&RC member board who relocate to South Dakota may transfer their credential to the CBADP using the reciprocity process. No additional requirements will have to be met by the certified professional using this process to transfer their credential to South Dakota. To begin the reciprocity process, certified addiction professionals must contact their current credentialing board to seek guidance on their eligibility for reciprocity and request a reciprocity application. Upon completion of the reciprocity application, the professional sends the application plus a $100 money order (payable to IC&RC) back to their current board. Upon completion of the reciprocity application by the certified addiction professional and the credential verification report by the current credentialing board, the current credentialing board forwards the application (including the credential verification report) and money order to the IC&RC Office. When the CBADP receives reciprocity approval notification from the IC&RC office, a CBADP reciprocity information form requesting demographic information, a signed Professional Code of Ethics form, and a signed Authorization and Releases form is sent to the professional. Upon receipt of the required information, the CBADP will issue a certificate to the certified addiction professional for the equivalent credential: Alcohol & Other Drug Abuse Counselors (AODA) will be granted CCDC II certification, and Certified Prevention Specialists will be granted CPS certification.

The CCDC II professional may upgrade to CCDC III at any time upon completion of the current certification standards. The professional will be required to submit an upgrade application, provide all appropriate documentation, and submit the required fees.

RECIPROCITY OUT OF THE CBADP

Addiction professionals certified by the CBADP at a reciprocal level (CCDC II, CCDC III, CPS) who relocate to another state, country, or nation may transfer their credential to the new jurisdiction using the reciprocity process only if the new jurisdiction is an IC&RC member board. Reciprocity to a non-IC&RC member board is not permitted. Additional requirements may be imposed upon the certified addiction professional depending on the laws and regulations governing the practice of addiction related services in the new jurisdiction. Therefore, certified addiction professionals are strongly encouraged to contact the IC&RC member board in the new jurisdiction to determine if any additional requirements must be met. To begin the reciprocity process, certified addiction professionals must contact the CBADP and request a reciprocity application. Upon completion of the reciprocity application, the professional sends the application plus a $100 money order (payable to IC&RC) back to the CBADP. Upon completion of the reciprocity application by the certified addiction professional and the credential verification report by the CBADP, the CBADP will forward the application (including the credential verification report) and money order to the IC&RC Office. Reciprocity is complete when the certification board in the new jurisdiction receives reciprocity approval notification from the IC&RC office. That board will then issue the certified addiction professional the equivalent credential offered unless laws or regulations governing the practice of addiction related services in the new jurisdiction must first be met.

South Dakota Counselors Certified at a CCDC II or CCDC III and Certified Prevention Specialists may apply for reciprocity to another jurisdiction. **Individuals certified as a CCDC II under the academic track must have 6000 hours experience before being eligible for reciprocity with another IC&RC member board.**

Individuals certified as a CCDC III under the academic track, without a Masters Degree, must have 6000 hours experience before being eligible for reciprocity with another IC&RC member board. Certified Prevention Specialists must have 2000 hours experience before being eligible for reciprocity with another IC&RC member board.

A complete listing of IC&RC member boards is located on the 'Member Boards' page of the IC&RC website at: www.icrcaoda.org

INTERNATIONAL CERTIFICATES

The international certificate is an additional certificate available to certified professionals holding a reciprocal credential (CCDC II, CCDC III, or CPS). Professionals certified at a reciprocal level will receive an International Certificate at no cost from IC&RC. With every renewal of the professional's state certification, the CBADP will submit the professional's name to the IC&RC, and an International Certificate will be mailed directly from IC&RC to the certified professional.

The International Certificate does not replace, but rather enhances, the existing credential held through the CBADP. The certificates are recognition of the professional's achievements of national standards. The IC&RC certificate is suitable for framing and public presentation but is not required by the Board for public display.

PROFESSIONAL CODE OF ETHICS FOR CERTIFIED PROFESSIONALS AND TRAINEES

The Board promulgates and publishes Codes of Ethics related to the practice of Prevention and Chemical Dependency Counseling. The Professional Code of Ethics applies equally to Certified Chemical Dependency Counselors, Chemical Dependency Counselor Trainees, Certified Prevention Specialists, Prevention Specialist Trainees, Interns, and individuals in the process of applying for certification or recognition.

