

# WEST VIRGINIA CERTIFICATION BOARD FOR ADDICTION AND PREVENTION PROFESSIONALS

## CLINICAL SUPERVISOR CERTIFICATION MANUAL

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## WEST VIRGINIA CERTIFICATION BOARD FOR ADDICTION AND PREVENTION PROFESSIONALS

## SECTION I

### AUTHORITY FOR CERTIFICATION OF CLINICAL SUPERVISORS

Certification has been defined as: “The process by which a non-governmental agency or association grants recognition to an individual who has met certain pre-determined qualifications specified by that agency or association.”

The authority of the West Virginia Certification Board for Addiction and Prevention Professionals is derived from the persons who are dedicated to serve as addiction counselors, prevention specialists and clinical supervisors and who will be most affected by certification. Application for certification is entirely voluntary. Individuals seeking it choose to do so and agree to accept the final decisions of the West Virginia Certification Board for Addiction and Prevention Professionals.

The value of certification provided by the West Virginia Certification Board for Addiction and Prevention Professionals is based in the use of the IC&RC/AODA standardized requirements and tests. The West Virginia Certification Board for Addiction and Prevention Professionals has incorporated the standards developed by the International Certification & Reciprocity Consortium/Alcohol and Other Drugs of Abuse (IC&RC/AODA) role delineation studies. Those are the standards which professional clinical supervisors will meet in order to attain certification.

The credibility of the certification process results from standards which are maintained and upgraded. The Certification Board’s major role is to assure that professional competence and integrity are attained and maintained. The West Virginia Certification Board for Addiction and Prevention Professionals, as a member of the IC&RC/AODA, adheres to that international organization’s guidelines for minimal standards relating to eligibility, application, testing,

certification, recertification, quality assurance, quality improvement, ethics and disciplinary action.

## **SECTION II**

### **DEFINITION OF “CLINICAL SUPERVISION”**

In establishing standards for the certification of the clinical supervisor, it is necessary to define the role of this individual in a manner that is distinct from others who may provide additional professional assistance to the same person in the same or similar setting.

#### **DEFINITION:**

Clinical supervision is defined as a specific aspect of staff development dealing with the clinical skills and competencies for persons providing counseling. The format for supervision is commonly one-to-one and/or small groups on a regular basis. Methods for review often include case review and discussion, utilizing direct and indirect observation of a counselor(s) clinical work.

## **SECTION III**

### **THE CERTIFICATION PROCESS**

## 1. STEPS TO CERTIFICATION

A. Obtain an application packet, which includes the following:

1. Certification Procedures and Guidelines
2. WVCBAPP Clinical Supervisor Certification Manual
3. WVCBAPP Code of Ethics
4. Application for Certified Clinical Supervisor
5. Clinical Supervision Experience Form
6. Demographic Data Form
7. Fee Schedule

B. Read the entire application packet thoroughly. Fill out all parts of the application. The application must be typed.

C. Attach all required documentation to support your employment and education.

D. Complete and notarize the Release page.

E. Sign the Code of Ethics.

F. Upon completion of the packet, send all materials, with the appropriate fees to the West Virginia Certification Board for Addiction and Prevention Professionals at 436 12th Street, Suite C Dunbar, WV 25064

G. The Certification Board will notify applicants of any deficiencies in their applications, and will notify applicants of their eligibility to take the written test. The application, and requirements for certification, must be substantially complete prior to

taking the written test. Applicants may pay a late fee for items that are received by the Certification Board prior to testing.

H. The Certification Board will notify applicants of the date, time and location of the written test. A registration form will be sent with the notification.

I. Complete the registration form to take the written test and return it with the appropriate fee to the Certification Board.

J. Take the written test. Those who pass and have met all other requirements will be awarded the Certified Clinical Supervisor credential.

K. The Certification Board awards all certificates at the Annual Fall Conference of the West Virginia Association of Alcohol and Drug Abuse Counselors.

## 2. TIME CONSIDERATIONS

**Application Deadline:** Application Deadline: All applications must be received by the WVCBAPP 60 days prior to the ICRC test date. This could be administered up to 4 times a year if there are enough applicants. (E.g. Application is made by January 1, the written test is administered in March and the oral test is administered in July.)

**Completion Period:** An applicant has one certification period (two years) from the date of passing the written test, to meet all other requirements for certification. If an individual does not complete all requirements, he/she must reapply to continue in the process. In addition, an applicant must retake the written test if he/she has not completed all other requirements within two years of the date that the written test was passed.

**Eligibility Period for Tests:** In order to be eligible to take the written test, the applicant's

portfolio (application and all related materials) must be substantially complete. Incomplete applications will be returned, or the applicant will be notified of the deficiencies and will be required to submit additional documentation to correct all deficiencies. A fee will be assessed for each individual item submitted to correct deficiencies.

