“Offering competency-based certification to the addiction professional”
Information:

3. CCDP Checklist
3. Directions
4. CCBADC Mission
4. CCDP Definition
5. Domain Functions
6. Domains, Tasks and Skills for the CCDP
20. Applying for the CCDP
21. Fees
21. How to Apply
22. Re-certification Policies
24. Inactive Status
25. Disciplinary and Appeal Procedures
30. CCDP Portfolio

Portfolio Forms:

31. Co-Occurring Disorder Application
32. Consent to Release Information
33. Identification of Recommendations
34. Record of Education
36. Co-Occurring Disorder Experience
38. Supervision
42. Code of Ethics
1. TYPE OR PRINT USING BLACK INK ON ALL FORMS.

Complete the application process STEP BY STEP. Do one section at a time.

2. Photocopy blank forms before making the entries.

3. Photocopy completed materials before sending them to CCBADC so that you will have a complete copy of your own portfolio.

4. Photocopy your entire application and documentation for your records

Send original application, photocopies of documentation and check to: CCBADC, 3400 Bradshaw Rd., Suite B, Sacramento, CA 95827

Questions, problems or concerns can be addressed by calling the CCBADC Office, at (916) 368-9412

CCDP Checklist

The following should be included in your CCDP application:

- Application Form
- Formal education documentation
- Work experience documentation (including current job description)
- Required training documentation
- Signed Ethics Code
- Signed Consent to Release Information
- Appropriate Application Fee

The following should be sent directly from selected individuals to the CCBADC office:

- Three (3) professional letters of reference
- Supervision form

IT IS THE PROFESSIONAL’S RESPONSIBILITY TO NOTIFY CCBADC IN WRITING OF ANY CHANGES TO NAME, ADDRESS AND TELEPHONE NUMBERS

APPLICATIONS IN PROCESS WILL BE HELD BY CCBADC FOR 1 YEAR AND THEN DESTROYED, REQUIRING REAPPLICATION

NO REFUNDS WILL BE GIVEN

Applications for certification will be reviewed when all the above materials have been received by the office.

Do not send your application until all sections are completed and signed where required.

It is the professional’s responsibility to notify CCBADC in writing of any changes to name, address and telephone numbers.

Do not send your application until all sections are completed and signed where required.

Applications in process will be held by CCBADC for 1 year and then destroyed, requiring reapplication.

No refunds will be given.

Applications for certification will be reviewed when all the above materials have been received by the office.

Do not send your application until all sections are completed and signed where required.

It is the professional’s responsibility to notify CCBADC in writing of any changes to name, address and telephone numbers.
The California Certification Board of Alcohol and Drug Abuse Counselors (CCBADC) exists to enhance the quality of substance abuse services in California by certifying substance abuse professionals.

Through the establishment of a certification process for Co-Occurring Disorder Professionals, the CCBADC seeks to define the essential role and functions of the Co-Occurring Disorder Professional in the chemical dependency continuum of care. This professional credential offers guidance to employers and consumers in the selection of Co-Occurring Disorder Professionals and conversely provides the Co-Occurring Disorder Professional with the tool for marketing his or her unique skills and competence.

It is the belief of the CCBADC that demonstration of certain requisite knowledge and skills is related to the quality of services to the consumer. Thus, the California Co-Occurring Disorder Professional certification process is based upon specific measurable competencies. In addition to demonstrating the knowledge and skill competencies described herein, applicants must also meet established education and experience requirements.

**Definition**

A Co-Occurring Disorder Professional is a professional who uses a specialized set of knowledge, experience, training and skills to encourage healthy attitudes and behaviors which prevent the abuse of alcohol and other drugs. The role of the Co-Occurring Disorder Professional, as defined in the seven domains of the Co-Occurring Disorder Professional, is to empower individuals and communities to assess needs and to develop and implement strategies that effectively meet those needs.

The CCDP Manual contains information you will need to become certified, and will also be very useful after the certification process. Please keep this manual to use as a referral source.

**Purpose**

The establishment of standards and a system of voluntary professional certification assures the opportunity for continued growth and development for Co-Occurring Disorder Professionals in the chemical dependency field. The purpose of the Co-Occurring Disorder certification process includes but is not limited to:

1. To promote credibility of Co-Occurring Disorder professionals;
2. To assure the public of a minimal level of competency in Co-Occurring Disorder services;
3. To promote the delivery of competent, professional Co-Occurring Disorder services;
4. To establish a recognized credential of professional competency which will allow for national reciprocity;
5. To establish guidelines for new Co-Occurring Disorder Professionals; and
6. To promote continued professional development for the Co-Occurring Disorder Professional.
DOMAINS OF THE CO-OCCURRING DISORDER PROFESSIONAL

The following table outlines the recommended minimum knowledge base requirements for the Certified Co-Occurring Disorder Professional. The minimum hours in each domain area is reflective of the International Certification and Reciprocity Consortium/Alcohol and Other Drug Abuse, Inc. written certification examination for Co-Occurring Disorder Professionals. Applicants for Co-Occurring Disorder certification must document and verify at least the minimum required hours for each domain area. Applicants are encouraged to seek training in all elements of each domain area and to document all verifiable training received.

<table>
<thead>
<tr>
<th>Domain Area I</th>
<th>Minimum hours: 20</th>
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<tbody>
<tr>
<td>Screening &amp; Assessment</td>
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<tr>
<td>Domain Area II</td>
<td>Minimum hours: 20</td>
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<tr>
<td>Crisis Prevention &amp; Management</td>
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<tr>
<td>Domain Area III</td>
<td>Minimum hours: 20</td>
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<tr>
<td>Treatment &amp; Recovery Planning</td>
<td></td>
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<tr>
<td>Domain Area IV</td>
<td>Minimum hours: 20</td>
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<tr>
<td>Counseling</td>
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<tr>
<td>Domain Area V</td>
<td>Minimum hours: 20</td>
</tr>
<tr>
<td>Management &amp; Coordination of Care</td>
<td></td>
</tr>
<tr>
<td>Additional hours in any domain area: 60</td>
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</tbody>
</table>

Total Minimum Hours of Supervision Required: 200
DOMAINS, TASKS AND SKILLS FOR THE CERTIFIED CO-OCCURRING DISORDER PROFESSIONAL

I. SCREENING AND ASSESSMENT

Task 1 – Engage client and establish rapport.

