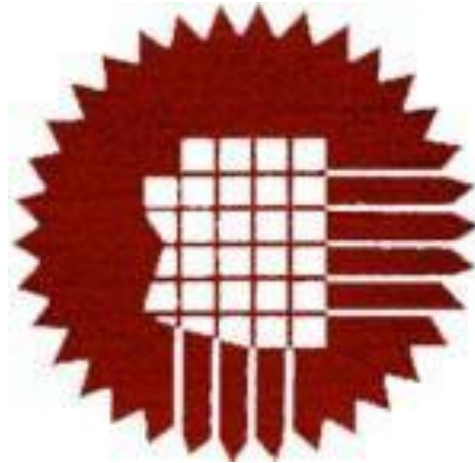


# **The Arizona Board for Certification of Addiction Counselors**

## **Certified Clinical Supervisor Manual**



Arizona Board for Certification of Addiction Counselors  
(ABCAC)  
Address: P.O. BOX 83165 PHOENIX ARIZONA 85071

Email: [abcac@abcac.org](mailto:abcac@abcac.org)

Phone: 602-402-7197

## **CERTIFIED CLINICAL SUPERVISOR (CCS)**

### **STATEMENT OF PURPOSE:**

The purpose of the Clinical Supervisor credential is to upgrade and standardize the qualifications of individuals working in the field of supervision of addictions counselors. ICRC defines Clinical Supervision as a specific aspect of staff development dealing with clinical skills and competencies for persons providing counseling. A primary purpose of clinical supervision is to enhance skill development as evidenced by provision of quality patient care. The structure of clinical supervision is typically one-to-one or small groups held on a regular basis, and methods used include intensive case review and discussion, and utilization of direct and indirect observation of clinical practice. Health professionals with the Clinical Supervisor credential are certified by ABCAC as having been adequately trained to provide supervision for counselor interns and counselors. The services of a CCS shall be within the limitations of all applicable state and local statutes. Where the statute requires that a CCS be supervised by a licensed provider, they shall so be supervised.

### **PERFORMANCE DOMAINS:**

#### Assessment and Evaluation-

- Assess the supervisee's knowledge and/or experience in the field of alcohol and other drug abuse to determine strengths and weaknesses.
- Analyze through interview, direct observation, and review of case records, the supervisee's performance of tasks related to the ADC Domains.
- Identify the supervisee's level of clinical functioning and his/her ability to utilize various therapeutic approaches.
- Assess the supervisee's leadership style, interpersonal strengths and weaknesses, and reactions to stress within the work setting in order to promote supervisee growth.

#### Counselor Development-

- Facilitate supervisee development through the use of assessment activities, case presentation, demonstration, and dialogue.
- Build supervisee clinical skills through direct clinical supervision and use of discussion, demonstration, case presentation, and related methods.
- Promote career development and educational growth with the supervisee through mutual planning and motivational techniques.
- Facilitate clinical staff resource utilization and effectiveness through the use of discussion, demonstration, and reading/writing tasks.

### Professional Responsibility:

- Participate actively in professional organizations to model and encourage professional involvement by the supervisee.
- Adhere to an established code of ethics, encouraging high standards of conduct by the supervisee.
- Influence the supervisee to recognize uniqueness by gaining knowledge about such factors of human development as personality, culture, and lifestyle.
- Seek to improve supervisory competence by participating in relevant professional educational activities.
- Participate in activities which promote personal physical, emotional, and spiritual well-being and professional effectiveness.
- Abide by federal, state, local, and agency rules/ regulations and other legal and liability guidelines regarding alcohol and other drug abuse treatment in order to protect supervisee rights.