## **SECTION IV**

### **CERTIFIED CLINICAL SUPERVISOR PERFORMANCE DOMAINS**

In 1992 the Oklahoma Drug and Alcohol Professional Counselors Certification Board, with the cooperation of Columbia Assessment Services, Inc. delineated the scope of practice of the clinical supervisor of alcohol and other drug abuse counselors. The Role Delineation Study focused on which tasks are performed on the job, how important each task is, how critical the task is, and how frequently the task is performed.

#### **PERFORMANCE DOMAINS:**

1. ASSESSMENT AND EVALUATION
2. COUNSELOR DEVELOPMENT
3. PROFESSIONAL RESPONSIBILITY
4. MANAGEMENT AND ADMINISTRATION

The Role Delineation Panel next outlined the tasks performed by Clinical Supervisors within those five domains, and generated a list of skills and knowledge required to perform each task. The West Virginia Certification Board for Addiction and Prevention Professionals recognizes the vast resources and breadth of experience that went into the development of these standards, and therefore, adopts these as the standards for knowledge and skills needed for certification as an addiction clinical supervisor in West Virginia. The list of tasks, skills and

knowledge associated with each Performance Domain can be found in Appendix A.

## SECTION V

### CRITERIA FOR CLINICAL SUPERVISOR CERTIFICATION

1. Candidate must hold a current and valid Alcohol and Drug Counselor (ADC) or Advanced Alcohol and Drug Counselor (AADC) credential at the reciprocal level.
2. Verification of five (5) years (10,000) hours of counseling experience as an alcohol and other drug abuse counselor.
3. Verification of two (2) years (4,000) hours of clinical supervisory experience in the alcohol and other drug abuse field. These two (2) years may be included in the five (5) years of counseling experience and must include the provision of 200 contact hours of face-to-face clinical supervision.
4. Verification of thirty (30) hours of didactic education/training in clinical supervision. This must include education/training in each of the following four domains: Assessment/Evaluation; Counselor Development; Management/Administration; and Professional Responsibilities.
  - \*There must be a minimum of six (6) hours supervision in each of the four domains.
5. Candidate must subscribe to the Certification Board's Code of Ethics.
6. Passing of the standardized IC&RC/CCS written examination.



## SECTION VI

### RECERTIFICATION

Recertification of the CCS Credential will occur concurrently with recertification of the ADC/AADC credential. Only one combined ADC/AADC and CCS recertification application will be completed. Two separate recertification stickers will be issued to you.

#### STEPS TO RECERTIFICATION:

1. Complete the recertification application form and return it postmarked no later than August 31st of the year of the credential's expiration date. (Application forms will generally be mailed to the certified individual at least sixty (60) days prior to the expiration of their credential. However, it remains the responsibility to the certified professional to obtain, complete and submit recertification documents in a timely way.
2. Furnish documentation of 40 hours of continuing education. These hours must consist of a minimum of 40 contact hours of training which has been given approved continuing education status by the Certification Board. A minimum of 6 hours of the 40 hours must be gained in one of the Clinical Supervision performance domains. A minimum of 3 hours of the 40 hours must be gained in alcohol and other drug abuse ethics education.
3. Pay the required fee.

#### OBTAINING APPROVED STATUS FOR TRAINING:

Certification Board approval for continuing education hours/events may be gained in a variety of ways:

A. By the sponsoring agent: The individual, agency or institution sponsoring the training submits an application and fee to the Certification Board. The Board reviews the materials and, if appropriate, approves a set number of contact hours.

B. By the individual attending the training: The individual attending the training submits an application and fee to the Certification Board. The Board reviews the materials and, if appropriate, approves a set number of contact hours.

C. By the trainer or faculty member: The person teaching the course or workshop submits an application and fee to the Certification Board. The Board reviews the materials and, if appropriate, approves a set number of contact hours.

#### **LATE FEE:**

A late fee of \$75.00 is charged to any re-certification applicant if the application has not been postmarked by August 31<sup>st</sup>.

#### **INACTIVE STATUS:**

Once a certified professional fails to submit the re-certification packet by August 31<sup>st</sup> of the year in which he/she is supposed to re-certify, the credential is considered to be “inactive” and may not be used until re-certification is obtained. The individual may not identify him/herself as a Certified Prevention Specialist (CPSI or CPSII, Alcohol and Drug Counselor (ADC), Advanced Alcohol and Drug Counselor (AADC), Certified Clinical Supervisor (CCS), or Certified Criminal Justice Addiction Professional and must notify his/her employer of the inactive status of the credential in question. Since the Certified Clinical Supervisor (CCS) credential requires that the individual holds an active ADC credential, one’s CCS will also become inactive if the ADC or AADC credential becomes inactive.

The individual can regain his/her credential up to 90 days past the expiration date by

completing the re-certification process and paying all late fees (\$75.) After the 90 day period, your certification will be null and void and the individual will have to re-apply, complete all certification paperwork and take all tests in order to be re-credentialed.