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

Skill in:
1. Sharing compassion, empathy, respect, flexibility, and hope to all individuals, regardless of their degree of impairment, stage of (non) recovery, or level of acceptance in the treatment and recovery process.
2. Establishing and maintaining professional boundaries through objective, empathic detachment and managing personal biases with a non-judgmental, non-punitive demeanor and approach.
3. Demonstrating sensitivity to, and respect for all persons.
4. Awareness of and responsiveness to the unique communication and learning styles of the persons served.
5. Facilitating the participation of support persons, family members, and other service providers and to welcome them as collaborators.
6. Demonstrating a desire and willingness to elicit the individual’s viewpoint and to recognize and validate the daily courage needed to survive the changes of multiple no-fault persistent and relapsing disorders.
7. Demonstrating patience, persistence, and optimism in helping to establish and maintain the individual’s motivation.
8. Communicating clearly and concisely, both verbally and in writing.
9. Engaging and establishing rapport with individuals from different cultural groups, using socially and culturally appropriate conventions.
10. Communicating and applying the protections and limitations offered by laws and regulations related to confidentiality and ethical codes in the treatment of substance use, mental health, and other health care issues.

Task 2 – Gather and document client information.

Knowledge of:
1. Data collection and stage specific interviewing techniques.
2. How to obtain accurate information and bio-psychosocial history including collateral information.
3. Risk factors in co-occurring disorders.
4. Crisis intervention strategies including emergency procedures.

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5. Psychosocial stressors and traumas particular to the person served.

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

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

Knowledge of:
1. Conceptual models of addiction.
2. Current diagnostic criteria for substance-related disorders (e.g., DSM-IV-TR and ICD-9).
3. Classes of substances of abuse including basic actions in the body and brain, intoxication and withdrawal symptoms, and potential combined interactions.
4. Newly emerging drugs of abuse.
5. Signs and symptoms of potentially high-risk medical complications associated with withdrawal.
6. The relationship between substance use and trauma.
7. Manifestations of intoxication from all classes of substances of abuse.
8. Laws and regulations that apply when a person meets the legal criteria of intoxication during the screening and assessment process.
9. The importance of seeking prompt consultation regarding lab findings that are not within normal limits.

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

Task 4 – Recognize signs and symptoms of psychiatric disorders.

Knowledge of:
1. Conceptual models of psychiatric disorders.
2. Current diagnostic criteria for mental health disorders (e.g., DSM-IV-TR and ICD-9).
3. Components and terminology of the mental status examination.
4. Basic tenants of psychopharmacology.
5. Cultural norms regarding the interpretation of psychiatric distress and symptoms.
Skill in:
1. Identifying the various conceptual models of psychiatric disorders.
2. Integrating the findings of the mental status examination into the screening, assessment and treatment planning processes.
3. Utilizing inclusive language and approaches in the screening and assessment process.
4. Using established criteria for assessing acuity of symptoms and service intensity needs.
5. Identifying various classes of psychotropic medication and recognizing relevant side effects.

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

Knowledge of:
1. Barriers that may complicate a person’s ability to access and remain in treatment.
2. Mental health substance use and other health care issues that may require more extensive evaluation.
3. The potential interactions between substance use, mental health and other health care issues.
4. The relationship between substance use and trauma throughout the life cycle.
5. The interaction between general health conditions, prescribed medications, and substances of abuse.

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

Task 6 – Utilize relevant assessment instruments.

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

Skill in:
1. Selecting and applying appropriate screening and assessment instruments.
2. Explaining the rationale for the use of specific tools.
3. Interpreting the results obtained during the screening and assessment process.
4. Explaining the results obtained during the screening and assessment process to the person served.
Task 7 – Understand the person’s diagnostic profile and review results with the treatment team.

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

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

II. CRISIS PREVENTION AND MANAGEMENT

Task 1 - Develop and implement a crisis prevention plan.

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

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

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

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

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

Knowledge of:
1. The effects on functioning related to mental health and substance use both separately and combined.
2. Psychotropic medications, their actions, side effects, possible interactions with other substances, and addictive potential.
3. Individual differences in response to psychotropic medications and other substances.
4. Bio-psychosocial stressors that could impact the crisis situation.
5. Specific instruments to assess risk of harm to self and others.
6. Symptoms of relapse for both mental health and substance-use disorders that could lead to increased risk of harm to self and others.
7. Personal biases and professional limitations in effectively assessing and responding to a crisis situation.

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

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

Knowledge of:
1. Duty to warn/protect rulings, related regulations, and policies.
2. Community resources that can assist in resolving a person’s crisis.
4. Motivational enhancement to engage individuals in resolving crisis situations.

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

Knowledge of:
1. Rationale and methods for facilitating a debriefing process.
2. How to evaluate the effectiveness of the crisis intervention.
3. The need for and content of crisis documentation.
4. Crisis situations as opportunities for acquiring new knowledge and skills.

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

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

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

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

III. TREATMENT AND RECOVERY PLANNING

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

Knowledge of:
1. Mental health and substance use symptomatology, a comprehensive understanding of their inter-relationship, and their effects on functioning.
2. Categories within and application of diagnostic criteria and related features.
3. Integrated models of assessment, intervention, and recovery for persons having both substance-use and other mental health issues.
4. The effects of culture on the individual's beliefs and choices related to treatment.
5. The relationship between mental health, substance use, and other health conditions.
Skill in:
1. Synthesizing data to determine treatment needs.
2. Consulting with the person being served to determine their treatment needs and preferences.
3. Consulting with other professionals to interpret findings.
4. Organizing and summarizing relevant data and clinical impressions to determine treatment needs.

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

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

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

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

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

Skill in:
1. Presenting assessment data clearly and empathically.
2. Evaluating the extent to which the data presented is understood and accepted.
3. Communicating appropriately, both verbally and non-verbally, with diverse populations.
4. Identifying and prioritizing needs collaboratively.

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

Knowledge of:
1. Models of assessment, intervention, and recovery for individuals with co-occurring disorders.
2. How to match interventions to stages of change.
3. Available resources, interventions and services to address a range of treatment related needs.
4. The treatment plan as a working contract between all parties.
5. Barriers to integrated care.
6. How to identify and implement stage specific measurable steps to achieve short and long-term goals, utilizing the individual’s strengths and resources.
7. Strengths-based approaches.
Skill in:
1. Collaboratively developing an integrated treatment and recovery plan.
2. Linking persons served with resources and supports that promote recovery.
4. Identifying and overcoming barriers to achieve treatment and recovery goals.
5. Developing and implementing steps towards treatment and recovery clearly and logically.
6. Facilitating active choice in setting recovery goals that build on the strengths of the person served.

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

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

Skill in:
1. Collaboratively evaluating the effectiveness of treatment interventions on a regular basis.
2. Writing clear, concise notes that track individual’s progress using client centered language.
3. Matching interventions to the stages of change
4. Early identification of and response to relapse risk factors.

Task 6 – Develop integrated discharge and continuing care plans.

