



# **SCCD**

***Specialty Certificate of Competency  
in Co-Occurring Disorders***

## **Application Packet**

***100 SOUTH TURNPIKE ROAD, SUITE C  
WALLINGFORD, CT 06492***

***PHONE: (203) 284-8800      FAX: (203) 284-9500***

***[www.ctcertboard.org](http://www.ctcertboard.org)***

***Email: [info@ctcertboard.org](mailto:info@ctcertboard.org)***

# Connecticut Certification Board, Inc.

## Mission

*To educate and credential behavioral health professionals in competency-based standards*

## History

Since 1981, The Connecticut Certification Board, Inc. (CCB) - an independent, non-governmental, non-profit 501(c)3 organization - has offered certification to alcoholism and drug abuse counselors. In 1993, CCB merged its certification functions with those of the Connecticut Association of Prevention Professionals and began offering prevention certification. The CCB now offers certifications in several additional areas such as problem gambling, clinical supervision and most recently in medication assisted treatment. The CCB also offers training on numerous behavioral health topics, hosts an annual conference and provides mentorship and assistance to individuals with professional development.

Certification is a voluntary process by which professionals with a special interest in and commitment to behavioral health may receive recognition of demonstrated competency in various domains such as addiction counseling, clinical supervision and co-occurring recovery counseling. Certification is based upon established professional standards, which enable counselors, allied health professionals, health service providers, third party payers, employers, and the general public to recognize qualified professionals. Certification is evidence that the certified professional has demonstrated their competency in a number of domains and has completed training and work experience in their specialty area under supervision with a trained professional.

The CCB is a member of the International Certification and Reciprocity Consortium/Alcohol and Other Drugs (ICRC), an organization that establishes, monitors, and advances reciprocal competency standards for credentialing of professionals. Connecticut offers four IC&RC reciprocal certifications (i.e., addiction/alcohol & drug abuse, clinical supervision, prevention and co-occurring disorders) which allow reciprocally certified professionals to transition to as many as 75 other IC&RC member boards around the United States and internationally (Canada, Sweden, Germany, Malaysia, Singapore, the United Kingdom, Puerto Rico, and Bermuda). For a complete list of IC&RC member boards and to determine what member boards offer reciprocal certifications, please visit the IC&RC website at [www.icrcada.com](http://www.icrcada.com) for more information.

## Co-Occurring Recovery Counseling

The mission of The Connecticut Certification Board is ***to educate and credential behavioral health professionals in competency-based standards***. In keeping with this mission, the CCB developed two credentials for co-occurring disorders (COD) practitioners in 1999. Since 1999, the CCB has certified nearly 600 COD practitioners and was instrumental in working with the IC&RC to develop international standards in COD and reciprocal COD certifications (CCDP & CCDP-D) in 2007.

The co-occurrence of substance use and mental disorders within one individual presents a unique clinical challenge that requires co-occurring disorders specific skills and training. Treatment of co-occurring disorders requires knowledge and skills specific to co-occurring substance use and mental disorder as well as to the unique interactions of the specific combination of disorders present in each individual. The CCB refers to counselors offering services in support of people with co-occurring substance use and mental disorders as co-occurring recovery counselors. Certification as a co-occurring recovery counselor in one of the CCB credentials is one way to demonstrate that you have met established standards of co-occurring capability. However, it does not allow an individual any practice permission or scope of practice that is not provided by their agency, license, educational training or professional scope under other credentials/licenses. COD certification with the CCB does not allow an individual to practice as a private practice clinician and does not determine eligibility or provide permission to practice without meeting other requirements as determined by the Connecticut Department of Public Health. For questions about practice requirements, scope of practice or licensure requirements of private practice clinicians, please contact the Connecticut Department of Public Health at [www.ct.gov/dph](http://www.ct.gov/dph).

The Connecticut Certification Board's process for credentialing co-occurring disorder practitioners requires meeting established standards in training, supervised work experience, supervised practicum training and obtaining a passing score on the IC&RC COD Exam. Two levels of credentialing are available for COD practitioners: ***CCDP - Certified Co-Occurring Disorders Professional*** for those with a Bachelor's degree in a behavioral health concentration and the ***CCDP-D - Certified Co-Occurring Disorders Professional – Diplomat*** for those with a Master's degree in a behavioral health concentration. ***In order to apply for those credentials, please use the CCDP & CCDP-D application available on the CCB website.***

The ***Specialty Certification of Competency in Co-Occurring Disorder – SCCD*** is intended for those interested in being credentialed as a co-occurring disorder practitioner and do not hold a college degree. Two levels of credentialing are available for COD practitioners that do not hold at least a four year college degree: ***SCCD at the Associate's /DARC graduate level*** and the ***SCCD – non-degree for those without any college degree or training***. Please note that although the SCCD credential is recognized within Connecticut, this credential is not a reciprocal credential with the IC&RC and does not afford the opportunity for individuals to transfer the SCCD credential to other IC&RC member boards through reciprocity. ***Only the CCDP & CCDP-D credentials are reciprocal through the IC&RC. For more information about reciprocity, please contact the CCB offices.***