## **SECTION VII**

### **APPEALS PROCEDURES: CERTIFICATION BOARD DECISIONS REGARDING CERTIFICATION/RECERTIFICATION/TEST RESULTS**

#### **PURPOSE:**

The appeal process will determine if a decision rendered on the certification/recertification status of an applicant, or the determination of a test score, was arbitrary and capricious.

#### **PROCEDURES:**

1. An individual desiring to appeal a decision regarding a test result, certification or recertification status, must do so in writing, addressed to the President of the Certification Board, within 30 days of the postmark on the envelope carrying the notification of the certification/recertification status or test result. The appeal letter must include the following:
  - a. The specific decision being appealed
  - b. The outcome desired
  - c. The justification for the desired outcome
2. The appeals review committee of the Certification Board will review the appeal and all appropriate data. That committee will then report and make recommendations to the Board at

Large. The Board President will respond in writing to the appeal letter within 30 days, stating the Board's decision regarding the outcome.

The review committee will be chosen from an alphabetical listing of the Board members on a rotating basis, or the appeals committee may consist of the Board as a whole. Rotation of members will occur with each new appeal, unless the Board as a whole functions as the appeal committee.

3. If the applicant is not satisfied with the review committee's written response, he/she may request a personal appearance before the Board. This appearance must be requested in writing within 30 days of the postmark on the response from the Board, which will schedule the appearance within 60 days of the written request.

4. The applicant may be accompanied to the personal appearance in front of the Board by the person of his/her choice. However, it should be noted that the appeal interview is not a re-interview. It is a review to determine whether the Board acted in an arbitrary or capricious manner.

5. The applicant may present information to the Board to demonstrate that the decision rendered by the Board was arbitrary and capricious.

6. A set time allowance for presentation of information will be established by the Board prior to the beginning of the appearance.

7. The applicant will be notified in writing within seven (7) days of the Board's decision.

#### **GROUND FOR APPEALING TEST RESULTS:**

##### **WRITTEN TEST:**

The written test is a valid and reliable instrument which is designed, normed and scored by the

IC&RC/AODA. Answers to specific questions and test results cannot be challenged. However, an applicant who has failed the test may appeal on the grounds that test logistics were inconsistent with IC&RC/AODA standards. (E.g: lighting, sound, etc.)

## APPENDIX A

### PERFORMANCE DOMAINS: TASKS AND KNOWLEDGE

#### PERFORMANCE DOMAIN I: ASSESSMENT AND EVALUATION

Total number of questions from this domain on the examination: 42

**Task 1.** Assess the supervisee's experience with and/or knowledge of the field of alcohol and other drug abuse, social and behavioral science, and 12 step philosophy and tradition, by interview, questioning, exploration, and/or discussion in order to determine the supervisee's strengths and weaknesses.

Knowledge of:

1. Alcohol and other drugs of abuse.
2. Pharmacology.
3. The 12 core functions.
4. 12 Step philosophy and traditions
5. Degree criteria vs. Experientially based competence.

Skill in:

1. Eliciting background information.
2. Basic communication techniques
3. Establishing rapport with supervisee.
4. Assessing ability for working with special populations and special problems.

**Task 2: Assess supervisee temperament, leadership style, interpersonal strength/weakness, and reactions to stress within the work setting by use of interviews, observations, and assessment instruments in order to promote supervisee growth.**

Knowledge of:

1. Personality factors.
2. Leadership styles.
3. Interpersonal skills.
4. Stress reactions.
5. Interview techniques.
6. Observational techniques.
7. Observational impact on supervisee.
8. Assessment techniques/instruments.

Skill in:

1. Assessing personality.
2. Assessing leadership style.
3. Assessing interpersonal skills.
4. Managing stress levels.
5. Teaching techniques.

**Task 3: Analyze supervisee performance of tasks related to the 12 core functions in order to identify levels of performance by interview, direct observation, review of case records, and use of evaluation tools.**

Knowledge of:

1. The 12 core functions.
2. Interviewing techniques.
3. Functional communication skills.
4. Public speaking techniques.
5. Performance evaluation techniques.
6. Basic teaching techniques.
7. Comprehensive assessments.
8. A variety of counseling techniques.

Skill in:

1. Direct observation.
2. Supervisory documentation.
3. Discriminating levels of supervisee's abilities.
4. Delivering assessment feedback.
5. Interview techniques.
6. Reviewing documented and/or written materials.
7. Use of evaluation tools.
8. Recognizing when a task has become over complicated.

**Task 4:** In order to become familiar with the supervisee's levels of clinical functioning, explore his/her ability to utilize various therapeutic approaches by direct, ongoing observation.

Knowledge of:

1. Various therapeutic modalities.



2. Educational materials utilized in the alcohol and other drug abuse field.
3. The similarities and differences among a variety of therapeutic approaches.
4. A variety of ways to present educational materials.

Skill in:

1. Assessment of supervisee skill levels.
2. Supervising therapeutic activity in different approaches.
3. Providing effective feedback to supervisee.
4. Dealing with clinicians at different levels of ability.