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

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

IV. COUNSELING

Task 1 - Provide a safe, welcoming, and empathic environment in order to facilitate a collaborative relationship with the person and support systems.
Knowledge of:
1. Communication styles, strategies, and supports that facilitate rapport with diverse populations.
2. Factors in the treatment environment that support or inhibit collaborative relationship.

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

Task 2 - Develop and maintain an ongoing therapeutic relationship.

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

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

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

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

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

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

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

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

V. MANAGEMENT AND COORDINATION OF CARE

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

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

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

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

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

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

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

Knowledge of:
1. Expected outcomes related to treatment service provisions.
2. Protocols for information exchange with other service providers.
4. Follow-up strategies for persons at risk.
Skill in:
1. Monitoring and evaluation techniques to assess treatment outcome focused services.
2. Communicating relevant information with other providers in a timely fashion.
3. Utilizing new information to facilitate access to additional services as needed.
4. Developing an individualized follow-up strategy to ensure continuity of care whenever possible.
5. Identifying risk factors.

VI. EDUCATION OF THE PERSON, THEIR SUPPORT SYSTEM AND THE COMMUNITY

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

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

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

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

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

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

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

Knowledge of:
1. Support and recovery groups in the local community.
2. Alternative support resources.
3. The history, value, and philosophy of specific self-help and peer groups.
Skill in:
1. Describing the group, their norms, and their purposes.
2. Reviewing the potential benefits and risks of available groups.
3. Assisting in the selection of a group(s) that best meets their needs.
4. Teaching behaviors for effective group participation.

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

Knowledge of:
1. Personal rights and responsibilities.
2. Pertinent laws and regulations.
4. Assertiveness training techniques.
5. Barriers and discriminatory practices which may occur in the treatment and recovery process.
6. Service systems and resources.

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

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

VII. PROFESSIONAL RESPONSIBILITY

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

Knowledge of:
1. Applicable professional codes of ethics pertaining to agency, discipline, and/or scope of practice.
2. Client rights.
3. Consequences of violating applicable codes of ethics.
4. Professional standards of practice.
5. Cross-cultural competencies for mental health and substance abuse providers.
6. Overt and subtle forms of discrimination.
Skill in:
1. Translating applicable codes of ethics into professional behavior.
2. Effective written and oral communication.
3. Applying professional standards of practice in a culturally competent manner.
4. Assessing personal and system bias.

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

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

Skill in:
1. Interpreting and integrating policies, procedures, and regulations.
2. Applying confidentiality regulations.
3. Communicating relevant statutes, regulations, complaints and grievance procedures to the person being served.
5. Complying with mandatory reporting requirements.

Task 3 - Recognize and maintain professional and personal boundaries.

Knowledge of:
1. Personal and professional strengths and limitations.
2. Transference/counter-transference.
3. The importance of utilizing supervision and peer feedback.

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

Task 4 - Engage in continuing professional development.

Knowledge of:
1. Methods for establishing professional development goals.
2. Education, certification, credentialing requirements and scope of practice restrictions.
3. Current professional literature and resources on emerging substance use, mental health, and co-occurring treatment practices.

Skill in:
1. Assessing professional development and training needs.
2. Selecting and accessing training and educational opportunities.
3. Critically interpreting professional literature.
4. Applying practical and professional knowledge and experience.
Task 5 - Participate in clinical and administrative supervision and consultation.

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

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

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

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

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

Requirements for CCDP

The CCDP credential which is reciprocal (certification is transferable to other states that belong to the International Certification and Reciprocity Consortium/Alcohol and Other Drug Abuse, Inc. and offer a reciprocal Co-Occurring Disorder credential) and requires:

- A minimum of a Bachelor's degree in co-occurring disorder (COD) or behavioral science
- 200 hours approved Co-Occurring Disorder training; consisting of 140 of COD specific training focusing on both substance use and mental disorders and considers the interactive relationship between the disorders, 30 hours of addiction specific training and 30 hours of mental health specific training (6 of those hours must be counselor specific ethics training).
- 200 hours of experience in the seven performance domains (minimum of 20 hours in each)
- 6,000 hours of experience; 4,000 hours of co-occurring specific work experience and 2,000 hours of documented work experience in counseling in the last ten years.
- 3 letters of reference; one from former or current supervisor and two from peers (Letters must attest to applicant's knowledge, experience and character)
- Signed Ethics Code & Consent to Release Information
- Passing the ICRC Co-Occurring Disorder Professional written examination

Acceptable experience can be either volunteer or paid employment in which the applicant spends his/her time providing direct drug and alcohol Co-Occurring Disorder services/activities or that the applicant spends his/her time providing supervision of Co-Occurring Disorder services/activities. All relevant employment must be verified with letters from employers/volunteer coordinators, specifying Co-Occurring Disorder related duties. NOTE: In the case of part-time positions 2000 hours equals one year of experience.

Hours of education/training are measured at 50 min. = 1 Clock hour. College credits are measured by the hours described on official college transcripts with a typical 3-credit semester course = 45 clock hours and a 3 credit quarter course = 30 hours. 1 Clock hour = 1 CEU.

CCBADC does not discriminate against any applicant on the basis of race, sex, age, disabilities, national ancestry, religion, sexual orientation, or economic condition.
Fees

**Application Fee (Portfolio Processing)**
$175 - CAADAC Members  
$325 – Non Members

**Re-certification Fee**
$175 CAADAC Members  
$645 Non Members

**Examination Fee**
$164 CAADAC Members  
$240 Non Members

$48.00 (Multiple Credentials Discount)

Certification will be granted contingent upon documentation of eligibility, submission of all required application and successful completion of the written examination. The following outlines the application, review and approval process.

1. Read the entire application packet/manual thoroughly.
2. Fill out all parts of the application. Print legibly or type application. Be sure to include all required attachments.
3. Ask three (3) individuals who know you professionally to write letters of reference for you. One of these individuals must be your immediate supervisor. The selected individuals must send their letters to the CCBADC Office prior to your application arriving.
4. Attach all required documentation to support your employment and education (i.e. letters from employers verifying your employment, current job description, transcripts, copies of training certificates, letters of attendance/participation).
5. A current job description is required. Job description must be dated and signed by applicant and supervisor and must reflect your actual job duties and responsibilities.
7. Sign the Code of Ethics.
8. Verify the completeness of your application by using the “CCDP Checklist” on page 3 of this manual.
9. When application packet is completed, send all materials and application fee to CCBADC (fee must accompany application).
10. Once application is approved, you will be notified of the next available date and location for the written exam.

**Questions?**

Call the CCBADC Office at (916) 368-9412  
Monday through Friday, 9:00 a.m. until 4:00 p.m.
CO-OCCURRING DISORDER RE-CERTIFICATION POLICIES

It is the belief of the CCBADC that certified Co-Occurring Disorder Professionals should continue to demonstrate their competence to deliver quality Co-Occurring Disorder services. Re-certification is meant to obtain and enhance the ability of the Co-Occurring Disorder Professional to serve clients.