COD Candidate's Name: \_\_\_\_\_

## General Application Checklist and Completion Guidelines

*Please verify the following in order to complete the application process:*

- \_\_\_\_\_ **If you have a college degree (Bachelor or Masters Degree) in COD or a related field you should not use this application. Please visit the CCB website for the CCDP & CCDP-D application if you are interested in applying for a COD credential with a four year college degree (or higher) in co-occurring disorders or a related field.**
- \_\_\_\_\_ Provide a reference form to your current clinical supervisor and two other colleagues and instruct them to complete the forms and send them directly to the CCB
- \_\_\_\_\_ Request a copy of your academic transcripts, if needed, be mailed directly to CCB
- \_\_\_\_\_ Verify that the trainings you are submitting meet the current education requirements
- \_\_\_\_\_ ***Live or work within Connecticut to apply for initial certification***
- \_\_\_\_\_ Verify that the minimum requirements in all categories have been met and that all trainings are accompanied with documentation of attendance (*copies only please*)
- \_\_\_\_\_ Sign both the Code of Ethics and the authorization to obtain information
- \_\_\_\_\_ **Make and keep a copy of the entire packet and all materials for your records – REQUIRED!**

## Submission Requirements

***Please make sure you have included all of the following components with your application. Your application will not be reviewed unless all of the following items have been included and the filing fee has been received:***

- \_\_\_\_\_ Enclose the Application Filing Fee
- \_\_\_\_\_ Complete ALL Application Forms – With all pages of this application form completely filled out and all pages must be included with your application from page 3 to 13
- \_\_\_\_\_ Original Signed Work Experience Form (s)
- \_\_\_\_\_ Complete the Training Worksheet for your level of college degree (page 14 or 15) with documentation
- \_\_\_\_\_ Include a list of all training events, for each domain/requirement, with the following information:
  - ✓ Training Date
  - ✓ Title of Training Event
  - ✓ Location of Event
  - ✓ Trainer/instructor
  - ✓ Length of event (i.e., 6 hours, etc.)
- \_\_\_\_\_ Attach to each list of training events, for each domain/requirement, copies of certificates of completion/attendance for all training/education events applied

COD Candidate's Name: \_\_\_\_\_

Once you have sent us your application, you can expect to hear from the CCB confirming receipt of your application. After we have reviewed your portfolio, we will notify you in writing (email or regular mail) within four weeks of the deadline about the status of your application. If changes or additional information are required, you will be notified at that time. We will also notify you, by letter, when your application has been accepted and you will be invited to sit for the IC&RC Co-Occurring Disorders Professional written exam.

If you have questions about your certification packet after submitting it to us for review, or if it has taken us longer than four weeks to get a notification letter to you, please document your concerns in an email or letter and send it the CCB. We will attempt to respond to your inquiry as soon as possible.

To inquire by email, send your requests to: [info@ccertboard.org](mailto:info@ccertboard.org)

## **Fees (All CCB Fees are Non-Refundable)**

### **Fees for SCCD – Specialty Certificate of Competency in Co-Occurring Disorders**

Application filing fee	\$125
IC&RC Written COD Exam	\$125
<b>Total cost of initial certification</b>	<b>\$250</b>

### **Other Fees**

SCCD 2 year recertification*** fee	\$100
Upgrade fee	\$35
Replacement Certificate	\$10

**\*\*\*Important:** Current COD recertification requirements include submission of a recertification packet every two years, recertification fee and completion of no less than 40 hours of COD-specific training per recertification period! If you are also CAC – Certified Addiction Counselor certified, the COD recertification cost is reduced. See recertification packet for details.

**CCB Fee Policy:** By signing below, I acknowledge the current fees associated with the COD credential (listed above) and understand that all fees are non-refundable and may change at any time (for a complete list of CCB fees, please visit the CCB website). ***I understand that I am responsible for all fees associated with the certification process at the time of my initial application.*** All fees must be paid by check, credit card (see CCB website) or money order. **No cash payments will be accepted.** A returned check fee will be due for all returned payments and a hold may be placed on my application until the original and return check fees are received by the CCB.

Candidate's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

COD Candidate's Name: \_\_\_\_\_

## CCB Certification Standards for Co-Occurring Recovery Counselor Credentials

A co-occurring recovery counselor is a practitioner who has demonstrated the knowledge and skills outlined in the 7 IC&RC domains identified in the CCDP/CCDP-D Role Delineation Study. These competencies have been identified as essential in the treatment of individuals with co-occurring substance use and mental disorders. This definition of competence includes education, training, and supervised practicum/supervision relevant to the unique needs of people in recovery from co-occurring substance use and mental disorders.