**Task 5** Evaluate the supervisee's strengths and weaknesses by interviews, observations, and feedback solicited from other sources in order to make appropriate work assignments and to formulate a plan for the supervisee's ongoing development.

Knowledge of:

1. Comprehensive supervisee assessments.
2. Ways to coordinate supervision with appropriate and reasonable work assignments.
3. Career development interventions and strategies.
4. Cognitive functioning.

Skill in:

1. A variety of counseling techniques and modalities.
2. Developing work plans.
3. Utilizing supervisee's strengths and weaknesses.
4. Synthesizing data.
5. Organizing data.

6. Managing time.

## PERFORMANCE DOMAIN II: COUNSELOR DEVELOPMENT

Total number of questions from this domain on the examination: 42

**Task 1:** Build with the supervisee a developmental framework for a supervisory relationship through the use of assessment activities, case presentation, demonstration, and dialogue, for the purpose of facilitating supervisee development.

Knowledge of:

1. Concepts of supervisory goals, techniques, and methodology.
2. Clinical supervision models.
3. Feedback purpose and process.
4. Relationship building models and strategies.
5. Problem solving/conflict resolution theories.
6. Assessment theories, practices, and tools.
7. Communication processes.
8. Counseling skills application.
9. Supervisory intervention/methods.
10. Teaching methods.
11. Training methods.
12. Critical thinking skills.
13. Behavior change models.
14. Human growth/development theory.
15. Behavioral language.

16. Process evaluation.

Skill in:

1. Providing feedback to supervisee on clinical performance.
2. Establishing an open and supportive supervisory environment.
3. Conceptualizing supervisory goals, techniques, and methodology.
4. Using assessment activities.
5. Recognizing and using relationship skills.
6. Purposeful dialogue.
7. Using counseling and communication processes for supervisory purposes.
8. Using supervisory interventions and methods to facilitate supervisory self exploration.
9. Conceptualizing models of clinical supervision.
10. Teaching concepts.
11. Teaching skills.
12. Engaging conflict resolution activities.
13. Thinking divergently.
14. Thinking convergently.
15. Recognizing behavior change.
16. Boundary recognition and reinforcement.

**Task 2**      **Promote a career development process with the supervisee through the use of mutual planning, assessment activities, and motivational techniques, in order to stimulate a desire for continuing personal and professional growth.**

Knowledge of:

1. Counseling career progression within the alcohol and other drug abuse field.

2. Training and education required to reach career goals.
3. Assessment activities necessary to identify a career development process.
4. Motivational techniques to promote career development.
5. Networking strategies and resources to promote career development.
6. Teaching methods and strategies.

Skill in:

1. Assessing supervisee strengths and weaknesses.
2. Motivating supervisees to seek personal and professional growth.
3. Identifying individual training resources to meet career goals.
4. Translating results of supervisee assessment data into training needs.
5. Formulating career goals mutually with supervisee.
6. Developing a mentoring relationship with supervisees.

**Task 3 Work with the clinical staff to facilitate clinical teamwork behaviors by using observational tools, staff discussion, demonstration, and reading/writing tasks, for the purpose of improving and maintaining clinical staff resource utilization and effectiveness.**

Knowledge of:

1. Observational tools to determine appropriateness of staff resource utilization.
2. Motivational techniques to promote clinical team work among staff.
3. System theory to understand interpersonal dynamics.
4. Communication processes or techniques.
5. Problem solving and conflict resolution models.
6. Theories of stress management.
7. Team building strategies.
8. Appropriate professional boundaries regarding clients or fellow staff.

Skill in:

1. Building rapport between supervisee and other staff.
2. Helping supervisee become aware of interpersonal dynamics among staff.
3. Gaining an awareness of the stress level among staff.
4. Recommending changes in staff resource utilization.
5. Assessing effectiveness of staff resource utilization.

**Task 4**        With supervisee participation, develop and implement a clinical training and education program based on an assessment of the supervisee's learning needs in order to operationalize clinical training and educational practices for the purpose of strengthening the supervisee's clinical competence.

Knowledge of:

1. Adult learning models.
2. Enrichment and skill building.
3. Models of clinical supervision.
4. Assessment tools and theories regarding their application.
5. How to organize and utilize data.
6. Behavioral language.

Skill in:

1. Identifying training needs.
2. Locating educational opportunities.
3. Teaching and lecturing.

4. Presenting training goals regarding motivation.
5. Conceptualizing, and formulating training goals.
6. Organizing assessment data.
7. Using behavioral language.

**Task 5 Provide direct clinical supervision to supervisees, using a variety of supervisory methods, in order to build supervisees' clinical skills.**

Knowledge of:

1. Goals, techniques, and methodology.
2. The 12 core functions.
3. Special populations.
4. Work environment factors "fit" with clinical performance.
5. Parallel processes.
6. Therapy vs. Clinical supervisory boundaries.
7. Guidelines for agency policy regarding appropriate counselor-client and supervisor-supervisee relationships.
8. Core treatment philosophy of agency and related policies and procedure.
9. Supervisory methods.
10. Ethics and ethical problem solving.
11. Communication processes.
12. Teaching methods and strategies.