A subcommittee of the Board, The Ethics Committee, investigates alleged violations of the Codes of Ethics or statutory violations. The CBADP Chair serves as an ex-officio of the Ethics Committee.

CBADP Codes include the following:

1. CBADP CODE OF ETHICS / SOUTH DAKOTA AND CBADP STANDARDS OF PRACTICE

2. PROFESSIONAL CODE OF ETHICAL CONDUCT FOR PREVENTION SPECIALISTS

3. PROFESSIONAL CODE OF ETHICS FOR CERTIFIED PROFESSIONALS

The CBADP believes that all people have rights and responsibilities through every stage of human development. The goal of the various Codes is to provide a framework that guides alcohol and drug abuse professionals to treat individuals, communities, and groups with the dignity, honor, respect, and reverence that are fitting to those that receive services.

This CBADP directive is derived from the above ethical principals and entitles human beings to the physical, social, psychological, spiritual and emotional care necessary to meet individual needs in their learning, recovery and rehabilitation process. All Certified Professionals, Trainees, and Interns have a responsibility to adhere to the following guiding principles within their scope of practice and as a Code of ethical behavior.

PROFESSIONAL CODE OF ETHICS FOR CERTIFIED PROFESSIONALS (IC&RC)

1. That I have a total commitment to provide the highest quality of care for those people who seek my professional services.

2. That I will dedicate myself to the best interests of clients and to assist them to help themselves.

3. That at all times, I shall maintain a professional relationship with clients.

4. That I will be willing, when I recognize that it is in the best interest of the clients, to release or refer them to another program or individual.

5. That I shall adhere to the laws of confidentiality and professional responsibility of all records, materials and knowledge concerning clients.

6. That I shall not in any way discriminate against clients or professionals.

7. That I shall respect the rights and views of other professionals and clients.

8. That I shall maintain respect for institutional policies and management functions within agencies and institutions, but I shall take the initiative toward improving such policies if it will best serve the interest of clients.

9. That I have a commitment to assess my own personal strengths, limitations, biases and effectiveness on a continuing basis; that I shall continuously strive for self-improvement and professional growth through further education and/or training.

10. That I have a responsibility for appropriate behavior in all areas of my professional and private life, and to provide a positive role model especially in regard to the personal use of alcohol or other drugs.

11. That I have a responsibility to myself, my clients, and other associates to maintain my physical and mental health.

12. That I respect the clients' right to worship or not, according to their conscience and beliefs and that I will not impose my own beliefs, values, or standards upon them.

13. That I have a professional responsibility to understand and appreciate different cultures for persons who are or may be in my care or are recipients of my professional services. I will demonstrate sensitivity to cultural differences in my professional practices.

14. That I have regard for any individual's needs and rights to equal protection and due process under the laws of the State of South Dakota.

Private conduct is a personal matter, except when such conduct compromises the fulfillment of professional responsibilities or may endanger the health or safety of clients who are or may be under the professional's care.

As a professional, there is a responsibility to take actions that may include a requirement to report, whether obvious or perceived, ethical violations or concerns related to other professionals or persons representing themselves in the profession or in activities that are within the Board's cognizance. If there is a known violation of a Code of Ethics under the cognizance of the Board, Certified Professionals, Trainees, and Interns will follow the process of resolution of ethical violations as outlined in the various CBADP Code of Ethics.

Any violation of the principles will be grounds for disciplinary action and sanctions by the South Dakota Certification Board for Alcohol and Drug Professionals.

PROFESSIONAL CODE OF ETHICAL CONDUCT FOR PREVENTION SPECIALISTS

The practice of alcohol, tobacco and other drug prevention is based on shared knowledge, skills and values. The following ethical standards shall govern the professional's daily involvement in prevention activities and emphasize the professional concern for the rights and interests of the recipients of services. Certified Prevention Specialists, Certified Chemical Dependency Counselor II or Chemical Dependency Counselor III that supervise Prevention Specialist Trainees will adhere to the Prevention Specialist Code of Ethical Conduct. It is expected that all Certified Professionals and Trainees if providing prevention services, including those of research based prevention activities, will follow all recognized Codes of Ethics under the cognizance of the Board.

RESPONSIBILITIES

Prevention Specialists have a responsibility to maintain objectivity, integrity and the highest standards in delivering prevention services.

1. Prevention Specialists shall operate at the highest level of honesty and professionalism and will strive to deliver high quality services, holding the best interest of the public first.