A practitioner is considered to be performing co-occurring recovery counseling when s/he:

1. has primary responsibility for providing specific counseling interventions to people for the purpose of screening, assessing, stabilizing and/or treating their substance use and mental disorders, and
2. these interventions are identified on a formal treatment & recovery plan.

The practitioner's work experience must reflect familiarity with the entire range of the IC&RC 7 Performance Domains. A substantial portion of the work experience (more than half) must include the delivery of individual, group, or family counseling with clients with co-occurring disorders. All work experience should be conducted under appropriate clinical supervision by a competent clinical supervisor. In performing these functions, the practitioner must commit to and demonstrate consistent adherence to the Connecticut Certification Board's Co-Occurring Recovery Counselor Code of Ethics. A Board approved unpaid internship may be credited for up to half of the work experience required.

<b>Non-Reciprocal CCB Co-Occurring Disorders Credentials</b>	<b>SCCD Specialty Certificate of Comp. Co-Occurring Disorders</b>	<b>SCCD Specialty Certificate of Comp. Co-Occurring Disorders</b>
<b><i>Co-Occurring Recovery Counselor Credentials</i></b>	<b>Associate's Degree/ DARC Graduate</b>	<b>No college degree/ High School graduate</b>
<b>College Degree type</b>	A minimum of an Associate's degree in co-occurring disorder (COD) or behavioral science with a clinical application. DARC degree is preferred.	High School graduate, no college degree required
<b>Training requirements:</b>	<b>240 contact hours (with domain requirements)</b>	<b>320 contact hours (with domain requirements)</b>
<b>COD-Specific (1)</b>	<b>180 COD-specific (1)</b>	<b>240 COD-specific (1)</b>
<b>Addiction-Specific</b>	<b>30 Addiction-specific</b>	<b>40 Addiction-specific</b>
<b>Mental Health-Specific</b>	<b>30 Mental Health-specific</b>	<b>40 Mental Health-specific</b>
<b>Work Experience</b>	<b>8,000 hours specific to COD treatment</b>	<b>12,000 hours specific to COD treatment</b>
<b>Clinical Supervisor Credential</b>	<b>CCDP-D strongly encouraged, but not currently required</b>	<b>CCDP-D strongly encouraged, but not currently required</b>

COD Candidate's Name: \_\_\_\_\_

<b>Non-Reciprocal CCB Co-Occurring Disorders Credentials</b>  <b>Co-Occurring Recovery Counselor Credentials</b>	<b>SCCD Specialty Certificate of Comp. Co-Occurring Disorders</b>  <b>Associate's Degree/ DARC Graduate</b>	<b>SCCD Specialty Certificate of Comp. Co-Occurring Disorders</b>  <b>No college degree High School graduate</b>
<b>Clinical Supervision (Individual and/or Group)</b>	<b>300 hours</b>	<b>400 hours</b>
<b>Supervised Practicum (Onsite Practical Training)</b>	<b>300 hours, at least 20 in each of the 7 IC&amp;RC COD domains</b>	<b>400 hours, at least 30 in each of the 7 IC&amp;RC COD domains</b>
<b>Recertification requirements (every two years)</b>	<b>40 hours COD specific training</b>	<b>40 hours COD specific training</b>
<b>References</b>	<b>3 positive; one from current Clinical Supervisor</b>	<b>3 positive; one from current Clinical Supervisor</b>
<b>Fees</b>	<b>Filing Fee \$125.00 Recertification Fee \$100.00</b>	<b>Filing Fee \$125.00 Recertification Fee \$100.00</b>
<b>Written Test (2)</b>	<b>\$125.00</b>	<b>\$125.00</b>

*(1) Co-Occurring Specific Trainings are activities designed to explore, emphasize or otherwise highlight issues related to treating, assessing or stabilizing people in recovery from co-occurring substance use and mental disorders. Trainings that do not focus on the co-occurrence of substance use or mental disorders will not be allowed when determining training eligibility.*

*(2) All applicants that submit applications after December 2008 will be required to pass the IC&RC COD written exam.*

By signing below, I acknowledge that I have reviewed the current standards for the COD credential and meet or exceed the standards based upon my level of college degree.