Skill in:

1. Providing feedback to supervisee on clinical performance.
2. Suggesting alternative counseling approaches and techniques.
3. Conceptualizing treatment goals, techniques and methods, and imparting these to

supervisees.

4. Various methods for observation.
5. Recognizing and utilizing teachable moments.
6. Demonstrating respect for client-counselor relationship.
7. Clinical support groups; one to one clinical supervision.
8. Utilizing parallel processes in teaching and supervising.
9. Referring supervisee to Employee Assistance Programs, and recognizing when to do this.
10. 12 Core functions.
11. Receiving feedback and role modeling supervision.
12. Direct observation of settings and situations.
13. Utilizing consultation.

### **PROFESSIONAL DOMAIN III: PROFESSIONAL RESPONSIBILITY**

Total number of questions from this domain on the examination: 40

**Task 1 Participate actively in professional organizations to model and encourage professional involvement by the supervisee.**

Knowledge of:

1. Professional organizations, their goals, and objectives.
2. Community and civic organizations and their functions.
3. Community based support groups.
4. Public relations techniques.
5. Political leaders and factions.
6. Government agencies.

7. Organizational dynamics.

Skill in:

1. Affiliation.
2. Interpersonal relations.
3. Communication.
4. Finding resources.
5. Self direction.
6. Reading and interpreting organizational charts.
7. Evaluating implications of participation.

**Task 2        Promote, maintain and safeguard the best interests of the supervisee by adhering to established codes of ethics in order to encourage high standards of conduct.**

Knowledge of:

1. Agency, state and professional codes.
2. Dual relationship roles/functions.
3. Professional standards.
4. Consequences and implications of violations of ethical code.
5. Routes of reporting violations.

Skill in:

1. Translating codes of conduct into appropriate effective behavior.
2. Effective communication, written and oral.
3. Interpreting standards to protect supervisee rights.
4. Identifying ethical violations and determining manner of recording and reporting ethical



violations.

**Task 3 Pursue personal and professional development by participating in related professional educational activities in order to improve supervisory competence.**

Knowledge of:

1. The value of assessing personal training needs.
2. Education and training methods which promote personal and professional growth.
3. The value of consultation and education to enhance personal and professional growth.
4. Credentialing requirements.
5. Necessary resources to promote personal and professional growth.
6. Sources to secure information on current trends in professional and related fields.

Skill in:

1. Writing for Request for Information from training center consultative centers and certifying boards.
2. Identifying growth and which resources provide for personal and professional growth.
3. Organizing thoughts and feedback about concerns into a plan for improvement of personal/professional growth.
4. Assessing individual training and needs for personal and professional growth.

**Task 4 Strive to maintain or improve personal, physical, and mental health by participating in activities which promote professional effectiveness.**

Knowledge of:

1. Professional guidelines for competence.
2. The value of periodic self-assessment regarding physical and mental health.
3. Resources to achieve and maintain physical health.
4. Resources to achieve and maintain mental health.

5. Consequences of failing to maintain physical and mental health.
6. Relationship between physical and mental health.
7. Impact of nutrition and exercise on physical and mental well being.

Skill in:

1. Assessing personal limitations.
2. Locating available resources to maintain physical and mental health.
3. Searching out, being aware of, and utilizing preventive services.
4. Self assessment and the reality of failure to maintain optimum physical and mental health.

**Task 5        Recognize the uniqueness of the individual supervisee by gaining knowledge about personality, culture, lifestyle, personal feelings, and other factors in order to influence the supervisee in the process of his/her development.**

Knowledge of:

1. Human needs and motivation.
2. Stages of human development.
3. Normal range of affect.
4. Signs and symptoms of cognitive, affective, and personality disorders.
5. Various cultures, values, and lifestyles.
6. Differences found in special populations and how differences affect assessment and response to supervision.

Skill in:

1. Effective communication, written and oral.
2. Recognizing feelings/behavior consistent with a particular lifestyle culture.
3. Assessing personal biases toward differing cultures and lifestyles.
4. Personality exploration.
5. Exploration of cognitive and affective processes.
6. Data presentation, cognitive organization, and generalization.

**Task 6           Subscribe to federal, state, local, and agency rules/regulations and other legal and liability guidelines regarding alcohol and other drug abuse treatment by following appropriate procedures in order to protect supervisee rights.**

Knowledge of:

1. Agency, state, federal regulations which apply to alcohol & other drug abuse counseling.
2. Confidentiality laws.
3. Supervisee's rights.
4. The grievance process.
5. Common violations and legal consequences.