### Management and Administration:

- Monitor compliance with federal and state regulations, safeguarding the rights of supervisees and clients.
- Evaluate and monitor agency policies and procedures to ensure compliance with accreditation standards.
- Develop and implement quality improvement guidelines, upgrading clinical performance through a continuing quality improvement plan.
- Orient new staff to all program components and professional expectations to facilitate adherence to program performance standards.
- Participate in staff selection, review, and evaluation processes in order to retain quality staff and recommend, in accordance with agency policy and procedures, the dismissal of substandard clinical staff
- Identify and assess program needs and formulate plans for program development and enhancing clinical services.

## REQUIREMENTS FOR CLINICAL SUPERVISOR CERTIFICATION

### Prerequisite:

- Current credentialing as an AODA counselor at the reciprocal level ADC, AADC, CCJP, or hold a specialty substance abuse credential in another professional discipline in human services at a Master's level or higher.

### Experience:

- Verification of five (5) years (10,000) hours of counseling experience as an alcohol and drug abuse counselor. An Associate's degree can exchange for 1,000 hours. A BA/BS in a Behavioral Science can exchange for 2,000 hours. A Master's degree in a Behavioral Science can exchange for 4,000 hours.
- Verification of two (2) years (4,000) hours of clinical supervisory experience as an alcohol and drug abuse field. These hours may be included in the 10,000 hours of counseling experience listed above. This must include 200 contact hours of face-to-face clinical supervision. 100 hours may be performed electronically in real time.

### Education:

- Verification of thirty (30) hours of education to clinical supervision with a minimum of hours in each domain with the exception of the Treatment Knowledge Domain. This must include education in each of the following areas: 1. Assessment/Evaluation, 2. Counselor Development 3. Management/Administration and 4. Professional Responsibilities.

### Letters of Recommendation:

- Submission of three (3) letters from individuals familiar with the applicant's work as a clinical supervisor, one of whom must have supervised the applicant.

### Examination:

- Pass the IC&RC Clinical Supervisor examination.

### Code of Ethics:

- Signed code of Ethics/Affirmation Statement verifying the applicant read, understood, and will adhere to ABCAC's code of ethics as a Clinical Supervisor. There will be a written enforcement and appeals process if a professional violate the board's code of ethics.

### Recertification:

- Re-certification requires at least 6 hours of continuing education in Clinical Supervision, 3 hours of Ethics, and 3 hours of Cultural Diversity every 2

years. This may be part of the 40 hours obtained for the prerequisite credential.

Residency:

- Must live or work 51% of the time in Arizona, this applies only at the time of initial application for credential.

### **RECERTIFICATION REQUIREMENTS:**

Current certification as a CADAC.

Documentation of six (6) hours of continuing education in Clinical Supervision which must be received in the two year period.

Submission of completed recertification application, documentation, and \$150.00 fee.

Submitted application must include signed copy of the ethical standards for clinical supervisors.

Applicant for recertification must be absent of any ethical violation or malpractice judgements during the two year period.

## CCS APPLICATION CHECKLIST

The following should be included in your application and submitted to ABCAC:

- \_\_\_\_\_ 1. Application for Certified Clinical Supervisor
- \_\_\_\_\_ 2. Qualifying Work Experience form
- \_\_\_\_\_ 3. Educational Record form and appropriate documentation
- \_\_\_\_\_ 4. Signed Code of Ethics for Certified Clinical Supervisors
- \_\_\_\_\_ 5. Signed Statement of Understanding
- \_\_\_\_\_ 6. A check or money order made out to ABCAC for \$375.00. This covers the application manual, exam fee, processing fees, and 2 years of certification.