Candidate's Signature: \_\_\_\_\_

Date: \_\_\_\_\_



COD Candidate's Name: \_\_\_\_\_

Education (circle highest level)   GED   High school   Associate's   Bachelor's   Master's   PhD

Institution \_\_\_\_\_ Graduation Date \_\_\_\_\_  
(Please list institution of highest academic achievement) (mm/dd/yyyy)

City: \_\_\_\_\_ State: \_\_\_\_\_

Major \_\_\_\_\_ Minor \_\_\_\_\_

Currently Certified by the CCB? (circle)   No   Yes   Cert Type & #: \_\_\_\_\_

Professional Affiliations and Current Licenses \_\_\_\_\_

Has certification or licensure been denied or rescinded in any other state (circle)   No   Yes

Please include details \_\_\_\_\_

### Experience

Years in substance abuse treatment \_\_\_\_\_

Years in clinical supervision \_\_\_\_\_

Years in co-occurring treatment \_\_\_\_\_

Years in mental health treatment \_\_\_\_\_

Years in problem gambling treatment \_\_\_\_\_

Years in prevention \_\_\_\_\_ Field(s) in prevention \_\_\_\_\_

### Resume

A resume may be attached, but will not be accepted as a substitute for this completed application.

## Signed Assurances and CCB Code of Ethics

- A. I hereby attest that all of the information given is true and complete to the best of my knowledge and belief. I understand that falsification of any portion of this application will result in my being denied certification or revocation of same, upon discovery.
- B. I acknowledge the right of CCB, Inc. to verify the information in this application or to seek further information from employers, schools, or persons mentioned within.
- C. I have read, understand, and agree to act in accordance with the Connecticut Certification Board's (CCB) Co-Occurring Recovery Counselor Code of Ethics and the CCB's CENSURE, PROBATION, SUSPENSION AND REVOCATION POLICY available on the CCB's website at [www.ctcertboard.org](http://www.ctcertboard.org)
- D. I will hold CCB, Inc., its Board members, officers, agents, and staff free from any civil liability for damages or complaints by reason of any action that is within their scope and arising out of the performance of their duties which they, or any of them, may take in connection with any examination, and/or failure of the Board to bestow upon me certification as a professional.
- E. I understand that upon acceptance of my application, additional fees may be due and payable including exam fees, recertification fees, etc.

Printed Name: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## Authorization to Obtain Information

To: The Connecticut Certification Board, Inc.

I hereby authorize the CCB to request and receive all records and/or information in any way relating to my application for certification or a specialty certificate. 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 understand that this authorization will expire one year after certification lapses or when my certification expires, once CCB is notified of my intent not to recertify. I further understand that the status of any CCB credential is public record and may be shared, including effective date, expiration date and certification type.

Printed Name: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## Connecticut Certification Board, Inc.

### CO-OCCURRING RECOVERY COUNSELOR CODE OF ETHICS

**PRINCIPLE 1: Non-discrimination**

Co-occurring recovery counselors must not discriminate against clients or other counselors based on race, color, religious creed, age, marital status, national origin, ancestry, sex, sexual orientation or mental or physical disability.

**PRINCIPLE 2: Responsibilities**

Co-occurring recovery counselors shall exercise professional judgment when dealing with clients and other professionals and, at all times, shall maintain the best interests of the client when providing counseling.

**PRINCIPLE 3: Competence**

Co-occurring recovery counselors shall provide competent professional service to clients. Competent professional service requires thorough knowledge of alcohol and drug abuse, mental disorders and the interactive relationship of these disorders and skill in presentation and counseling techniques, thoroughness and preparation reasonably necessary to assure the highest level of quality care to a client, and a willingness to maintain state-of-the-art knowledge through on-going professional education in co-occurring specific training and education.

**PRINCIPLE 4: Professional Standards**

Co-occurring recovery counselors shall maintain the highest professional standards and shall not:

- claim either directly or by implication, professional knowledge, qualifications or affiliations that they do not possess;
- lend their names to, or participate in, any professional and/or business relationship which may misrepresent or mislead the public in any way;
- or compromise professional status as co-occurring recovery counselors with clients through the association, development and/or promotion of books or other products offered for commercial sale;
- fail to recognize the effect of professional impairment on professional performance and must be willing to seek appropriate treatment for themselves.

**PRINCIPLE 5: Professional Obligations to the Public**

Co-occurring recovery counselors must not state or imply a higher degree of knowledge and/or insight into alcoholism and drug abuse than would be available through similarly situated and/or trained professionals.

**PRINCIPLE 6: Publications**

Co-occurring recovery counselors that participate in the writing, editing, or publication of professional papers, pamphlets or books, must act to preserve the integrity of the profession by acknowledging and documenting any materials and/or techniques used in creating their opinions, papers, books, etc.

**PRINCIPLE 7: Client Welfare**

Co-occurring recovery counselors must place the best interest of clients before conflicting professional commitments or professional gain.

Co-occurring recovery counselors shall always strive to provide an appropriate setting for clinical work to ensure professionalism, and to provide a supportive environment for those clients having special needs.

