

REQUIREMENTS AND POLICIES FOR THE CCSR CREDENTIAL

Certified Addictions Counselor – applicants must currently hold and maintain ADCR-MN, CCJPR, CCDP, or CCDPD or hold a specialty substance abuse credential in another professional discipline in the human services field at a Master's level or higher to be eligible to apply for the Certified Clinical Supervisor Reciprocal (CCSR) and for the CCSR recertification.

EXPERIENCE

The experience requirement consists of verification of:

- Five years (10,000 hours) of alcohol and drug counseling specific work experience.
 - A bachelor's degree in behavioral science may substitute for 2000 hours of work experience.
 - A master's degree in behavioral science may substitute for 4000 hours of work experience.
- Two years (4,000 hours) of ADC clinical supervisor work experience.
 - These two years may be included in the five years of alcohol and drug counseling specific work experience.
 - The hours must include the provision of 200 contact hours of face-to-face clinical supervision. Of the 200 hours of face-to-face clinical supervision, 100 hours may be performed electronically in real time.
 - Supervision must be documented and signed off on by a qualified supervisor. Documentation of supervision must be provided to the Minnesota Certification Board upon request.

EDUCATION & TRAINING

- High school diploma or jurisdictionally certified high school equivalency
- At least 30 hours of documented education or training specific to the first five IC&RC clinical supervision domains (listed below) with a minimum of four hours in each:
 - Counselor Development
 - Professional & Ethical Standards
 - Program Development & Quality Assurance
 - Performance Evaluation
 - Administration

Education is defined as formal, structured instruction in the form of workshops, seminars, institutes, inservices, college/university credit courses and approved distance education.

- One clock hour of education is equal to (50) minutes of continuous instruction.
- Education must be specifically related to the knowledge and skills necessary to perform the tasks within the IC&RC Domains for this credential.
- All education must be documented. Applicants are responsible for securing and submitting documentation of attendance, the number of contact hours, dates, and content descriptions.

All education must be appropriately documented on the Documentation of Education and Training form. Transcripts, certificates of completion, or other verifications must be attached.

Sources of Education - Acceptable sources of education are listed below. Education obtained through a source other than those listed must be submitted to MCB for approval.

- College and University Credit Courses: Courses taken for credit that are specific to the IC&RC Alcohol and Drug Counselor Domains and offered by an accredited institution of higher education will be accepted toward completion of this standard. Credit is not allowed for any audited college courses. One college credit (semester system) is the equivalent of 15 contact hours.

- Workshops, seminars, institutes, and in-services that are specific to the IC&RC Alcohol and Drug Counselor Domains will be accepted. Applicants must be able to provide verification of completion including the title of the training, instructor name and credentials, sponsoring agency, course description, learning outcomes, relevance to the domains, date(s) of the event, and clock hours. Unless approved by another IC&RC member board, the MCB reserved the right to determine if the event will be approved.
- Distance Education/Home Study Courses: Distance education/home study courses, offered by providers other than colleges and universities, may be used if the provider and course are approved by MCB. Home study courses include education that is completed in a non-traditional education setting including webinars, correspondence courses, and teleconferences.

Therapeutic education and attendance at self-help meetings such as AA and Al-Anon, etc. are not accepted as education for certification.

EXAMINATION

Applicants must successfully complete the IC&RC Clinical Supervisor examination, which assesses knowledge, skill and competency. A passing score is based upon the total score. If you fail the exam, you must retake the entire exam.