2. Prevention Specialists shall recognize their primary obligation to promote the health and well-being of individuals, families, and communities in order to prevent chemical abuse and dependency.

3. Prevention Specialists shall recognize their personal competence and not operate beyond their skill or training level and be willing to refer to another individual or program when appropriate.

4. Prevention Specialists shall be committed to upgrading their knowledge and skills through ongoing education and training.

5. Prevention Specialists have a responsibility to understand and appreciate different cultures and will demonstrate sensitivity to cultural differences in professional practices.

PERSONAL CONDUCT AND PROFESSIONAL COMPETENCY

Prevention Specialists shall have a responsibility to model and promote a healthy life-style and well being by low risk or no use of alcohol, tobacco and/or other mood-altering chemicals. In addition, Prevention Specialists have a responsibility to maintain sound mental health to prevent the impairment of professional judgment and performance.

PUBLIC WELFARE

Prevention Specialists will maintain an objective, non-possessive relationship with those they serve and not exploit them sexually, financially, or emotionally.

PROFESSIONAL PUBLICATIONS AND PUBLIC STATEMENTS

Prevention Specialists will respect the limits of present knowledge and shall assign credit to all who have contributed to published materials, professional papers, videos/films, pamphlets or books.

PUBLIC POLICY TO MAINTAIN AND IMPROVE ALCOHOL, TOBACCO AND OTHER DRUG (ATOD) CONTINUUM OF CARE

Prevention Specialists will take the initiative to support, promote and improve the delivery of high quality services in the professional continuum of care (prevention, intervention, treatment and aftercare) including those venues that are not traditionally considered prevention activities.

The Prevention Specialist will uphold and promote the integrity of the profession by adhering to and reporting violations of the Code of Ethical Conduct. Violations of the principles will be grounds for disciplinary action and sanctions.

CBADP CODE OF ETHICS / SOUTH DAKOTA AND CBADP STANDARDS OF PRACTICE

Substance Abuse Professionals will adhere to the CBADP Code of Ethics /South Dakota and the CBADP Standards of Practice identified in the following eight (8) areas:
Resolving Ethical Issues
The Relationship between the CD Professional and Client/Consumer
Confidentiality
Professional Responsibility
Relationships With Employers/Employees
Relationships With Other Professionals
Evaluation, Assessment, and Interpretation
Research and Publication

Chapter 8 ETHICAL COMPLAINT PROCEDURES

FILING THE COMPLAINT

Complaints against Certified Professionals, Trainees or those seeking certification shall be made through a formal procedure described herein. Disciplinary action may also be initiated by a majority vote of the Board of Directors of the South Dakota Certification Board for Alcohol and Drug Professionals. The Administrative Officer with consultation of the Board Chair may initiate complaints based on information presented to the Board by an applicant or supervisor during the course of the certification, recertification, upgrade, or recognition application process.

All complaints must be in writing and include the full name and address of the complainant. The complaint should outline the facts, which clearly and accurately describe the allegations against the respondent.

All complaints other than those generated by the Board or Administrative Officer should be sent by first class mail to:

CBADP Administrative Office
3101 W. 41st Street
Suite 205
Sioux Falls, SD 57105

Upon receipt of a formal written complaint, the Administrative Officer will forward the complaint to the Ethics Committee for review and consideration if the complainant is identified as an individual under the cognizance of the Board. The Ethics Committee shall operate under the authority of the Certification Board Policies and Procedures as outlined in the effective South Dakota CBADP Standards Manual (including changes approved by the Board) and/or statutory regulations and/or rules and/or Policies and Procedures Manual.

Committee members who have a conflict of interest will disqualify themselves from participating in a disciplinary procedure or appeal and may do so without comment. **The following relationships may constitute a conflict of interest:**

- Past or present family or "significant other."
- Past working relationship within the same agency or presently employed by the same agency.
- A present or former client or recipient of professional services.
- Any other special circumstances that may make objectivity difficult.

Upon receipt and review of the complaint, the CBADP Ethics Committee will determine whether or not the complaint warrants investigation. The committee may, in its sole discretion, dismiss the complaint for any reason. If the Committee finds that the complaint has no merit, the complainant shall be notified in writing of the decision.

Communication from the Board office will be accomplished through registered and/or certified mail.