**PRINCIPLE 8: Confidentiality**

Co-occurring recovery counselors shall not reveal information relating to a client unless the client consents to such release of information in writing and after consultation with the co-occurring recovery counselor.

Co-occurring recovery counselors shall strive to preserve the records and information, regardless of the media used to store such information.

# Connecticut Certification Board, Inc.

## CO-OCCURRING RECOVERY COUNSELOR CODE OF ETHICS

### **PRINCIPLE 8: Confidentiality *continued***

Co-occurring recovery counselors may reveal confidential information to public authorities or other professionals to the extent that the co-occurring recovery counselors, in their professional capacity, reasonably believe it to be necessary:

- to prevent a client from serious harm whether self-inflicted or inflicted upon a third person,
- to prevent a client in imminent danger or in danger of injuring another person.

### **PRINCIPLE 9: Client Relationships**

Co-occurring recovery counselors shall not:

- make false or misleading communication about the co-occurring recovery counselor's abilities, training, and/or experience;
- fail to obtain a client's permission for recording a session, for involving any third party in a session, or for releasing any information pertaining to the client;
- enter into a business relationship with any other person when to do so would be adverse to the interest of any of the counselor's clients;
- engage in any sexual activity with a client;
- enter into a counseling arrangement with a client if the counseling of that client could be materially limited by the co-occurring recovery counselor's own responsibilities to, or relationship with, a third person.

### **PRINCIPLE 10: Professional Integrity**

Co-occurring recovery counselors must agree to cooperate and adhere to the principles of Professional Responsibility of the licensing and disciplinary authority of the State in which they practice.

The co-occurring recovery counselor shall:

- never knowingly make a false statement to any disciplinary authority;
- report violations of professional conduct of other counselors to the appropriate licensing/ disciplinary authority, when the co-occurring recovery counselor has knowledge that another counselor has violated professional standards;
- not fail to disclose a material fact which could adversely affect a counselor-client relationship.

### **PRINCIPLE 11: Financial Arrangements**

Co-occurring recovery counselors shall establish reasonable financial arrangements based on the fees customarily charged in the counselors' locality for similar services.

Co-occurring recovery counselors shall 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.

### **PRINCIPLE 12: Professional Promotion**

Co-occurring recovery counselors shall strive to maintain and promote the integrity and advancement of the co-occurring recovery counselor profession.

Whenever possible, co-occurring recovery counselors shall render services at a reduced cost, or at no cost, to the disadvantaged or impoverished person requiring counseling, as a means of promoting the good will of the co-occurring recovery counseling profession.

Printed Name: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

COD Candidate's Name: \_\_\_\_\_

## **COD Professional Work Experience *(Paid or Internship)***

**MAKE MULTIPLE COPIES OF THIS PAGE AS NEEDED. ONE PAGE FOR EACH EMPLOYER AND EACH POSITION  
AND/OR EACH CLINICAL SUPERVISOR WITH THE SAME EMPLOYER**

\_\_\_\_\_  
Employer Phone Number Email Address

\_\_\_\_\_  
Address City, State, Zip Code

\_\_\_\_\_  
Position Held

### **Total Hours of Work Experience**

\_\_\_\_\_ Full-time paid hours    \_\_\_\_\_ Part-time paid hours    \_\_\_\_\_ Internship hours

\_\_\_\_\_ Number of hours worked weekly    \_\_\_\_\_ Number of hours in specialty counseling area

If internship, course name and #: \_\_\_\_\_

Total Number of Hours Worked while at the location		Total Number of Hours Worked in Counseling Domain while at this location	
--	--	--	--

### **Dates Employed in This Position** (Please use actual dates; do **NOT** use "present")

Started: Month \_\_\_\_\_ in Year \_\_\_\_\_    Ended/Current: Month \_\_\_\_\_ in Year \_\_\_\_\_

Total number of Years \_\_\_\_\_ and months \_\_\_\_\_ in this position

**Hours of direct clinical supervision provided by this Clinical Supervisor \_\_\_\_\_ hours**

**Duties** (Please do not merely list core functions. You may attach a job description with the Clinical Supervisor signature.)

### **To be completed by Clinical Supervisor**

**Clinical Supervisor's Name:** \_\_\_\_\_ **Credentials:** \_\_\_\_\_

While in this position, did candidate:

- |   |     |    |
|---|-----|----|
| 1. work with clients with co-occurring substance use and mental disorders?                  | YES | NO |
| 2. develop and update recovery/treatment plans with clients?                                | YES | NO |
| 3. provide counseling & intervention for clients with co-occurring disorders?               | YES | NO |
| 4. receive clinical supervision specific to counseling clients with co-occurring disorders? | YES | NO |

CLINICAL SUPERVISOR'S SIGNATURE: \_\_\_\_\_ DATE \_\_\_\_\_

COD Candidate's Name: \_\_\_\_\_

## SUPERVISED PRACTICUM for Co-Occurring Recovery Counselors

Please document the total number of hours for which you have received supervised practicum training (on the job supervised practical training) in each of the seven IC&RC COD domains. A minimum of 300 hours with 20 in each of the seven IC&RC COD domains is required for the CCDP (Associate/DARC Graduate Level) and a minimum of 400 hours with 30 in each of the seven IC&RC COD domains is required for the SCCD (non-degreed level).