- **Format.** The examination includes 150 multiple choice questions. The Minnesota Certification Board only offers the exam in the Computer Based Testing (CBT) format. Candidates are allowed 3 hours to complete the exam.
- **Registration.** Upon approval of your application, the Minnesota Certification Board will pre-register you for the exam, and you will receive an email with instructions on how to schedule your exam time and location. Applicants will be allowed up to 90 days to register for and complete the exam after they are approved by the MCB.
- **Location.** There are multiple computer-based testing sites in Minnesota. Candidates can choose the testing site that is closest for their travel.
- **Exam Content.** The exam is based on the IC&RC Clinical Supervisor domains as determined by a comprehensive Job Analysis process. Additional exam details are available in the free Candidate Guide, which is available upon request.
- **Study Guide.** The Minnesota Certification Board does not provide a study guide for this exam.
- **Retest.** Applicants will only be allowed to fail the exam three consecutive times within a year, taking the exam once every 90 days. After failing the exam the third time, applicants must wait one calendar year after their last exam fail before taking the exam again. Before taking the exam a fourth time, the candidate must demonstrate that he or she has completed additional education related to the domains for this credential.
- **Accommodations.** Individuals with disabilities and/or religious obligations that require modifications in exam administration may request specific procedure changes, in writing with documentation, to the Minnesota Certification Board. Requests for disability accommodations must be submitted on the Documentation of Disability Related Needs for Exam form.
- **Cancellation/Rescheduling.** Candidates are required to arrive on time for their exam. Candidates who arrive late may not be permitted to test and may be charged a cancellation/rescheduling fee.

RESIDENCY

Applicant must either live or work in MN at time of application at least 51% of the time.

CODE OF ETHICS

Must submit a signed and dated Code of Ethical Conduct statement that the applicant has read and will abide by the code of ethics. Additionally, a CCSR must be familiar with and practice within the scope of all relevant statutes, rules, and standards relevant to the provision of clinical supervisor services. A CCSR shall not cross professional boundaries or practice outside of their scope of practice.

OTHER

Signed and dated Consent and Release Form.

FEES

- First time certification: \$390 (includes processing fee, IC&RC Clinical Supervisor Exam, and one year of certification)
- First annual renewal of certification: \$95 (includes one year of certification)
- All subsequent recertification/renewals: \$180 (includes two years of certification)
- Retest Fee: \$225 (includes processing fee and IC&RC Clinical Supervisor Exam)

RECIPROCITY

The CCSR credential holds reciprocity with other IC&RC member boards that offer the Clinical Supervisor credential.

Minnesota has membership in the International Certification and Reciprocity Consortium (IC&RC). Each certifying body belonging to the IC&RC agrees to use the IC&RC's minimum standards for reciprocity-eligible certifications. In turn, each IC&RC member board agrees to accept the reciprocity-eligible certification(s) of other member board if they offer an equivalent certification.

Individuals holding the Minnesota's CCSR credential who apply for reciprocity to another IC&RC member board will receive the equivalent of the CCSR if a reciprocity-eligible clinical supervisor certification is available through that certification body. Individuals requesting to transfer their good-standing credential to another IC&RC member board should contact the Minnesota Certification Board, Inc. to request an IC&RC Reciprocity application for clinical supervisor certification and for verification that the certification board in the new jurisdiction offers a reciprocity eligible clinical supervisor certification.

LENGTH OF INITIAL CERTIFICATION

Initial MCB certification is good for one year, starting from the date your certification is approved. An expiration date will be provided on your certificate.

FIRST ANNUAL RENEWAL

After your initial certification, you must renew your certification after one year. Your certification will be renewed by paying the annual renewal fee of \$95, which will renew your certification for one additional year. A renewal notice will be emailed to you in advance of your renewal date. After your initial certification and first annual renewal, you will move to a two-year recertification cycle.

RECERTIFICATION

Your first recertification will occur two years after your initial certification date. MCB requires recertification every two years in order to maintain high standards of professional practice and to assure that Clinical Supervisors remain up to date in the field. You will receive an email in advance of your recertification date, directing you to complete the recertification application online.

To be recertified as a CCSR, you need to:

1. Hold a current and valid CCSR credential AND a current and valid ADCR-MN, CCJPR, CCDP, or CCDPD credential issued by MCB;
2. Complete 6 hours of MCB approved continuing education related to the clinical supervisor domains. These 6 hours may be counted as part of the continuing education hours required for recertification for the ADCR-MN, CCJPR, CCDP, or CCDPD credential. Credits must be earned within the two-year certification period;
3. Complete a Recertification Application;

4. Verify that you have reviewed, read and will uphold in your practice, the current MCB Code of Ethical Conduct for Certified Clinical Supervisors;
5. Verify that you have not violated the MCB Code of Conduct for Certified Clinical Supervisors;
6. Verify that you have practiced within the scope of all relevant statutes, rules, and standards relevant to the provision of clinical supervisor services;
7. Verify that you have received supervision consistent with MCB guidelines for this credential;
8. Pay the recertification fee of \$180 (includes two years of certification).