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

Three (3) copies of Supervisor Evaluation/Reference form, one of which must be completed by your clinical supervisor

Send your application and attached documentation by mail or email to:

**ABCAC**  
**P.O. Box 83165**  
**Phoenix, AZ 85071**  
**abcac@abcac.org**

APPLICATION FOR CERTIFIED CLINICAL SUPERVISOR (CCS)  
(Please print or type)

Name: \_\_\_\_\_  
Last First Middle Initial

Home Address: \_\_\_\_\_  
Number and Street Apt/Unit. #

\_\_\_\_\_  
City State Zip Code

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Job Title: \_\_\_\_\_

Agency/Employer: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Date Employed: from \_\_\_\_\_ to: \_\_\_\_\_ Hours/Week \_\_\_\_\_

Supervisor Name: \_\_\_\_\_ Supervisor Phone: \_\_\_\_\_

HOURS/WEEK APPLICANT SPENDS PROVIDING CLINICAL SUPERVISION: \_\_\_\_\_  
(Applicant must be able to document 200 hours direct clinical supervision provided to counselors within the past 2 years)

\*\*\*\*\*

I hereby attest that the applicant is working in a position in which a minimum of 26% of his/her time (OR a minimum of 200 hours in the past 2 years) is spent providing clinical supervision to alcohol and other drug abuse counselors and/or interns.

\_\_\_\_\_  
Supervisor's Signature

\*\*\*\*\*

NAME AS YOU WOULD LIKE IT TO APPEAR ON YOUR CERTIFICATE:

\_\_\_\_\_





## QUALIFYING WORK EXPERIENCE

Please list current position first. Attach a copy of your job description (current position only) signed by your immediate supervisor.

---

Name of Employer: \_\_\_\_\_

Address: \_\_\_\_\_

---

Immediate Supervisor: \_\_\_\_\_

Agency Phone Number: \_\_\_\_\_

Dates Employed- From: \_\_\_\_\_ To: \_\_\_\_\_

Hours per week: \_\_\_\_\_

Job Duties (including supervisory functions): \_\_\_\_\_

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## QUALIFYING WORK EXPERIENCE

Please list current position first. Attach a copy of your job description (current position only) signed by your immediate supervisor.

---

Name of Employer: \_\_\_\_\_

Address: \_\_\_\_\_

---

Immediate Supervisor: \_\_\_\_\_

Agency Phone Number: \_\_\_\_\_

Dates Employed- From: \_\_\_\_\_ To: \_\_\_\_\_ Hours per week: \_\_\_\_\_

Job Duties (including supervisory functions): \_\_\_\_\_

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## QUALIFYING WORK EXPERIENCE

Please list current position first. Attach a copy of your job description (current position only) signed by your immediate supervisor.

---

Name of Employer: \_\_\_\_\_

Address: \_\_\_\_\_

---

Immediate Supervisor: \_\_\_\_\_

Agency Phone Number: \_\_\_\_\_

Dates Employed- From: \_\_\_\_\_ To: \_\_\_\_\_ Hours per week: \_\_\_\_\_

Job Duties (including supervisory functions): \_\_\_\_\_

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CERTIFIED CLINICAL SUPERVISOR APPLICATION

**EDUCATIONAL RECORD**

List all formal education you have received, as well as training events specific to clinical supervision. A minimum of 30 (thirty) hours of education/training in clinical supervision is required.

FORMAL EDUCATION

<u>Location</u>	<u>Dates Attended</u>	<u>Date Graduated</u>	<u>Degree</u>
High School: _____			
_____			
College: _____			
_____			
Graduate School: _____			
_____			

TRAINING

COURSE PROGRAM TITLE: \_\_\_\_\_

DATES ATTENDED \_\_\_\_\_ CLOCK HOURS \_\_\_\_\_

SPONSORING ORGANIZATION \_\_\_\_\_

CONTENT COVERED (check 1 or more):

- |  |  |
|--|--|
| Assessment/Evaluation <input type="checkbox"/>       | Counselor Development <input type="checkbox"/>     |
| Professional Responsibility <input type="checkbox"/> | Management/Administration <input type="checkbox"/> |

\*\*\*\*\*

COURSE PROGRAM TITLE: \_\_\_\_\_

DATES ATTENDED \_\_\_\_\_ CLOCK HOURS \_\_\_\_\_

SPONSORING ORGANIZATION \_\_\_\_\_

CONTENT COVERED (check 1 or more):