IC&RC COD Domains	Agency Practicum/Supervision was provided	# OF HOURS
<i>Screening &amp; Assessment</i>		
<i>Crisis Prevention &amp; Management</i>		
<i>Treatment &amp; Recovery Planning</i>		
<i>Counseling</i>		
<i>Management &amp; Coordination of Care</i>		
<i>Education of the Person/Community</i>		
<i>Professional Responsibility</i>		
<b>TOTAL HOURS</b>		

To the best of my knowledge, this is a true and accurate statement of the candidate's supervised practicum training.

SUPERVISOR'S NAME: \_\_\_\_\_ Credentials: \_\_\_\_\_

Clinical Supervisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

COD Candidate's Name: \_\_\_\_\_

## Training Standards for the Associate's Level COD Certification - SCCD

240 total hours which include 180 hours of COD specific training that includes a focus on both substance use and mental disorders and considers the interactive relationship between the disorders. 30 hours of addiction specific training and 30 hours of mental health specific training are required. Eight of those hours must be counselor specific ethics training. ***Use this form only if you hold an Associate's degree or if you are a DARC Graduate.***

<b><i>Co-Occurring Specific Training Requirements</i></b>		
	<b>MINIMUM HOURS REQUIRED</b>	<b>TRAINING HOURS</b>
<b><i>Screening &amp; Assessment</i></b>	<b>36</b>	
<b><i>Crisis Prevention &amp; Management</i></b>	<b>15</b>	
<b><i>Treatment &amp; Recovery Planning</i></b>	<b>30</b>	
<b><i>Counseling &amp; Interventions</i></b>	<b>24</b>	
<b><i>Recovery Supports &amp; Coordination of Care</i></b>	<b>18</b>	
<b><i>Psychopathology &amp; Etiology</i></b>	<b>24</b>	
<b><i>Psychopharmacology</i></b>	<b>24</b>	
<b><i>CCB Approved Ethics</i></b>	<b>8</b>	
<b>Minimum COD-Specific Training Hours</b>	<b>180</b>	
<b>Minimum Addiction-Specific Training Hours</b>	<b>30</b>	
<b>Minimum Mental Health-Specific Training Hours</b>	<b>30</b>	
<b>Minimum Training Hours</b>	<b>240</b>	

COD Candidate's Name: \_\_\_\_\_

## Training Standards for the High School Graduate Level COD Certification - SCCD

320 total hours which include 240 hours of COD specific training that includes a focus on both substance use and mental disorders and considers the interactive relationship between the disorders. 40 hours of addiction specific training and 40 hours of mental health specific training are required. Eighteen of those hours must be counselor specific ethics training. ***Use this form only if you are a high school graduate without a college degree.***

<i>Co-Occurring Specific Training Requirements</i>		
	<b>MINIMUM HOURS REQUIRED</b>	<b>TRAINING HOURS</b>
<i>Screening &amp; Assessment</i>	<b>36</b>	
<i>Crisis Prevention &amp; Management</i>	<b>24</b>	
<i>Treatment &amp; Recovery Planning</i>	<b>36</b>	
<i>Counseling &amp; Interventions</i>	<b>36</b>	
<i>Recovery Supports &amp; Coordination of Care</i>	<b>18</b>	
<i>Psychopathology &amp; Etiology</i>	<b>36</b>	
<i>Psychopharmacology</i>	<b>36</b>	
<i>CCB Approved Ethics</i>	<b>18</b>	
<b>Minimum COD-Specific Training Hours</b>	<b>240</b>	
<b>Minimum Addiction-Specific Training Hours</b>	<b>40</b>	
<b>Minimum Mental Health-Specific Training Hours</b>	<b>40</b>	
<b>Minimum Training Hours</b>	<b>320</b>	

**CONNECTICUT CERTIFICATION BOARD, Inc.**  
**CLINICAL SUPERVISOR REFERENCE FORM - CO-OCCURRING RECOVERY COUNSELOR**

Credential Type: SCCD (Associate's/DARC Graduate level) \_\_\_\_\_ SCCD (High school/non-degree level) \_\_\_\_\_  
 Candidate's Name \_\_\_\_\_ Social Security No: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 Printed Name of Rater: \_\_\_\_\_ Credentials: \_\_\_\_\_ Title/Position: \_\_\_\_\_  
 Agency/Address: \_\_\_\_\_  
 Relation to applicant: Supervisor\_\_\_\_ Administrator\_\_\_\_ Co-worker\_\_\_\_ Other (Specify)\_\_\_\_\_ How long:\_\_\_\_\_

**INSTRUCTIONS:** Please read the description of the various 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 "0" in the scoring column.