The committee may:

- Ask for further information or clarification from the complainant
- Review and investigate alleged acts or omissions that the committee believes constitute cause for disciplinary sanctions
- Forward a copy of the complaint to the respondent and ask the respondent to reply to the complaint in written form
- Move to a hearing

Upon review of all information and pertinent documentation, the Ethics Committee may schedule a hearing to receive and review testimony, evidence and question the complainant(s), the respondent(s), and witnesses.

The Board may use its own staff or employ Certified Chemical Dependency Counselors, Certified Prevention Specialists, agents, or investigators to assist in the enforcement of any violation of the codes or of the statute designating the Board or any rule promulgated by the Board. Any person violating the provisions of the statute may be enjoined from further violations by an action brought by the state's attorney of the county where the violations occurred or by an action brought by any citizen in the state. The Board, the Attorney General or the

relevant state's attorney may apply to the circuit court for the county in which a violation is alleged to have occurred for an order enjoining or restraining the commission or continuance of the acts.

The Board may authorize a hearing examiner to conduct the hearing required to determine a violation of this Act.

THE ETHICS HEARING

If a hearing is set, notification of the date, time and place of the hearing will be provided to all parties. A copy of the formal written complaint will be provided to the respondent. The respondent will be asked to submit a written statement outlining their responses to the allegations or conduct being complained about. The respondent will provide this written response to the Administrative Office at least seven days prior to the date of the hearing. The respondent will be notified that failure to respond in writing within the specified time frame will constitute an admission to the allegations and all stated rights and other due process would be forfeited if not exercised in a timely manner. The respondent's written statement will be provided to the complainant(s) when appropriate.

The Board reserves the right to dismiss the complaint at any time and upon review of all information and materials.

All parties will be provided with the policies and procedures and guidelines of the hearing process. The ethics complaint process is an adversarial proceeding with all parties having the right to be represented by an attorney. A formal record or transcription is not made of the hearing process. Parties wishing to have a transcript of the proceeding must request and pay for a court reporter at their own expense. The Board office must be notified in advance of the hearing that a party will provide a court reporter.

The hearings shall take place at a location and time established by the committee with all parties required to be present. Failure by certified professionals, counselor trainee, or those applying for certification to appear will constitute a violation of the professional code of ethics. Written notification of the date, place and time of the hearing must be provided to all parties at least 10 days prior to the scheduled hearing date.

Opportunity shall be given to all parties to be present and respond to evidence and testimony; to examine and cross examine all witnesses and evidence and present information and evidence in support of their interests. The South Dakota CBADP Ethics Committee shall not be bound by common law or statutory rules of evidence but may consider all evidence having reasonable probative value.

It is the responsibility of all parties involved to see that witnesses and evidence are available for the scheduled hearings. The burden of proof of any and all allegation lies with the complainant(s).

No discovery from South Dakota CBADP files shall be permitted, and no access to the South Dakota CBADP files will be allowed for either the complainant or respondent. There shall be no contact with any of the Ethics Committee members, or other board member, by the complainant, the respondent, or their representative prior to the hearing for the purposes of discussing the case.

The Administrative Officer or Chair will provide the complainant with information about procedures and policies if so requested.

The members of the Ethics Committee will hear testimony, review evidence and have the opportunity to ask questions to obtain information necessary to make an accurate determination of the facts of the case. All deliberations of the committee are held in closed session.

Within thirty days upon completion of the hearing, the committee shall present the facts of the case and make recommendations to the full Board. The Board will then submit a decision for the disposition of the case, including the facts upon which the decision is based to all parties involved.

Decision of the Board may be appealed either by the complainant or the respondent in accordance with SDCL 1-26.

GROUNDS FOR DISCIPLINE

Any violation of the professional codes of ethics or grounds for discipline may result in the denial, revocation, or disciplinary sanctions as outlined by the South Dakota CBADP Standards Manual and policies and procedures. A majority of the South Dakota CBADP Board of Directors may initiate a disciplinary action or demand an examination by a competent, licensed medical or psychological professional, selected by the Board at the Board's expense, against a Trainee, Certified Professional, or person in the process of applying for certification/recertification, when there is reason to believe the physical or mental condition of the individual may endanger the health or safety of clients who are, or may become, involved in receiving professional services from the Trainee, Certified Professional or person in the process of applying for certification, recertification or trainee recognition.