- |  |  |
|--|--|
| Assessment/Evaluation <input type="checkbox"/>       | Counselor Development <input type="checkbox"/>     |
| Professional Responsibility <input type="checkbox"/> | Management/Administration <input type="checkbox"/> |

\*\*\*\*\*

COURSE PROGRAM TITLE: \_\_\_\_\_

DATES ATTENDED \_\_\_\_\_ CLOCK HOURS \_\_\_\_\_

SPONSORING ORGANIZATION \_\_\_\_\_

CONTENT COVERED (check 1 or more):

Assessment/Evaluation   
Professional Responsibility

Counselor Development   
Management/Administration

\*\*\*\*\*

COURSE PROGRAM TTITLE: \_\_\_\_\_

DATES ATTENDED \_\_\_\_\_ CLOCK HOURS \_\_\_\_\_

SPONSORING ORGANIZATION \_\_\_\_\_

CONTENT COVERED (check 1 or more):

Assessment/Evaluation   
Professional Responsibility

Counselor Development   
Management/Administration

\*\*\*\*\*

COURSE PROGRAM TTITLE: \_\_\_\_\_

DATES ATTENDED \_\_\_\_\_ CLOCK HOURS \_\_\_\_\_

SPONSORING ORGANIZATION \_\_\_\_\_

CONTENT COVERED (check 1 or more):

Assessment/Evaluation   
Professional Responsibility

Counselor Development   
Management/Administration

\*\*\*\*\*

Document any additional training hours on separate paper and attach to application.

Be sure to attach documentation (i.e., certificates, transcripts) which supports participation. Lack of appropriate documentation will result in loss of those educational hours.

# CERTIFIED CLINICAL SUPERVISOR APPLICATION

## SUPERVISOR EVALUATION/ REFERENCE FORM

To Applicant: Three copies of this form need to be completed by individuals familiar with your work as a clinical supervisor and submitted directly by each of them to ABCAC. One of your references must be your clinical supervisor (who must also verify by his/her signature on your application form that you have completed 200 hours direct clinical supervision in the past two years).

Applicant's Name \_\_\_\_\_

Supervisor's Name and Title: \_\_\_\_\_

Work Address: \_\_\_\_\_

Work Phone Number: \_\_\_\_\_

How long have you known the Applicant? \_\_\_\_\_

Relation to applicant: Supervisor  Colleague  Other \_\_\_\_\_

**Instructions:** Please read the description of the various knowledge and skills outlined below. Using the six point (0-5) scale shown below, determine the number which most nearly describes the applicant's ability in each category and enter this number in the blank provided to the right of the statement in the column marked "Score". If you have no basis for evaluating the applicant in a particular area, please enter "O" in the scoring column. Please comment briefly on the basis for each given score.

Rating Scale:

0=No basis for judgement  
1= Inadequate  
2=Needs development

3=Acceptable  
4 =Good  
5 =Outstanding

**Score**

1. An advanced knowledge on how substance abuse related to other physical, behavioral, cognitive, emotional, socio-cultural, and economic aspects of mental and emotional disorders and adjustment reactions. \_\_\_\_\_