Objectives:
1. To obtain current information.
2. To explore new knowledge.
3. To master new skills and techniques.
4. To expand approaches towards delivering Co-Occurring Disorder services.

Examples of continuing education that may apply:
1. College and university programs.
2. CCBADC-approved workshops and seminars, independent study, home study.
3. In-service education.
4. Programs provided by the State of California through the Department of Alcohol and Drug Programs.

Requirements:
Re-certification at the reciprocal credential of CCDP requires 40 clock hours of approved co-occurring disorder (COD) education acquired during each 2 year re-certification period. Documentation of 3 hours of training in ETHICS must be submitted for re-certification. If the training was taken during the 2 year re-certification period the hours may be included as part of the required hours. If taken prior to the re-certification period, these hours ARE in ADDITION to the required hours. If documentation was submitted prior, it must be resubmitted. All education must be taken during the two year period. Continuing education hours may not be carried over to the next period.

In order to assign education hours for academic course not pre-approved by CCBADC, the following materials need to be submitted for review:
   a. Course description and objectives listed on course approval form.
   b. Descriptive course syllabus to include time frames for each session.
   c. Transcript of credit.
   d. Resume of instructor(s) describing credentials and professional experience.

The following continuing education hours will be awarded unless otherwise specified:
   a. A 1-credit semester course will be 15 hours.
   b. A 1-credit quarter course will be 10 hours.

Seminars and Workshops:
Pre-approved seminars and workshops require a certificate of completion signed by the instructor to receive credit. Non-approved seminars and workshops will be considered for educational credit on a case-by-case basis. It is incumbent upon the counselor to submit all documentation and certification.

22
PLEASE NOTE: The submission of a certificate indicating a certain number of hours DOES NOT assure CCBADC will accept that number of hours for re-certification. The CCBADC reserves the right to withhold approval of education hours if it is unable to determine from the submitted materials the alcohol/drug specific hours.

DOCUMENTATION for courses which have NOT been pre-approved:
2. Description of the seminar or workshop, including a schedule showing actual clock hours of education.
3. Completed CCBADC “Request for Approval” form. Call the office for a copy of this form.

In-Service Education:
Those workshops, seminars, presentations which are not open to the public, are provided by an agency member, and available only to agency personnel. For re-certification, a maximum of 10 clock hours will be accepted.
To be accepted for approval, the counselor must submit:
1. A program outline, including schedule showing actual clock hours of education.
2. Verification of attendance and time signed by the agency director.
3. Completed CCBADC “Request for Approval” form.

Credit For Presentations:
The CCBADC recognizes that many Co-Occurring Disorder Professionals are instructors, and those who provide education to others may receive credit towards their own re-certification.
A certified Co-Occurring Disorder Professional who delivers education may receive the same credit as the students, with these limitations:
1. Credit for the instructor applies ONLY to the FIRST public presentation of a specific educational program.
2. Educational program, lectures, prepared and presented for clients, as part of treatment or information and referral service, are NOT applicable.
3. A descriptive outline of the material presented shall be submitted by the presenter, along with a letter from the sponsoring agency to include:
   a. date of the program
   b. total clock hours presented
   c. verification of topic and subject content

Excluded From Credit:
Continuing education will NOT be given for:
1. CPR or First Aid
2. Courses not related to the knowledge, skills, and abilities of the Co-Occurring Disorder Professional.

Annual Fee and Application Procedure:
Re-certification is required on the second anniversary of the original certification. A Re-certification Packet is sent two (2) months prior to the anniversary date. BEFORE the anniversary date, CCBADC needs to have received and approved all continuing education credits and the $175/$645 re-certification fee. THERE WILL BE NO EXCEPTIONS.

By the anniversary date, CCBADC needs to have received Re-certification fees and hours or INACTIVE fees. THERE WILL BE NO EXCEPTIONS.
If a completed re-certification application and the appropriate CCDP fee and/or INACTIVE STATUS FEE have not been received by CCBADC by the anniversary date, the Co-Occurring Disorder Professional shall be notified that certification has expired. In this case, the Co-Occurring Disorder Professional must begin the process of certification again by paying the Application Fee, applying for certification according to requirements, paying the appropriate examination fee and taking the Written Test again.
VOLUNTARY INACTIVE CERTIFICATION STATUS

Inactive certification status is intended for the Certified Co-Occurring Disorder Professional who is currently not working as a Co-Occurring Disorder Professional, yet plans to return to the COD field within two years (Additional time must be requested in writing to the CCBADC).

Instructions:

Applicants for Inactive Status must notify the CCBADC of the intent to secure inactive status. The CCBADC will provide an inactive status application to be completed and submitted to the CCBADC. A fee of thirty ($30) dollars must accompany application. Inactive Certification Status letter (valid for two (2) years) will be issued to the Certified Co-Occurring Disorder Professional.

Fees:

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

1. The fee for inactive certification status will be 30.00. To maintain inactive certification status, the fee shall be due bi-annually on the inactive certification status expiration date.
2. The reactivation of certification fee will be $175.00 for CAADAC members and $645 for Non-members. $100 for those with multiple credentials (CCB credentials)

Rights, Limitations and Responsibilities:

1. Individuals on inactive certification status are not eligible for reciprocity.
2. Inactive individuals are expected to subscribe to any of the aspects of the CCBADC Code of Ethics which are applicable during the period of inactive certification status.
3. While on inactive status a Certified Co-Occurring Disorder Professional may not use the acronym CCDP after their name, except for the purposes of seeking employment in the field of Co-Occurring Disorder (for example, on a job application or resume). The inactive individual must notify CCBADC immediately upon returning to work in the Co-Occurring Disorder field. Failure to notify the Board within thirty (30) days of returning to Co-Occurring Disorder employment will constitute a violation of the CCBADC Code of Ethics and will result in referral to the Board’s Ethics and Appeals Committee for investigation, in accordance with the procedures outlined in the Code of Ethics.

 Reactivation:

Individuals must notify the CCBADC of the intent to re-activate certification. The CCBADC will provide a re-certification application. The Co-Occurring Disorder Professional must complete the application and document thirty (30) hours of CAADAC provider approved continuing education. The appropriate re-certification fee must accompany application.

At the next scheduled regular CCBADC Board meeting, the request for reactivation will be considered. The applicant will be notified of the decision within two weeks of the meeting.
Disciplinary and Appeal Procedures

Purpose:

The following process is established to provide an avenue through which persons can file complaints about the professional conduct of certified professional or an applicant to the CCBADC certification system. This process is to be used to adjudicate complaints that have been found to be irreconcilable through other means. Prior to employing this process, persons are encouraged to attempt to resolve the situation through other means. If these means fail or do not satisfactorily resolve the circumstances, the ethical review process may be the appropriate vehicle for addressing the complaint.