Skill in:

1. Interpreting regulations and guidelines.
2. Explaining rationales for decisions.
3. Conflict analysis and resolution.
4. Obtaining, organizing, and analyzing feedback.
5. Oral and written presentation regarding legal liabilities.

#### **PERFORMANCE DOMAIN IV: MANAGEMENT AND ADMINISTRATION**

Total number of questions from this domain on the examination:

26

**Task 1** Assist in developing quality improvement guidelines, implementing those procedures and standards with staff involvement in a continuing quality improvement plan, in order to monitor and upgrade clinical performance.

Knowledge of:

1. Regulatory agencies' quality improvement requirements which apply to alcohol and drug counseling.
2. Knowledge of the consequences of non-compliance with quality improvement requirements.
3. Knowledge of assessment procedures, to include patient care, staff performance, caseload management, program evaluation, and record keeping.
4. Monitoring techniques.

Skill in:

1. Developing quality improvement guidelines.
2. Implementing policies and procedures.
3. Monitoring techniques of quality improvement guidelines.
4. Evaluating clinical performance.
5. Evaluating patient care.
6. Evaluating program outcome.
7. Evaluating caseload management.

**Task 2** Monitor compliance with federal and state regulations, implementing existing Quality Improvement mechanisms, in order to protect supervisee's

**and clients' rights.**

**Knowledge of:**

1. Federal and state regulations.
2. Clients' rights.
3. Agency policy and procedures.
4. Confidentiality laws.
5. Grievance process.
6. Consequences of violations of client rights and confidentiality.
7. Monitoring techniques.

**Skill in:**

1. Interpreting federal, state, and agency regulations regarding client confidentiality, client rights, and following procedures to protect those rights.
2. Explaining confidentiality and clients' rights to others.

**Task 3 Evaluate and monitor agency policies and procedures using accreditation standards to ensure compliance.**

**Knowledge of:**

1. Agency policies and procedures.
2. Accreditation bodies' standards regarding policy and procedure.
3. Consequences of non-compliance with policies and procedures.
4. Evaluation techniques.
5. Monitoring techniques.

Skill in:

1. Interpreting agency policy and procedures.
2. Monitoring compliance with agency policy and procedures.
3. Interpreting accreditation standards.

**Task 4 Plan and coordinate the activities of supervisees to promote effective management in order to maintain clinically effective programming, through the review of daily schedules, consultation, knowledge of onsite and community resources, etc.**

Knowledge of:

1. Management practices.
2. Systems theory.
3. Clinical programming.
4. Staff resources.
5. Budgetary parameters of agency.
6. Scheduling strategies.
7. Concepts of patient care.
8. Treatment practices and goals.
9. Consultation strategies.
10. Linkage and networking strategies.
11. Community resources.
12. The agency grievance procedure.

Skill in:

1. Planning and coordinating resources.
2. Scheduling staff and clinical activities.

3. Matching clients to appropriate staff and level of care.
4. Utilizing community resources.
5. Problem solving and conflict resolution.
6. Responding to grievances.

**Task 5** Meet with new staff to orient them to all program components and professional expectations in order to enable new staff to adhere to the program's performance standards.

Knowledge of:

1. Program components.
2. Motivating the supervisee to perform specific tasks.
3. Motivational skills.
4. Performance standards.
5. Specific roles within the therapeutic team.
6. Policy and procedure.
7. Orientation procedures and practice.

Skill in:

1. Basic communication.
2. Imparting orientation information.
3. Following and enforcing policy and procedures.
4. Interpreting policy and procedures.
5. Supervisee motivation.
6. Documenting understanding of policy and procedure.
7. Evaluation and maintenance of performance standards.

**Task 6** Identify and assess program needs utilizing available mechanisms in order to formulate a plan for enhancing clinical services and program development.

Knowledge of:

1. Program assessment methods.
2. Program development methods.
3. Program components.
4. Performance standards.
5. Roles within therapeutic team.
6. Staff development.

Skill in:

1. Identifying program needs.
2. Formulating program plan.
3. Assessment methods.
4. Implementing program changes.
5. Analyzing treatment trends.
6. Analyzing population trends.
7. Identifying staff training needs.
8. Providing staff training.
9. Evaluating staff performance.

**Task 7** Coordinate consultation services with supervisee utilizing additional resources for the purpose of providing continuity of quality care for clients.



Knowledge of:

1. Difference between consultation and supervision.
2. Rationale for consultation.
3. Consultation theories (approaches).
4. Continuum of care issues in management.
5. Strengths, limitations of peers, self and agency.
6. Terminology of profession.

Skill in:

1. Clarity of written/oral communication.
2. Developing trust and rapport.
3. Case management activities.
4. Assessing needs and interpreting them.
5. Identifying resources for provision of consultation.

**Task 8**      **Recommend, in accordance with agency policy and procedures, the employment and termination of clinical staff by participation in review, selection, and evaluation processes in order to retain quality clinical staff.**

Knowledge of:

1. Agency's hiring policies.
2. Termination policies.
3. Interviewing process.
4. Grievance process.
5. Performance appraisals.
6. Agency staffing pattern.