Comments: \_\_\_\_\_

2. A demonstrated familiarity with a variety of therapeutic modalities. \_\_\_\_\_

Comments: \_\_\_\_\_

3. An operational experience with a variety of treatment approaches used in the field of substance abuse.

\_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

4. Ability to deal effectively with supervisee's psychodynamics as they relate to his/her work with clients.

\_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

5. Knowledge of various roles and techniques employed in the clinical supervision process.

\_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

6. How well does applicant use existing supervision?

\_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

**Total Score:**

\_\_\_\_\_

**SUPERVISOR SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_



# CERTIFIED CLINICAL SUPERVISOR APPLICATION

## SUPERVISOR EVALUATION/ REFERENCE FORM

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Applicant's Name \_\_\_\_\_

Supervisor's Name and Title: \_\_\_\_\_

Work Address: \_\_\_\_\_

Work Phone Number: \_\_\_\_\_

How long have you known the Applicant? \_\_\_\_\_

Relation to applicant: Supervisor  Colleague  Other \_\_\_\_\_

**Instructions:** Please read the description of the various knowledge and skills outlined below. Using the six point (0-5) scale shown below, determine the number which most nearly describes the applicant's ability in each category and enter this number in the blank provided to the right of the statement in the column marked "Score". If you have no basis for evaluating the applicant in a particular area, please enter "O" in the scoring column. Please comment briefly on the basis for each given score.

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1 = Inadequate	4 = Good
2 = Needs Development	5 = Outstanding

	<b><u>Score</u></b>
1. An advanced knowledge on how substance abuse related to other physical, behavioral, cognitive, emotional, socio-cultural, and economic aspects of mental and emotional disorders and adjustment reactions.	_____

Comments: \_\_\_\_\_  
\_\_\_\_\_

2. A demonstrated familiarity with a variety of therapeutic modalities.	_____
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Comments: \_\_\_\_\_  
\_\_\_\_\_

3. An operational experience with a variety of treatment approaches used in the field of substance abuse.

\_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

4. Ability to deal effectively with supervisee's psychodynamics as they relate to his/her work with clients.

\_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

5. Knowledge of various roles and techniques employed in the clinical supervision process.

\_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

6. How well does applicant use existing supervision?

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Total Score:**

\_\_\_\_\_

**SUPERVISOR SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

# **CERTIFIED CLINICAL SUPERVISOR APPLICATION**

## **SUPERVISOR EVALUATION/ REFERENCE FORM**

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\_\_\_\_\_

Work Address: \_\_\_\_\_

\_\_\_\_\_

Work Phone Number: \_\_\_\_\_

How long have you known the Applicant? \_\_\_\_\_

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**Score**

1. An advanced knowledge on how substance abuse related to other physical, behavioral, cognitive, emotional, socio-cultural, and economic aspects of mental and emotional disorders and adjustment reactions.

\_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

2. A demonstrated familiarity with a variety of therapeutic modalities.

\_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

3. An operational experience with a variety of treatment approaches used in the field of substance abuse. \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

4. Ability to deal effectively with supervisee's psychodynamics as they relate to his/her work with clients. \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

5. Knowledge of various roles and techniques employed in the clinical supervision process. \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

6. How well does applicant use existing supervision? \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

**Total Score:** \_\_\_\_\_

**SUPERVISOR SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

## **CODE OF ETHICS FOR CERTIFIED CLINICAL SUPERVISORS**

**NON-DISCRIMINATION:** The alcohol and other drug abuse counselor must not discriminate against patients or others based on race, religion, age, sex, national ancestry, sexual orientation, or economic condition or persons with disabilities.

**RESPONSIBILITIES:** The alcohol and other drug abuse counselor shall exercise competent professional judgement when dealing with clients and other professionals and, at all times, shall maintain the best interests of their patients when providing counseling.

**COMPETENCE:** The alcohol and other drug abuse counselor shall provide competent professional service to a patient in keeping with ABCAC standards. Competent professional service requires thorough knowledge of alcohol and other drug abuse, skill in presentation and counseling techniques, thoroughness and preparation reasonably necessary to assure the highest level of quality care to a patient, and a willingness to maintain current and relevant knowledge through on-going professional education.

**PROFESSIONAL STANDARDS:** The alcohol and other drug abuse counselor should maintain the highest professional standards and should not:

- \* claim either directly or by implication, professional knowledge, qualifications or affiliations that the counselor 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 ABCAC;
- \* jeopardize or compromise their professional status with a patient 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, i.e., intoxication, drug use relapse, on professional performance and the need to seek appropriate treatment for oneself;
- \* enter into a business relationship with any other person when to do so would be adverse to the counselor's patient.