Authority of the Ethical Review Board (ERB)

The convened Ethical Review Board (ERB) has the authority to: investigate a complaint, mediating when possible; determine the validity of the complaint; conduct a hearing on valid complaints; recommend a disposition on a valid complaint to the Certification Board; and dismiss invalid complaints.

Rules & Policy

The ERB has access to relevant files of Certified Co-Occurring Disorder Professional’s in the CAADAC office. The respondent and complainant will be notified that the ERB has opened their files and for what purposes. The ERB may not meet or take action without the presence of a quorum. Three voting members shall constitute a quorum. All information and communications pertaining to the ethical review process shall be held confidential by CCBADC Board members, ERB members and all staff members. The ERB may request a continuance on the time frames from the Certification Board. The ERB may grant continuances to the complainant/respondent. In the event the complainant withdraws the complaint, the ERB reserves the right to proceed to consider the circumstance in the interest of the profession.

Basis of Complaint:

Complaints may be filed against a certified professional or an applicant to the CCBADC administered certification system for a violation of the Code of Ethics of the certified professional.

Filing a Complaint:

Any individual may file a complaint against a certified Co-Occurring Disorder Professional or against someone seeking certification by submitting a written complaint, which includes:

1. The full name and address of the complainant;
2. The full name, address and telephone number of the respondent; and
3. A concise statement of the facts which clearly and accurately describe the allegations against the respondent. Whenever possible, the complainant shall identify the specific Principle violated.

The complaint shall be sent by first class mail to:

CCBADC Ethic Review Board
3400 Bradshaw Road, Suite B
Sacramento, CA 95827

Once a complaint has been filed with the CCBADC board, no one must attempt to influence members of
the board on the issue outside the official procedures allowed for the ethical review process.

**Handling of the Ethical Complaint:**

Once a written complaint is received by the chairperson of the Certification Board, the chairperson or his/her designate will determine if it has been filed in the proper form. This determination will be made within three (3) working days of the date of receipt of the written complaint by the chairperson.

If the complaint has not been filed in the proper form, it shall be returned to the complainant with an explanation of why the complaint was not accepted and with recommendations of what is necessary to bring the complaint into compliance with CCBADC rules.

If the complaint has been filed in the proper form, the Chairperson of the Certification Board will appoint an ERB and the Certification Board will appoint a Certification Board Liaison to it. The complaint will be transmitted to this Board within fifteen (15) days of the receipt of the complaint.

The ERB will acknowledge, in writing, to the complainant the receipt of the complaint. The ERB shall meet within thirty (30) days of the receipt of the complaint. The purpose of this meeting will be to determine if the complaint merits consideration and investigation. The parties’ right to be present will apply ONLY to the formal hearing. The ERB will notify the complainant, in writing, if the complaint is found to be of merit or if the complaint has been dismissed, within ten (10) days of its findings. Upon receipt of this written statement, the ERB will determine if the complaint merits further investigation or dismissal.

In the written statement, the respondent may choose to indicate that he/she does not plan to contest the complaint and may waive the right to a hearing. In such instance, the Board will recommend a disposition and remand the case to the Certification Board for action within thirty (30) days of the receipt of the respondent’s written statement to the ERB. If no written response is received, and/or if the respondent refuses to cooperate with the ERB, the Board may rule in favor of the complaint.

**Hearing Procedure:**

The hearing shall be convened at a time and place reasonable convenient to the respondent, complainant, and the ERB. The complainant and respondent shall be notified in writing of the date, time, and location of the hearing. The complainant and respondent also shall be notified of their rights in relation to the hearing. These rights include: the right to be present and to present evidence; the right to have witnesses present; the right to cross-examine; and the right to be represented by counsel at one’s own expense; the right to file a notarized written statement in lieu of appearing at the hearing; the right to request a postponement or a rescheduling of hearing; and the right to be notified of the outcome of the hearing process and to be notified of the disposition of the complaint. The hearing shall be conducted and moderated by the Ethical Review Board.

**Hearing Policy**

Parties may request that a record verbatim (transcript) be taken of the hearing. The party making the request, however, must bear the expense of having that record taken. All written materials related to the complaint shall be maintained in the CCBADC office. Failure of the complainant to appear or participate in the hearing may result in the dismissal of the complaint.

The ERB may invite additional parties to the hearing. These parties should be restricted to individuals who have first-hand knowledge of the situations that led to the complaint. If the Board makes such requests for attendance, CCBADC will bear the expense of travel costs for those individuals.
The ERB reserves the right to interview other persons in reference to the complaint. The ERB shall notify the complainant and respondent at the hearing of the identities of those who have been contacted and consulted in reference to the investigation of the complaint. The ERB shall not be bound by the common law or statutory rules of evidence.

**Ethical Review Board Responsibilities Following the Hearing**

Within thirty (30) days of the conclusion of the hearing, the ERB shall forward to the chairperson of the Certification Board its written report. The report shall include the following: a summary of the case; a reconstruction of the process used by the ERB to handle the complaint; the rationale for the recommended disposition; the ERB’s recommendation for the disposition of the case, which will be one of the following:

- Dismissal of the charge(s)
- Reprimand and recommendation that certification be granted
- Recommendation certification be denied
- Recommendation certification be denied, but with a specified time period for new application’s to be considered.

Any member of the ERB may file a written minority report to the Certification Board.

**Disposition of Complaints**

The Certification Board shall review the report(s) and recommendation(s) of the ERB at the Certification Board’s next regularly scheduled meeting. Any member of the ERB may be present at this meeting. The Certification Board shall within ten (10) days of its meeting issue written findings and the disposition of the complaint.

The Certification Board may take one of the following actions: dismiss the charge(s); issue a reprimand and grant certification; deny certification; deny certification, but with a specific time period for a new application to be considered; return the report to the ERB for further consideration with specific directives; adjourn the ERB that reviewed the complaint and convene a new ERB to review the work of the original Board, and to report its recommendation to the Certification Board within thirty (30) days.

The complaint and respondent will be notified in writing by the Certification Board of these findings and of the disposition. The respondent shall be notified in writing that the Certification Board’s decision may be appealed.

**Appeals**

The person whose complaint has been dismissed by the Certification Board may appeal the Certification Board’s decision to the Board of Directors according to the ‘Appeal Process’ as outlined herein.

The Individual must file an appeal within thirty (30) days of the notification of the Certification Board’s action. An individual shall be considered notified three (3) days after the relevant date of mailing by Certified Mail, Return Receipt Requested. When hearing the appeal, the Board of Directors may take any of the following actions: uphold the decision of the Certification Board; rule that the Certification Board’s decision is valid, yet impose a lesser/greater form of censure; overrule the Certification Board’s decision, while still affirming the validity of the process.