Skill in:

1. Interviewing.
2. Conducting performance appraisals.
3. Communication.
4. Consultation.
5. Assessment.

## APPENDIX B

### ETHICAL CODE OF CONDUCT

It is the policy of the West Virginia Certification Board for Addiction and Prevention Professionals to promote and safeguard the quality, effectiveness and competence of professional addiction counselors through the insistence of adherence to its Code of Ethics by all WVCBAPP certified clinical supervisors.

The ethics committee recommends an ethical code of conduct for adoption by the Board of Directors. Currently, the Board has adopted the code of conduct adhered to by the International Certification & Reciprocity Consortium/Alcohol and Other Drug Abuse (IC&RC/AODA). The ethics committee has jurisdiction over all matters of violation and misconduct by certified clinical supervisors in the state of West Virginia. It immediately and thoroughly investigates such charges and makes recommendation to the Board of Directors for appropriate action.

### ETHICAL CODE OF CONDUCT FOR CLINICAL SUPERVISORS

#### I. Code of Ethics

This code of ethics applies to Alcohol, Tobacco and Other Drugs (ATOD) Substance Abuse Professionals who are credentialed as Certified Clinical Supervisors (ATOD/CCS) and applies to their conduct during the performance of their clinical duties as supervisors.

#### II. Supervision

Supervision is a disciplined and defined clinical activity. It has a parallel, but linked relationship to teaching, consulting, administering and researching. It is a necessary, significant and meaningful aspect of the delivery of competent, humane, ethical and appropriate services to clients/consumers.

### III. Rules of Conduct

These ethics constitute the standards an ATOD/CCS should maintain. These ethics shall be used as an aid in resolving any ambiguity, which may arise in the application and interpretation of these rules.

### IV. Competence

An ATOD/CCS shall limit practice to areas of competence in which proficiency has been gained through education or documentable experience or through the awarding of a reciprocal professional certification or licensure. An ATOD/CCS shall accurately represent areas of competence, education, training, experience and professional affiliations, in response to responsible inquiries, including those from appropriate boards, the public, supervisees and colleagues. An ATOD/CCS shall aggressively seek out consultation with other professionals when called upon to supervise counseling situations outside their realm of competence. An ATOD/CCS shall refer supervisees to other competent professionals, when they are unable to provide adequate supervisory guidance to the supervisee.

### V. Client Welfare and Rights

The primary obligation of an ATOD/CCS is to train substance abuse counselors to respect the integrity and promote the welfare of their clients. ATOD/CCS should have supervisees inform

clients that they are supervised and that details of their treatment can and will be discussed or reviewed with a supervisor. Any audio or video taping of a client/consumer's treatment must be authorized in writing. An ATOD/CCS should make supervisees aware of clients' rights, including protecting clients' rights to privacy and confidentiality in the counseling relationship and the information resulting from it. Clients should also be informed that their right to privacy and confidentiality will not be violated by the supervisory relationship. Records of the supervisory relationship, including interview notes, test data, correspondence, the electronic storage of these documents, and audio and video recordings are to be treated as confidential materials. Written permission for use of these materials outside of the supervisory session must be granted by the client. An ATOD/CCS is responsible for monitoring the professional actions of their supervisees. An ATOD/CCS is responsible for the presentation of adequate training for all supervisees in the area of transference, dual relationships, cultural sensitivity and professional deportment.

## VI. Professional Behavior

Due to the unique scope of practice substance abuse counselors provide, ATOD/CCS must monitor the following behaviors of their staff and themselves.

- A. Conviction for the possession or use of any illegal drug, narcotic or mood altering substance.
- B. The use of intoxicants and/or non-physician prescribed and monitored mood altering substances when engaged in professional pursuits.
- C. The conducting of intimate, personal and/or business relationships of any kind with any patient or their families. This applies to all clients. A supervisee should have all relationships of this kind reviewed. An ATOD/CCS should consult with an objective peer when this issue is raised.

- D. ATOD/CCS, who are members of Alcoholics Anonymous, Cocaine Anonymous, Narcotics Anonymous, Al Anon, etc., shall not become a sponsor to any active, discharged patient or family member.
- E. ATOD/CCS are in violation of this code and are subject to revocation or other appropriate action if after certification they:
1. Are convicted of any felony
  2. Are convicted of a misdemeanor related to their qualifications or functions
  3. Engage in conduct which could lead to conviction of a felony or misdemeanor related to their qualifications or functions
  4. Are expelled from or disciplined by other professional organizations
  5. Have their certification suspended, revoked, or otherwise disciplined by regulatory bodies
  6. Shall refuse to seek treatment for alcohol/drug abuse, mental/emotional problems, or physical health problems that interfere with professional functioning
  7. Fail to cooperate at any point of an ethical complaint investigation.
- F. ATOD/CCS respect the dignity and protect the welfare of participants in research and are aware of regulations and professional standards governing the conduct of research including informed consent.
- G. ATOD/CCS make financial arrangements with clients, third party payers and supervisees that are understandable and conform to accepted professional

practices. Supervisors do not allow their supervisees to offer or accept payment for referrals. Clinical supervisors will disclose any fees to clients and supervisees at the beginning of services and represent facts truthfully to clients, third party payers and supervisees regarding services rendered.