The grounds for discipline include:

1. Participating in, condoning or being an accessory to dishonesty, fraud, deceit or misrepresentation in the procurement of certification or maintenance of certification; including misrepresentation on your own or another's application and providing intentional false or misleading statements or omissions.

2. Misrepresentation of professional qualifications, certifications, accreditation, affiliations and employment experiences.

3. Participation in any illegal acts, to include, but not limited to:
   a. Violation of federal or state discrimination statutes.
   b. Violation of federal or state confidentiality statutes.
   c. An act resulting in being convicted or pleading guilty or nolo-contendere (no-contest) before a court in this state or any other state, or before any federal court for any offense punishable as a Class I misdemeanor or felony or like sanction. A Class I misdemeanor or felony offense shall mean any offense which constitutes a Class I misdemeanor or felony under the laws of the state where the offense was committed, whether alcohol or other drug related or not.
   d. An act resulting in being convicted or pleading guilty or nolo-contendere (no-contest) before a court in this or any other state, or before any federal court, of any offense involving crimes of moral turpitude, theft or malfeasance.
   e. An act that is a violation of any administrative rule promulgated by the South Dakota CBADP or by the Division of Alcohol and Drug Abuse, State of South Dakota, or other professional licensing or certification boards.
   f. An act resulting in being convicted by a military tribunal or court's martial for an offense equal to a Class I misdemeanor or felony or like sanction.

4. Professional Incompetence
   a. Gross incompetence or unprofessional or dishonorable conduct or any act, which constitutes a substantial deviation from the standards of skill ordinarily possessed by professional peers acting in the same or similar circumstances.
   b. Refusal to seek treatment for chemical abuse or dependency or mental health problems that impair professional judgment and performance.
   c. Negligently, willfully or intentionally acting in a manner inconsistent with the health or safety of persons in your professional care.
   d. The inability to perform or the consistent unsatisfactory performance of the expected functions of an alcohol and drug abuse professional.
   e. Failing to recognize the personal boundaries and limitations of one's own professional competencies demonstrated by offering services or using techniques beyond the scope of the professional's personal competencies or expertise.

5. Exploitation of Client/Recipient or Professional Relationship
   a. Entering into a professional relationship with member's of one's own family, intimate friends, close associates or others whose welfare might be jeopardized by such a dual relationship.
   b. Participating in or soliciting sexual relationships with a client or recipient.
   c. Entering into personal financial arrangements with a client or recipient, which exploits clients

or recipients.

d. Using a relationship with a client or recipient to promote personal gain or the profit of an agency or commercial enterprise of any kind.
e. Offering professional services to a client or recipient who is under the care of another professional, except with the knowledge of the other professional or after termination of the client/recipient relationship with another professional.
f. Sending or receiving a commission or rebate or any other form of payment for referral of clients or recipients for professional services.
g. Engaging in fee splitting.
h. Accepting a private fee or gratuity or any other gift other than a one-time gift for professional work with a person who is entitled to the services through the professional employer.

6. Unethical Conduct.
   a. Engaging in unethical conduct includes, in addition to the violations enumerated herein, any other substantial violation of any of the Board promulgated or adopted Professional Code of Ethics, which is detrimental to the profession or to the public.

SANCTIONS

Violations of the ethical standards or grounds for discipline may result in any of the following disciplinary sanctions:

Denial	Refusal to issue certification or recertification to an applicant until a required action has taken place.
Ban/Revoke	Official order forbidding an individual from applying for certification or renewal for either a time-limited period or a lifetime or bar a practitioner from practice for an indefinite length of time.
Reprimand/Censure	A formal written reproof or warning.
Impose a Probationary Status	Place a practitioner on probationary status and require regular reports to the Board on the matters that are the basis of the probation or limit their scope of practice to prescribed areas.
Suspension	A time limited loss of certification, not to be less than thirty days or more than twelve months without further review and sanctions. Three suspensions in a four-year period will result in revocation. Suspensions may have an appropriate condition(s), which must be met before the suspension will be eliminated.
Revocation	The permanent loss of certification.

The Board may withdraw the probation if the Board finds the deficiencies that resulted in disciplinary action have been remedied.