**The Appeal Process**

The appeal process for those refused or not receiving certification, or those denied certification renewal, or those having certification suspended or revoked, or for any other Certification Board ruling, will consist of the individual petitioning the Board of Directors. The purpose of appeal is solely to determine if the Certification Board has accurately, adequately
and fully reviewed the applicant’s complaint.

The petition requesting an appeal must be made in writing, to the chairperson of the Certification Board, within thirty (30) days of the notification of the Certification Board’s action. A person shall be considered notified three (3) days after the relevant date of mailing by CAADAC by Certified Mail, Return Receipt Requested.

The chairperson of the Certification Board or a person designated by the chairperson, shall formally acknowledge the receipt of the appeal request within three (3) days of its receipt in the CCBADC principle office. The chairperson of the Certification Board, or his/her designate, shall, within thirty (30) days, transmit the appeal request to the Appeal Committee of the Board of Directors, who in turn, shall conduct a hearing to determine if the appeal should be heard by the Board of Directors. The Appeal Committee shall schedule that hearing within ninety (90) days of the receipt of the appeal request by the Appeal Committee.

Notification of the time, place and date of the Appeal Committee hearing shall be sent by Certified Mail, Return Receipt Requested, to the person making the appeal request. The person making the appeal request has the right to appear at the hearing, has the right to counsel (at his/her own expense), and has the right to have witnesses present. The person requesting the appeal may request that the record of the proceedings be made. It is understood, however, that the person requesting the appeal must bear the expense of having such record taken.

After hearing the person’s request for an appeal, the Appeal Committee, by a simple majority vote of the quorum, may forward the appeal to the Board of Directors with its recommendations, or may deny the request.

If the appeal request is denied by the Appeal Committee, the person making the appeal request is informed of his/her right to take the appeal directly to the full Board of Directors, against the advice of the Appeal Committee. The person making the appeal request shall notify the chairperson of CCBADC of a subsequent appeal request within thirty (30) days of the notification of the Appeal Committee Decision.

If the appeal is forwarded for action to the Board of Directors, the Board of Directors will review the case within 120 days. In reviewing the appeal, the Board of Directors has the power to: overturn the decision of the Certification Board; deny the appeal, thus upholding the decision of the Certification Board; or return the individual’s file to the Certification Board with instructions and/or recommendations.

If returned to the Certification Board, the Certification Board has ninety (90) days to act on the Board of Directors’ recommendations. The final decision on the case rests with a majority vote of the quorum of the Board of Directors. The person making the appeal shall be notified of the Board of Directors’ decision within thirty (30) days of this action by the Board of Directors. Members of the Board of Directors, serving on the Certification Board at the time the action being appealed was made, shall not serve on the Appeal Committee or participate in any fashion in that appeal process.

Definitions

Repeal:

The repeal of certification shall be used to indicate that certification should not have been issued initially, and, therefore, certification is being withdrawn, In essence, or retracted. The disposition of repeal should be used only in the following instances: when a respondent’s certification has expired; when a respondent’s certification is not ‘in good standing’ (i.e., fees have not been paid); when the Certification Board receives and rules on a complaint based on falsification of data submitted to obtain or retain certification.
Suspension:

A single suspension shall be effective for not less than sixty (60) days and not more than one hundred eighty (180) calendar days, the dates to be designated by the Certification Board. The Certification Board may, at its discretion, stipulate that specific conditions be met prior to the removal of the suspension. The Certification Board shall be responsible for documenting that these conditions have been met. In all cases, the Certification Board shall review all suspensions at least twenty (20) days prior to the end of the suspension period. In the event that a counselor’s certification expires during the suspension period, the counselor may submit his/her certification for renewal form at the end of his/her suspension period.

Revocation:

Revocation shall be invoked for a period of not less than twenty-four (24) months. The Certification Board may, at its discretion, stipulate that specific conditions be met prior to an individual making a reapplication for certification.

If an individual has had his/her certification revoked, the individual may reapply for certification after the minimum twenty-four (24) month period. The Certification Board’s action on this reapplication shall be contingent upon the Certification Board’s conviction that the situation that caused the revocation of certification had been corrected.
The Certified Co-Occurring Disorder Professional Portfolio
California Certification Board of Alcohol and Drug Abuse Counselors
Certified Co-Occurring Disorder Professional Application

Please provide detailed information for all sections of this application. Print legibly or type. Incomplete or unsigned applications will be returned for completion causing delay or disqualification. A resume may be attached but will not be accepted as a substitute for a completed application form.

NOTE: YOU ARE RESPONSIBLE FOR REPORTING ANY CHANGES IN ADDRESS OR PHONE THAT MAY OCCUR IN THE FUTURE FOR EITHER HOME OR WORK.

(If you have not reported such changes failure of the Board to reach you to either request or disseminate information will be considered your responsibility.)

NAME: _________________________________________
(As it should appear on your certificate)

MS/MR (Circle one) SS# _______________

HOME ADDRESS: __________________________________________
CITY ________________________ STATE ____ ZIP CODE ________

HOME PHONE: (____)____-_______

WORK PHONE: (____)____-_______

EMPLOYER’S NAME: _______________________________________
ADDRESS: __________________________________________
CITY ________________________ STATE ____ ZIP CODE ________

APPLICATION FEES MUST BE SUBMITTED WITH COMPLETED APPLICATION FORMS.
$175/CAADAC Members* $325 Non Members*
* An additional $164/Members or $240 Non Members fee for testing must be submitted prior to scheduling the CCDP test.

Send to:
CCBADC, 3400 Bradshaw Road, Suite B
Sacramento, CA 95827
APPLICANTS FOR CO-OCCURRING DISORDER CERTIFICATION
“CONSENT TO RELEASE INFORMATION”

To the California Certified Board of Alcohol and Drug Abuse Counselors
( herein referred to as “CCBADC”):

1. I have presented full information concerning education, licensure, certification, accreditation, prior experience, special skills and certificates, as well as full disclosure of any unfavorable history with regard to licensure and prior employment.

2. You are requested and permitted to seek from my present employer or any prior employer/institution/agency/person with which I have been associated; information concerning my professional competence and ethical character, including any knowledge or information as to whether my membership status or professional privileges have ever been suspended, revoked, reduced, or not renewed at any other agency or institution.

3. I hereby authorize CCBADC to consult with the professional staffs of other facilities with which I have been associated, and with any other persons who may have information on competence, character and ethical qualifications.

4. I hereby consent to CCBADC inspection of all records and documents that may be material to an evaluation for the certification requested.