- H. ATOD/CCS accurately represent their competence, education, training and experience relevant to their practice as ATOD/CCS and clinical experience. ATOD/CCS assure that advertisements and publications in any media (such as directories, announcements, business cards, newspapers, radio, television and facsimiles) convey information that is necessary for the public to make an appropriate selection of professional services.

## VII. Supervisory Role

Inherent and integral to the role of supervisor are responsibilities for monitoring of client welfare, insuring compliance with relevant legal and professional standards of service delivery, monitoring clinical performance and professional development of supervisees and evaluating and certifying current performance and potential of supervisees for academic, screening, selection, placement, employment and credentialing purposes.

- A. An ATOD/CCS must maintain professional decorum and standards. Unprofessional behaviors as outlined in item VI above will not be tolerated.
- B. An ATOD/CCS should obtain ongoing training in supervision.
- C. An ATOD/CCS should pursue professional and personal continuing education activities to maintain their ATOD/CCS credential and improve their supervisory skills. Competency in the Four Performance Domains of ATOD Clinical Supervision must be maintained.
- D. An ATOD/CCS should make their supervisees aware of professional and ethical standards and legal responsibilities of the counseling profession. In

the absence of agency policy, industry standards of ethical behavior should be explained to the supervisee.

- E. An ATOD/CCS should not exploit, but should strive to enable supervisees to be competent, autonomous, professional, judicious, aware of limitations, and to become future supervisors if that is an appropriate career goal.
- F. Procedures for contacting the supervisor, or an alternative supervisor, to assist in handling crisis situations should be established and communicated to supervisees.
- G. Supervision is maintained through regular face to face meetings with supervisee in group or individual sessions.
- H. Actual work samples via audio, counselor report, video or observation should be part of the regularly scheduled supervision process.
- I. An ATOD/CCS should provide supervisees with ongoing feedback on their performance.
- J. An ATOD/CCS who has multiple roles (e.g. teacher, clinical supervisor, administrator, etc.) with supervisees should avoid any conflict of interest caused by these disparate roles. The supervisees should know the limitations placed on the ATOD/CCS and the supervisor should share supervision when appropriate.
- K. An ATOD/CCS should not sexually harass, make sexual advances or participate in any form of sexual contact with supervisees. Supervisors should not engage in any form of social contact or interaction, which would compromise the supervisor-supervisee relationship. Dual relationships (including outside consults, partnerships, nepotism, etc.) With supervisees that might impair the supervisor's objectivity and professional judgment should be avoided and/or the supervisory relationship terminated.
- L. ATOD/CCS should not use the supervision process to further personal, religious, political or business interests.
- M. ATOD/CCS should not endorse any treatment that would harm a client



either physically or psychologically and should ensure the professional quality of the programs on which their supervisees participate.

- N. An ATOD/CCS should not establish a psychotherapeutic relationship as a substitute for supervision. Personal issues should be addressed in supervision only in terms of the impact of these issues on clients and on professional functioning.
- O. An ATOD/CCS should never supervise past or current clients who are staff or their families.
- P. An ATOD/CCS should model appropriate use of supervision themselves for problem solving and practice reviewing.
- Q. An ATOD/CCS must be straight forward with supervisees about observed professional and clinical limitations of the supervisee. These concerns must be clearly documented and shared with the supervisee.
- R. An ATOD/CCS should not endorse a supervisee for certification or credentialing if the supervisor has documentable proof of impairment or professional limitations that would interfere with the performance of counseling duties in a competent and ethical manner. The presence of any impairment should begin with a process of feedback and remediation so that the supervisee understands the nature of the impairment and has the opportunity to remedy the problem and continue with his/her professional development.
- S. An ATOD/CCS should incorporate the principles of informed consent and participation; clarity of requirements, expectations; roles and rules; and due process and appeal, into the establishment of policies related to progressive discipline.
- T. An ATOD/CCS must be able to integrate the Core Functions of Substance Abuse Clinical Competency into their theoretical and supervisory approach. A clear understanding of the Global Criteria is essential.
- U. An ATOD/CCS should be an active participant in quality assurance and peer

review.

- V. The supervision provided by an ATOD/CCS must be provided in a professional and consistent manner to all supervisees regardless of age, race, national origin, religion, physical disability, sexual orientation, political affiliation, marital or social or economic status. When a supervisor is unable to provide non-judgmental supervision a referral to an appropriate supervisor with a complete explanation of the supervisee must be made.