LAPSED CERTIFICATION

You need to submit to MCB your completed recertification application and annual renewal fee before the expiration date on your certificate. If the recertification is not postmarked by the expiration date, the individual will no longer hold a CCSR credential and so may not represent themselves as such.

If you wish to become recertified after your certificate has lapsed, you may be eligible to a reinstatement, which includes a reinstatement fee and bringing all renewal fees, continuing education, and other requirements up to date. Please contact MCB for specific reinstatement policies.

APPEAL PROCESS

Test results may not be appealed. However, you may file an appeal to the Board of MCB if you believe some aspect of the application process was unfair or if mistakes were made by the MCB staff. For example, you could ask the Board to review the staff's decision about your educational qualifications, your residency or your internship experience. The purpose of appeal is to determine if MCB staff accurately, adequately and fairly reviewed applicant's file. If you wish to appeal, you must write to MCB within 30 days when you were notified of the staff's action. The appeal letter must be postmarked no later than thirty days after the staff action. The written appeal will be sent to the MCB Board; Board members will review the action that is being appealed Applicant will be notified in writing of the decision of the MCB Board.

CLINICAL SUPERVISOR DOMAINS

1. Counselor Development
2. Professional & Ethical Standards
3. Program Development & Quality Assurance
4. Performance Evaluation
5. Administration
6. Treatment Knowledge

Clinical Supervisors must have the knowledge necessary to understand the process of the clinical supervision domains listed above. Applicants must have competence to perform duties associated with each of these domains in order to be certified as a Clinical Supervisor. Definitions are as follows:

1. Counselor Development

- a) Build a supportive and individualized supervisory alliance, which includes teaching the purpose of clinical supervision, using it effectively and respecting professional boundaries.
- b) Maintain a constructive supervisory learning environment that fosters awareness of oneself and others, motivation, self-efficacy, enthusiasm and two-way feedback.
- c) Demonstrate multicultural competencies and help supervisees develop skills of empathy and acceptance specific to working with culturally diverse clients.
- d) Provide timely and specific feedback to supervisees on their conceptualization of client needs, attitudes towards clients, clinical skills and overall performance of assigned responsibilities.

- e) Create a professional development plan with supervisees that include mutually approved goals and objectives for improving job performance, a timeline for expected accomplishments and measurements of progress and goal attainment.
- f) Implement a variety of direct supervisory activities to teach and strengthen supervisees' theoretical orientation, professional ethics, clinical skills and personal wellness.
- g) Help supervisee recognize, understand and cope with unique problems of transference and countertransference when working with clients and substance use disorders.
- h) Educate supervisees regarding developments in the addictions and behavioral health care fields to ensure best practices in consumer care.
- i) Encourage and help supervisee develop a personal wellness plan to manage their stress and avoid compassion fatigue and burnout.

2. Professional and Ethical Standards

- a) Practice only within one's areas of clinical and supervisory competence.
- b) Ensure that supervisors and supervisees are familiar with and are adherent to relevant professional codes of ethics, clients' rights documents and laws and regulations that govern both counseling and clinical supervision practices.
- c) Follow due process guidelines when responding to grievances and ensure that supervisees know their rights as employees and understand the organization's employee grievance procedures.
- d) Pursue personal and professional development by participating in related professional educational activities in order to improve supervisory competence.
- e) Recognize the supervisee's unique personality, culture, lifestyle, values and attitudes and other factors to enhance his/her professional development.
- f) Ensure that supervisees inform clients about the limits of confidentiality.
- g) Ensure that supervisees inform clients about supervision practices and obtain documented informed consent from clients as appropriate.
- h) Use and teach supervisees various ethical decision-making models and monitor their use to ensure their ethical treatment of clients.
- i) Understand the risks of dual relationships and potential conflicts of interests and maintain appropriate relationships at all times.
- j) Provide timely consultation and guidance to supervisees in situations that present moral, legal and/or ethical dilemmas.
- k) Ensure that supervisees maintain complete, accurate and necessary documentation, including detailed descriptions of critical situations.
- l) Understand the reporting process for ethical violations to the appropriate professional organizations or regulatory authorities.
- m) Intervene immediately and take action as necessary when a supervisee's job performance appears to present problems.
- n) Maintain familiarity with consensus and evidence based best practices in the treatment of substance use disorders.
- o) Seek supervision and consultation to evaluate one's personal needs for training and education, receive and discuss feedback on supervisory job performance and implement a professional development plan.
- p) Development and maintain a personal wellness plan for physical and mental health.