**SCORING SCALE**

No Basis for Judgment	Inadequate	Needs Improvement	Competent	Above Average Competence	Exceptional
0	1	2	3	4	5

**SKILL SCORING STATEMENTS**

**SCORE**

1.	Demonstrates respect for persons with co-occurring substance use and mental disorders.	
2.	Demonstrates a knowledge of mental illness and substance use etiology and course of illness.	
3.	Demonstrates an understanding of the pharmacological aspects of mental health treatment and substance use disorders.	
4.	Demonstrates a working understanding of the factors that determine a client's appropriateness and eligibility for various treatment modalities.	
5.	Demonstrates the ability to explain the nature, goals, and rules of the program to the client in a manner which develops rapport and reduces client anxiety.	
6.	Demonstrates the ability to assess the impact of the co-morbidity of mental health and substance use disorders.	
7.	Demonstrates the ability to design, implement, and ensure a highly individualized recovery plan of action.	
8.	Demonstrates interventions and support strategies, program models, and philosophies.	
9.	Demonstrates the ability to access, coordinate, and facilitate community, peer, and natural support systems to maximize treatment and recovery opportunities.	
10.	Demonstrates the ability to teach both simple and complex skills and information to clients with co-existing mental health and substance use disorders.	
11.	Demonstrates a practical knowledge of a range of crisis prevention, intervention, and resolution approaches.	
12.	Demonstrates the knowledge and skills necessary to assess and respond to the needs of the client that cannot be met by the treatment program.	
13.	Demonstrates the skills to appropriately document all information necessary to meet legal requirements and to facilitate effective treatment.	
14.	Demonstrates an awareness of the need for ongoing consultation and clinical supervision to facilitate the appropriate treatment of the client.	
15.	Demonstrates a working knowledge of ethical principles, individual clients' civil rights, and the law.	
16.	Demonstrates a multi-dimensional understanding of the needs and concerns of special populations, including the physically challenged, hearing impaired, geriatric and HIV populations, as well as concerns regarding the additional complexity of culture, gender, sexual orientation, race ethnicity and religious beliefs.	
17.	Demonstrates a working knowledge of medical, cognitive and functional impairment concerns and how these concerns impact people with co-occurring disorders.	
18.	Demonstrates a working knowledge of forensic and legal concerns including involvement with PSRB, probation, parole, DCF, the court and mandated treatment, and how these concerns impact co-occurring disorders treatment.	
	Total	

**SIGNATURE OF RATER:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**CONNECTICUT CERTIFICATION BOARD, Inc.**  
**REFERENCE FORM - CO-OCCURRING RECOVERY COUNSELOR**

Credential Type: SCCD (Associate's/DARC Graduate level) \_\_\_\_\_ SCCD (High school/non-degree level) \_\_\_\_\_  
 Candidate's Name \_\_\_\_\_ Social Security No: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 Printed Name of Rater: \_\_\_\_\_ Credentials: \_\_\_\_\_ Title/Position: \_\_\_\_\_  
 Agency/Address: \_\_\_\_\_  
 Relation to applicant: Supervisor \_\_\_\_\_ Administrator \_\_\_\_\_ Co-worker \_\_\_\_\_ Other (Specify) \_\_\_\_\_ How long: \_\_\_\_\_

**INSTRUCTIONS:** Please read the description of the various 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 "0" in the scoring column.

**SCORING SCALE**

No Basis for Judgment	Inadequate	Needs Improvement	Competent	Above Average Competence	Exceptional
0	1	2	3	4	5