The Board may summarily suspend a practitioner's certification in advance of a final adjudication or during the appeals process if the Board finds that a practitioner would represent a clear and immediate danger to the public health and safety if the practitioner were allowed to continue to practice. A hearing will take place within 20 days if the Board imposes a suspension prior to a final adjudication or during the appeals process.

The Board of Directors, when determining the nature and severity of the disciplinary sanction to be imposed may consider the following factors:

1. Sufficient cause to believe the individual's physical or mental condition may endanger the health or safety of clients who are or may become involved in a professional relationship.

2. The relative seriousness of the violation as it related to assuring the public of a high standard of professional service and care.

3. The facts of a particular violation.

4. Any extenuating circumstances or other countervailing considerations.

5. The number of prior violations or complaints and seriousness of each.

6. Whether remedial action has previously been taken.

7. Other factors which reflect upon the competency, ethical standards and professional conduct of the individual.

THE APPEAL PROCESS FOR CERTIFCATION

APPEAL OF APPLICATION DENIAL OR DISAPPROVAL

Applicants for certification or recertification, and trainee recognition or trainee internship and prevention certification whom have been denied or disapproved in the application process may appeal the decision. Appeals must be submitted in writing requesting reconsideration of the decision within 30 days of the date the applicant received notification from the South Dakota CBADP Administrative Office.

Appeals are considered based solely on information and documentation in the initial application. Additional documentation of information or a change in circumstances will not be pertinent for reconsideration. Information pertaining to the appeal is relevant only if it was included in the applicant's initial and original application for certification, recertification, trainee recognition, trainee internship status or prevention specialist application.

A subcommittee of the Board will review the initial application and supporting documentation to determine if the applicant meets the standards and requirements for certification or recertification. The subcommittee will make a recommendation to the Board and provide all the information related to the case. The Board will then make a determination to uphold the decision of the subcommittee or to approve the candidate's application and continuation in the certification process.

Applicants dissatisfied with the decision of the Board will have the right to appeal under the provisions and in accordance with SDCL 1-26.

APPEAL OF EXAMINATION RESULTS

The South Dakota Certification Board for Alcohol and Drug Professionals will not accept appeals based solely on the inability of the candidate to pass the written examination.

The Examinations utilized by the South Dakota CBADP are national standardized examinations, which are proven to be valid, reliable and legally defensible testing instruments. Appeals related to the examinations must be relevant to the Board's failure to comply with acceptable testing guidelines and practices as established by the International Certification & Reciprocity Consortium or it's contracted testing company.

If candidates wish to have a review of their score on the written examination the request must be submitted in writing within 30 days of the postmark on their score report. Candidates should be aware that the IC&RC/AODA examination security and item banking procedures do not permit candidate's access to examination questions, answer keys or other secure materials.

Applicants dissatisfied with the decisions of the Board will have the right to appeal under provisions and in accordance with SDCL 1-26.

APPENDICES

APPENDIX A - TWELVE CORE FUNCTIONS OF THE ALCOHOL AND DRUG ABUSE COUNSELOR AND GLOBAL CRITERIA

The twelve core functions represent a specific entity and although they may overlap, depending on the nature of the Counselor's practice the Counselor must be able to demonstrate competency in each core function and global criteria area.

SCREENING: The process by which a client is determined to be appropriate and eligible for admission to a particular program.

Global Criteria

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

This function requires that the counselor consider a variety of factors before deciding whether or not to admit the potential client for treatment. It is imperative that the counselor use appropriate diagnostic criteria to determine whether the applicant's alcohol or other drug use constitutes abuse. All counselors must be able to describe the criteria they use and demonstrate their competence by presenting specific examples of how the use of alcohol and other drugs has become dysfunctional for a particular client.

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

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

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

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

6. Complete required documents for admission to the program.
7. Complete required documents for program eligibility and appropriateness.
8. Obtain appropriately signed consents when soliciting from or providing information to outside sources to protect client confidentiality and rights.

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

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

Global Criteria:

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

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

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

Global Criteria:

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

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

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

TREATMENT PLANNING: Process by which the counselor and the client identify and rank problems needing resolution; establish agreed upon immediate and long term goals and decide upon a treatment process and the resource to be utilized.

Global Criteria:

17. Explain assessment results to the client in an understandable manner.
18. Identify and rank problems based on individual client needs in the written treatment plan.
19. Formulate agreed upon immediate and long-term goals using behavioral terms in the written treatment plan.
20. Identify the treatment methods and resources to be utilized as appropriate for the individual client.