**PROFESSIONAL OBLIGATIONS TO THE .PUBLIC:** Although certified alcohol and other drug abuse counselors 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 denigrating others. In addition, the alcohol and other drug abuse counselor shall not engage in false or misleading communication about their own or other professionals' abilities, training, and/or experience.

**PUBLICATIONS:** The alcohol and other drug abuse counselor who participates in the writing, editing or publication of professional papers, videos/films, pamphlets or books must act to preserve 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 counselor should seek permission from the author/creator of such materials. The use of copyrighted materials without first receiving author approval is against the law and, therefore, in violation of professional standards.

**PATIENT WELFARE:** The alcohol and other drug abuse counselor must place the best interest of the patient first and shall always strive to provide an appropriate setting for clinical work to ensure professionalism, and provide a supportive environment for those patients having special needs.

**CONFIDENTIALITY:** Confidentiality of patients is always essential to a healing relationship between counselor and patient. Before accepting engagement, the counselor will generally determine the patient's needs and expectations regarding confidentiality and will advise the patient the degree to which and the circumstances in which confidentiality is assured and the limits of confidentiality.

As such, alcohol and other drug abuse counselors 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.

**PATIENT RELATIONSHIPS:** The alcohol and other drug abuse counselor shall not:

- \* engage in any sexual activity or date a patient receiving treatment either from the individual counselor or from the counselor's agency;
- \* counsel their own family members;
- \* counsel patients when the counselor's own objectivity may be limited by a third party relationship (i.e., counseling a best friend's spouse, business partner's best friend, etc.)

**PROFESSIONAL INTEGRITY:** An alcohol and other drug abuse counselor should:

- \* never knowingly make a false statement to ABCAC or any other disciplinary authority;
- \* promptly alert colleagues informally to potentially unethical behavior so said colleague can take corrective action;
- \* report violations of professional conduct of other counselors to the appropriate licensing/disciplinary authority when there is knowledge that another counselor has violated professional standards and has failed to take corrective action after formal intervention.

**FINANCIAL ARRANGEMENTS:** The alcohol and other drug abuse counselor should not accept fees or gratuities for professional work from a person who is entitled to, and is reliant upon, such services through an institution and/or agency.

**PROFESSIONAL PROMOTION:** The alcohol and other drug abuse counselor should strive to maintain and promote the integrity of certification within the State of Arizona, nationally and internationally, and the advancement of the alcohol and other drug abuse counselor profession.

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

**CERTIFIED CLINICAL SUPERVISOR APPLICATION**

**STATEMENT OF UNDERSTANDING**

APPLICANT NAME \_\_\_\_\_

I hereby request that the Arizona Board for Certification of Addictions Counselors (ABCAC) grant the CCS certificate to me based on the following assurances:

I subscribe to and commit myself to professional conduct in keeping with the Certified Clinical Supervisor Code of Ethics.

I hereby affirm that this application is made on my behalf and is entirely voluntary on my part. I hereby authorize ABCAC to request and receive all records and/or information relating to my application for certification as a clinical supervisor. I understand that this includes, but is not limited to, verbal or written contacts with my employer(s), academic and training institutions, and/or other persons or organizations having pertinent information. This is a waiver of my privilege that may otherwise exist in respect to the disclosure of such information.

I hereby certify that the information given herein is true and complete to the best of my knowledge and belief. I understand that intentionally false or misleading statements on this application will result in my being declared ineligible for certification. Data from my application may be used for statistical purposes.

I understand that approval of my application depends upon my meeting the requirements and criteria established by ABCAC.

**APPLICANT SIGNATURE** \_\_\_\_\_

**DATE** \_\_\_\_\_

**SIGNATURE OF WITNESS** \_\_\_\_\_

**PRINTED NAME OF WITNESS** \_\_\_\_\_