3. Program Development and Quality Assurance

- a) Structure and facilitate staff learning about specific consensus and evidence-based treatment interventions, program service design and recovery models relevant to the organization and the population it serves
- b) Understand the balance between fidelity and adaptability when implementing new clinical practices.
- c) Advocate within the agency for ongoing quality improvement, including strategies for enhancing client access, engagement and retention in treatment.

- d) Support the organization's quality assurance plan and comply with all monitoring, documenting and reporting requirements.
- e) Develop program goals and objectives that are consistent with the organization's quality assurance plan.
- f) Facilitate development and implementation of professional quality improvement guidelines, forms and instruments to monitor client outcomes and/or upgrade organizational performance.
- g) Advocate for the organization's target population throughout the entire continuum of care as an agent of organizational change.
- h) Build and maintain relationships with referral sources and other community programs to expand, enhance and expedite service delivery.
- i) Identify and assess program needs and develop a plan to improve clinical services and program development.

4. Performance Evaluation

- a) Communicate agency expectations about the job duties and competencies, performance indicators and criteria used to evaluate job performance.
- b) Understand the concept of supervision as a two-way evaluation process with each party providing feedback to the other, including constructive sharing and resolution of disagreements.
- c) Assess supervisee's professional development, cultural competence and proficiency in the addiction counseling competencies.
- d) Assess supervisee's performance of tasks and/or clinical functioning by interviews, observations, review of case records, use of evaluation tools, and client/family feedback.
- e) Differentiate between counselor development issues and those requiring corrective action (e.g. ethical violations, incompetence).
- f) Assess supervisee's preferred learning style, motivation and suitability for the work setting.
- g) Institute an ongoing formalized, proactive process that identifies supervisee's training needs, actively involves supervisees in conjointly reviewing goals and objectives and reinforces performance improvement with positive feedback.
- h) Communicate feedback clearly, including timely written feedback, regarding performance deficits, weak competencies or harmful activities and ensure that supervisees understand the feedback.
- i) Address and manage relational issues common to evaluation, including anxiety, disagreements and full discussion of performance problems.
- j) Self-assess for evaluator bias (e.g. leniency, overemphasis on one area of performance, favoritism, stereotyping) and conflict with other supervisory roles.

5. Administration

- a) Ensure that comprehensive orientation is provided to new employees, including areas such as the organization's client population, mission, vision, policies and procedures.
- b) Develop, evaluate and monitor clinical policies and procedures using regulatory standards to ensure compliance.
- c) Involve the supervisees in designing and scheduling their activities to maintain clinically effective service delivery.
- d) Participate in hiring/termination, performance recognition, disciplinary action and other personnel decisions to maintain high standards of clinical care.
- e) Ensure workforce is trained to meet service delivery needs.

6. Treatment Knowledge

- a) Have professional experience with and knowledge of the field of addictions, social and behavioral science and self-help philosophy.
- b) Understand the limitation of addictions treatment in general; its relationship to sustained, long-term recovery; and the specific limitation of the models or design in use by supervisee.
- c) Understand the principles of addiction prevention and treatment.
- d) Understand the addiction process and recovery management.

- e) Understand the limitations of and appropriateness of assessment and evaluation tools utilized in the addiction field.
- f) Understand the use of pharmacological interventions and interactions.