    The treatment contract is based on the assessment and is a product of a negotiation between the client and counselor to assure that the plan is tailored to the individual's needs. The language of the problem, goal and strategy statements should be specific, intelligible to the client and expressed in behavioral terms. The statement of the problem concisely elaborates on a client and counselor to determine progress in treatment. The plan or strategy is a specific activity that links the problem with the goal. It describes the services, who will provide them, where they will be provided and at what frequency.
    Treatment planning is a dynamic process and the contracts must be regularly reviewed and modified as appropriate.

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

Global Criteria:

21. Select the counseling theory(ies) that apply.
22. Apply technique(s) to assist the client, group, and/or family in exploring problems and ramifications.
23. Apply techniques to assist the client, group, and/or family in examining the client's behavior, attitudes, and/or feelings if appropriate in the treatment setting.
24. Individualize counseling in accordance with cultural, gender and life-style differences.
25. Interact with the client in an appropriate therapeutic manner.
26. Elicit solutions and decisions from the client.
27. Implement the treatment plan.

Counseling is basically a relationship in which the counselor helps the client mobilize resources to resolve his/her problem and/or modify attitudes and values. The counselor must be able to demonstrate a working knowledge of various counseling approaches. These methods may include Reality Therapy, Transactional Analysis, Strategic Family Therapy, Client-Centered Therapy, etc. Further, the counselor must be able to explain the rationale for using a specific skill for the particular client. For example, a behavioral approach might be suggested for clients who are resistant, manipulative and have difficulty anticipating consequences and regulating impulses. On the other hand, a cognitive approach may be appropriate for a client who is depressed, yet insightful and articulate.

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

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

Global Criteria:

28. Coordinate services for client care.
29. Explain the rationale of case management activities to the client.

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

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

CRISIS INTERVENTION: Those services that respond to an alcohol and/or other drug abuser's needs during acute emotional and/or physical distress.

Global Criteria:

30. Recognize the elements of the client's crisis.
31. Implement an immediate course of action appropriate to the crisis.
32. Enhance overall treatment by utilizing crisis events.

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

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

CLIENT EDUCATION: Provision of information to individuals and groups concerning alcohol and other drug abuse, the implications of, and the available services and resources.

Global Criteria:

33. Present relevant alcohol and other drug use/abuse information to the client through formal and/or informal processes.
34. Present information about available alcohol and other drug services and resources.

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

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

Global Criteria:

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

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

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

REPORTS AND RECORD KEEPING: Charting the results or the assessment and treatment plan, writing reports, progress notes, discharge summaries and other client-related data.

Global Criteria:

40. Prepare reports and relevant records integrating available information to facilitate the continuum of care.
41. Chart pertinent ongoing information pertaining to the client.
42. Utilize relevant information from written documents for client care.

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

CONSULTATION WITH OTHER PROFESSIONALS IN REGARD TO CLIENT TREATMENT SERVICES:
Relating with in-house staff or outside professionals to assure comprehensive, quality care for the client.

Global Criteria:

43. Recognize issues that are beyond the counselor's base of knowledge and/or skills.
44. Consult with appropriate resources to ensure the provision of effective treatment services.
45. Adhere to applicable laws, regulations and agency policies governing the disclosure of client identifying data.
46. Explain the rationale for the consultation to the client, if appropriate.

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

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APPENDIX B - CBADP FEE SCHEDULE

• Application materials or portfolio reviews	$ 25.00
• CCDC or CPS Application and examination	$250.00
• CCDC or CPS Retest	$200.00
• CCDC or CPS Recertification	$150.00
• CCDC Level upgrade	$150.00
• CCDC or CPS Replacement or duplicate certificate	$ 15.00
• CCDC or CPS Replacement card	$ 5.00
• CDCT or PST Recognition	$150.00*
• CDCT or PST Renewal	$100.00
• CDCT or PST Replacement or duplicate certificate	$ 15.00
• Intern certificate	$ 25.00
• Intern replacement certificate	$ 15.00
• Registration as Continuing Education Provider	$ 25.00
• Mailing labels	$100.00
• Return check fee	$ 30.00

*Fees for CDCT and PST Recognition are prorated at a rate of $12.50 per month from the month of recognition through the end of the month of the professional's birth.