5. I hereby release from liability all representatives of CCBADC for acts performed in good faith and without malice concerning the evaluation of my credentials.

6. I hereby release from any liability all individuals and organizations who provide information to CCBADC in good faith and without malice concerning my competence, ethics, character, and other qualifications for certification, including otherwise privileged or confidential information.

7. I understand that any misrepresentation, deliberate erroneous information, or omission of significant information relevant to my qualifications, and competence for certification now or in the future will result in negative action by CCBADC. This may include or up to denial of certification, suspension, or revocation of certification, or legal action.

______________________________
PRINTED NAME OF APPLICANT

______________________________
SIGNATURE

______________________________
DATE
Co-Occurring Disorder Professional Application
Recommendation Tracking Form

Please provide the following information about persons providing letters of recommendation:

Recommendation 1 (Supervisor):
Mr. / Ms. NAME: ________________________________
Title/Position: ________________________________
Company/Organization: ________________________________
ADDRESS: ______________________________________
CITY _________________________  STATE _____  ZIP CODE _________
PHONE: (____)____-_______

Recommendation 2:
Mr. / Ms. NAME: ________________________________
Title/Position: ________________________________
Company/Organization: ________________________________
ADDRESS: ______________________________________
CITY _________________________  STATE _____  ZIP CODE _________
PHONE: (____)____-_______

Recommendation 3:
Mr. / Ms. NAME: ________________________________
Title/Position: ________________________________
Company/Organization: ________________________________
ADDRESS: ______________________________________
CITY _________________________  STATE _____  ZIP CODE _________
PHONE: (____)____-_______
**RECORD OF EDUCATION**

The Certified Co-Occurring Disorder Professional credential is reciprocal and transferable to other states that belong to the International Certification and Reciprocity Consortium/Alcohol and Other Drug Abuse, Inc. and offer a reciprocal Co-Occurring Disorder credential. A minimum of a Bachelor’s degree in co-occurring disorder (COD) or behavioral science with a clinical application from a college or university that is accredited by the U.S. Department of Education or the Council on Higher Education Accreditation or an international equivalent if degree is from an international institution.

List education received to-date. Please note that all college work must be supported by an official transcript. Applicants must contact their respective academic institution(s) and request that official transcripts be forwarded directly to CCBADC. Transcripts submitted by applicants cannot be accepted and will not be reviewed.

Note any special knowledge or training you have that you consider to be relevant. List any special licenses, certificates, professional organizations or awards you feel support this application.

<table>
<thead>
<tr>
<th>FORMAL EDUCATION:</th>
<th>NAME AND LOCATION OF SCHOOL:</th>
<th>DATES ATTENDED</th>
<th>DATE GRADUATED:</th>
<th>DEGREE, CERTIFICATE (NUMBER OF CREDITS/HOURS):</th>
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<tbody>
<tr>
<td>HIGH SCHOOL</td>
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<td>COLLEGE</td>
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<td>GRADUATE SCHOOL</td>
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<td>LEARNING INSTITUTE</td>
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(Duplicate this page before completing)
List all training and academic courses that are relevant to domain areas. Applicants must submit copies of training certificates or other verification of attendance and request that college transcripts be sent to CCBADC. Reproduce this form as needed to record all appropriate education. Attach certificates verifying training in the order in which courses are listed. Hours of education/training are measured at 1 hour of education = 50 minutes of continuous instruction. College credits are measured by the hours described in official college transcripts. 140 hours of COD specific training that includes a focus on both substance use and mental disorders and considers the interactive relationship between the disorders. 30 hours of addiction specific training and 30 hours of mental health specific training are required for a total of 200 hours. Six of those hours must be counselor specific ethics training.

<table>
<thead>
<tr>
<th>TRAINING</th>
<th>ACTIVITY/COURSE</th>
<th>CLOCK HOURS</th>
<th>LOCATION/DATE</th>
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CO-OCCURRING DISORDER EXPERIENCE

All relevant experience and/or supervision must be verified with letters from employers/volunteer coordinators, specifying Co-Occurring Disorder related duties and responsibilities. 6,000 hours total are required. 4,000 hours of co-occurring specific work experience and 2,000 hours of documented work experience in counseling in the last ten years. NOTE: One year full-time equals 2,000 hours. List your most recent work experience first.

____________________________________
Name of Agency

____________________________________
Immediate Supervisor

____________________________________
Address

____________________________________
City          State       Zip Code    Phone

Job Description:                           Dates Employed: __________ to __________

____________________________________
Name of Agency

____________________________________
Immediate Supervisor

____________________________________
Address

____________________________________
City          State       Zip Code    Phone

Job Description:                           Dates Employed: __________ to __________

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### CO-OCCURRING DISORDER EXPERIENCE CONTINUED:

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SUPERVISION

To Supervisor: Please complete this form indicating applicant’s supervised practical training in performing Co-Occurring Disorder functions and mail directly to the CCBADC office.

____________________________________________________
Applicant’s Name

____________________________________________________
Supervisor’s Name

____________________________________________________
Agency Name

Length of time you provided direct supervision to this applicant: From _____ to ______

Based on your knowledge of this applicant, please rate his her performance in the domains below. CCDP applicants must have a minimum of 200 hours of supervised practicum, with at least twenty hours in each of the domains.

Rating Scale:  0 = Unacceptable  1 = Acceptable  2 = Excellent

CO-OCCURRING DISORDER PERFORMANCE DOMAINS:

I. Screening and Assessment  # Hours ______  Rating ______

1. Engage client and establish rapport.

2. Gather and document client information.

3. Recognize signs and symptoms of substance use disorders.

4. Recognize signs and symptoms of psychiatric disorders.

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

6. Utilize relevant screening and assessment instruments.

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

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II. Crisis Prevention & Management  #Hours _______  Rating_______

1. Develop and implement a crisis prevention plan.
2. Conduct an immediate risk assessment to determine the existence of an emergency or crisis situation.
3. Evaluate the nature and level of risk in a crisis situation.
4. Implement an immediate course of action appropriate to the crisis.
5. Debrief parties impacted by the crisis.
6. Develop and implement an individualized crisis follow-up plan.

III. Treatment & Recovery Planning  #Hours_______  Rating_______

1. Interpret and evaluate assessments and clinical data received from the individual, support systems, and other relevant sources to determine treatment and recovery needs.
2. Engage the individual and support system in a comprehensive treatment planning process.
3. Collaboratively identify and prioritize treatment needs with the individual and support system.
4. In collaboration with the person served, develop and implement integrated treatment and recovery goals using measurable objectives.
5. Monitor and document individual’s progress toward treatment and recovery goals, modifying the plan as necessary.
6. Develop integrated discharge and continuing care plans.