**SKILL SCORING STATEMENTS**

**SCORE**

1.	Demonstrates respect for persons with co-occurring substance use and mental disorders.	
2.	Demonstrates a knowledge of mental illness and substance use etiology and course of illness.	
3.	Demonstrates an understanding of the pharmacological aspects of mental health treatment and substance use disorders.	
4.	Demonstrates a working understanding of the factors that determine a client's appropriateness and eligibility for various treatment modalities.	
5.	Demonstrates the ability to explain the nature, goals, and rules of the program to the client in a manner which develops rapport and reduces client anxiety.	
6.	Demonstrates the ability to assess the impact of the co-morbidity of mental health and substance use disorders.	
7.	Demonstrates the ability to design, implement, and ensure a highly individualized recovery plan of action.	
8.	Demonstrates interventions and support strategies, program models, and philosophies.	
9.	Demonstrates the ability to access, coordinate, and facilitate community, peer, and natural support systems to maximize treatment and recovery opportunities.	
10.	Demonstrates the ability to teach both simple and complex skills and information to clients with co-existing mental health and substance use disorders.	
11.	Demonstrates a practical knowledge of a range of crisis prevention, intervention, and resolution approaches.	
12.	Demonstrates the knowledge and skills necessary to assess and respond to the needs of the client that cannot be met by the treatment program.	
13.	Demonstrates the skills to appropriately document all information necessary to meet legal requirements and to facilitate effective treatment.	
14.	Demonstrates an awareness of the need for ongoing consultation and clinical supervision to facilitate the appropriate treatment of the client.	
15.	Demonstrates a working knowledge of ethical principles, individual clients' civil rights, and the law.	
16.	Demonstrates a multi-dimensional understanding of the needs and concerns of special populations, including the physically challenged, hearing impaired, geriatric and HIV populations, as well as concerns regarding the additional complexity of culture, gender, sexual orientation, race ethnicity and religious beliefs.	
17.	Demonstrates a working knowledge of medical, cognitive and functional impairment concerns and how these concerns impact people with co-occurring disorders.	
18.	Demonstrates a working knowledge of forensic and legal concerns including involvement with PSRB, probation, parole, DCF, the court and mandated treatment, and how these concerns impact co-occurring disorders treatment.	
	Total	

**SIGNATURE OF RATER:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**CONNECTICUT CERTIFICATION BOARD, Inc.**  
**REFERENCE FORM - CO-OCCURRING RECOVERY COUNSELOR**

Credential Type: SCCD (Associate's/DARC Graduate level) \_\_\_\_\_ SCCD (High school/non-degree level) \_\_\_\_\_  
 Candidate's Name \_\_\_\_\_ Social Security No: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 Printed Name of Rater: \_\_\_\_\_ Credentials: \_\_\_\_\_ Title/Position: \_\_\_\_\_  
 Agency/Address: \_\_\_\_\_  
 Relation to applicant: Supervisor \_\_\_\_\_ Administrator \_\_\_\_\_ Co-worker \_\_\_\_\_ Other (Specify) \_\_\_\_\_ How long: \_\_\_\_\_

**INSTRUCTIONS:** Please read the description of the various 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 "0" in the scoring column.

**SCORING SCALE**

No Basis for Judgment	Inadequate	Needs Improvement	Competent	Above Average Competence	Exceptional
0	1	2	3	4	5

**SKILL SCORING STATEMENTS**

**SCORE**

1.	Demonstrates respect for persons with co-occurring substance use and mental disorders.	
2.	Demonstrates a knowledge of mental illness and substance use etiology and course of illness.	
3.	Demonstrates an understanding of the pharmacological aspects of mental health treatment and substance use disorders.	
4.	Demonstrates a working understanding of the factors that determine a client's appropriateness and eligibility for various treatment modalities.	
5.	Demonstrates the ability to explain the nature, goals, and rules of the program to the client in a manner which develops rapport and reduces client anxiety.	
6.	Demonstrates the ability to assess the impact of the co-morbidity of mental health and substance use disorders.	
7.	Demonstrates the ability to design, implement, and ensure a highly individualized recovery plan of action.	
8.	Demonstrates interventions and support strategies, program models, and philosophies.	
9.	Demonstrates the ability to access, coordinate, and facilitate community, peer, and natural support systems to maximize treatment and recovery opportunities.	
10.	Demonstrates the ability to teach both simple and complex skills and information to clients with co-existing mental health and substance use disorders.	
11.	Demonstrates a practical knowledge of a range of crisis prevention, intervention, and resolution approaches.	
12.	Demonstrates the knowledge and skills necessary to assess and respond to the needs of the client that cannot be met by the treatment program.	
13.	Demonstrates the skills to appropriately document all information necessary to meet legal requirements and to facilitate effective treatment.	
14.	Demonstrates an awareness of the need for ongoing consultation and clinical supervision to facilitate the appropriate treatment of the client.	
15.	Demonstrates a working knowledge of ethical principles, individual clients' civil rights, and the law.	
16.	Demonstrates a multi-dimensional understanding of the needs and concerns of special populations, including the physically challenged, hearing impaired, geriatric and HIV populations, as well as concerns regarding the additional complexity of culture, gender, sexual orientation, race ethnicity and religious beliefs.	
17.	Demonstrates a working knowledge of medical, cognitive and functional impairment concerns and how these concerns impact people with co-occurring disorders.	
18.	Demonstrates a working knowledge of forensic and legal concerns including involvement with PSRB, probation, parole, DCF, the court and mandated treatment, and how these concerns impact co-occurring disorders treatment.	
	Total	

**SIGNATURE OF RATER:** \_\_\_\_\_ **DATE:** \_\_\_\_\_