IV. Counseling  #Hours_______  Rating_______

1. Provide a safe, welcoming, empathic environment in order to facilitate a collaborative relationship with the person and support groups.
2. Develop and maintain an ongoing therapeutic relationship.
3. Utilize evidence-based integrated counseling strategies and techniques.
4. In collaboration with the person served, evaluate the effectiveness of counseling interventions and strategies and modify recovery plan where appropriate.

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V. Management & Coordination of Care  #Hours ______  Rating ______

1. Collaborate with the individual and support systems to match services with identified needs and client preferences.
2. Access, coordinate, and facilitate appropriate referrals which maximize treatment and recovery opportunities in partnership with the person served.
3. Monitor, evaluate, and advocate within the service delivery system to ensure client access to necessary services.

VI. Person, Support System & Community Education  
#Hours ______  Rating ______

1. Educate the person and family about the symptoms of specific disorders, their interactive effects, and the relationship between symptoms and stressors.
2. Educate the person and support system about the recovery process.
3. Educate the person and the support system about self-help and peer groups in the recovery process.
4. Educate the person and support system about self-advocacy and empowerment.
5. Educate society about the relationship between mental health and substance use.

VII. Professional Responsibility  
#Hours ______  Rating ______

1. Adhere to multi-disciplinary codes of ethics, laws, and standards of practice.
2. Follow appropriate policies and procedures by adhering to laws and regulations regarding substance use and mental health treatment as they relate to integrated care.
3. Recognize and maintain professional and personal boundaries.
4. Engage in continuing professional development.
5. Participate in clinical and administrative supervision and consultation.
6. Advocate for public policy and resources development in support of integrated services.

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Supervisors Comments:

☐ I highly recommend  ☐ I recommend  ☐ I recommend with reservation  ☐ I do not recommend

I hereby attest that this evaluation truthfully reflects my knowledge of the above-named applicant and the indicated number of clock hours of supervised training in performing Co-Occurring Disorder functions have been received in each of the domains as outlined above.

SUPERVISOR SIGNATURE ________________________________  DATE __________________

Do Not Return to Applicant,

Please mail the completed evaluation directly to:

CCBADC  
3400 Bradshaw Road, Suite B  
Sacramento, CA 95827

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CCBADC Co-Occurring Disorder Code of Ethics

NON-DISCRIMINATION:

The alcohol and other drug abuse Co-Occurring Disorder Professional must not discriminate against clients, the public or others based on race, religion, age, sex, national ancestry, sexual orientation or economic condition or against persons with disabilities.

COMPETENCE:

The alcohol and other drug abuse Co-Occurring Disorder Professional shall provide competent professional service to all in keeping with CCBADC standards. Competent professional service requires through knowledge of alcohol and other drug abuse, skill in presentation and education techniques, thoroughness and preparation reasonably necessary to assure the highest level of quality service and a willingness to maintain current and relevant knowledge through on-going professional education. The alcohol and other drug abuse Co-Occurring Disorder Professional shall assess personal competence and not operate beyond their skill or training level.

PROFESSIONAL STANDARDS:

The alcohol and other drug abuse Co-Occurring Disorder Professional should maintain the highest professional standards and should not:

• claim either directly or by implication, professional knowledge, qualifications or affiliations that the Co-Occurring Disorder Professional does not possess;
• lend their name to, or participate in, any professional and/or business relationship which may knowingly misrepresent or mislead the public in any way;
• misrepresent their certification to the public or make false statements regarding their qualifications to CCBADC;
• jeopardize or compromise their professional status through the association, development and/or promotion of books or other products offered for commercial sale (for example, personal endorsement of products and/or techniques)
• fail to recognize the effect of professional impairment, ie., intoxication, drug use, relapse, on professional performance and the need to seek appropriate treatment for oneself.

PROFESSIONAL OBLIGATIONS TO THE PUBLIC:

Although certified alcohol and other drug abuse Co-Occurring Disorder Professionals may feel a need to market themselves as competent or professional, they are to be mindful that they are discouraged from championing their own cause by denigration of others. In addition, the alcohol and other drug abuse Co-Occurring Disorder Professional shall not engage in false or misleading communication about their own or other professional, abilities, training and/or experience. The alcohol and other drug abuse Co-Occurring Disorder Professional should strive to maintain and promote the integrity of certification within the state of California, nationally and internationally, and the advancement of the alcohol and other drug abuse Co-Occurring Disorder Professional profession.

PUBLICATIONS:

The alcohol and other drug abuse Co-Occurring Disorder Professional who participates in the writing, editing or publication of professional papers, videos/films, pamphlets or booklets must act to reserve the integrity of the profession by acknowledging and documenting any materials and/or techniques or people...
(i.e. co-authors, researchers, etc.) used in creating their opinions/papers, books, etc. Additionally, any work that is photocopied prior to receipt of approval by the author is discouraged. Whenever and wherever possible, the alcohol and other drug abuse Co-Occurring Disorder Professional should seek permission from the author/creator of such materials. The use of copy-righted materials without first receiving author approval is against the law and, therefore, in violation of professional standards.

PUBLIC WELFARE:

The alcohol and other drug abuse Co-Occurring Disorder Professional shall maintain objectivity, integrity and the highest professional standards in delivering Co-Occurring Disorder services, holding the best interest of the public first, and always striving to provide an appropriate setting to ensure professionalism and provide a supportive environment.

CONFIDENTIALITY:

The alcohol and other drug abuse Co-Occurring Disorder Professional shall adhere to all applicable state and federal laws and rules, including reporting child abuse/neglect or misconduct by individuals or agencies. As such alcohol and other drug abuse Co-Occurring Disorder Professionals have the responsibility to be aware of and in compliance with all applicable state and federal guidelines, regulations and statutes and agency policies regarding confidentiality, data privacy and professional relationships.

PROFESSIONAL RELATIONSHIPS:

The alcohol and other drug abuse Co-Occurring Disorder Professional shall maintain an objective, non-possessive relationship with those they serve and shall not exploit than sexually, financially or emotionally. Further the alcohol and other drug abuse Co-Occurring Disorder Professional shall maintain the ability and willingness to make appropriate referrals and the alcohol and other drug abuse Co-Occurring Disorder Professional should not personally accept gifts or gratuities for professional work above and beyond the fees and gratuities being paid to the agency by which the Co-Occurring Disorder Professional is employed.

PROFESSIONAL INTEGRITY:

An alcohol and other drug abuse Co-Occurring Disorder Professional should:

- never knowingly make a false statement to CCBADC or any other disciplinary authority;
- promptly alert colleagues to potentially unethical behavior so said colleague can take corrective action;
- report violations of professional conduct by other alcohol and other drug abuse professionals to the appropriate authority when there is knowledge that said professional has violated professional Standards and has failed to take corrective action after a formal intervention.

Signature

Date