

**Canon of Ethical Principles**  
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**Canadian Addiction Counsellors  
Certification Federation**

# **Canon of Ethical Principles**

*AS A MEMBER OF THE  
CANADIAN ADDICTION COUNSELLORS CERTIFICATION BOARD,  
I MUST:*

1. Believe in the dignity and worth of all human beings, and pledge my service to the well-being and betterment of all members of society;
2. Recognize the right of human treatment of anyone suffering from alcoholism or drug abuse, whether directly or indirectly;
3. Promote and assist in the recovery and return to society of every person served, assisting them to help themselves, and referring them promptly to other programs or individuals, when in their best interest;
4. Maintain a proper professional relationship with all persons served, assisting them to help themselves, and referring them promptly to other programs or individuals, when in their best interest;
5. Adhere strictly to establish precepts of confidentiality in all knowledge, records and materials concerning persons served, and in accordance with any current government regulations;
6. Ensure that all interpersonal transactions between myself and persons served are non-exploitive and essential to their good recovery;
7. Give due respect to the rights, views and positions of any other alcoholism and/or drug counsellors and related professionals;
8. Respect institutional policies and procedures, and cooperate with any agency management with which I may be associated, as long as this remains consistent with recognized standards, procedures and ethics;
9. Contribute my ideas and findings regarding alcoholism and other drug addictions and their treatment and recovery, to any body of knowledge, through appropriate channels;
10. Refrain from any activities, including the abuse of alcohol, drugs, or other mood altering chemicals where my personal conduct might diminish my personal capabilities, denigrate my professional status, or constitute a violation of the law;
11. Avoid claiming or implying any personal capabilities or professional qualifications beyond those I have actually attained, recognizing that competency gained in one field of activity must not be used improperly to imply competency in another;
12. Regularly evaluate my own strengths, limitations, biases, or levels of effectiveness, always striving for self-improvement, and seeking professional development by means of further education and training.

# **Standards of Practice**

## **WHAT IS ADDICTIONS COUNSELLING PRACTICE?**

Addictions counselling practice is defined as the provision to clients of addictions counselling services which requires the application of addictions specific knowledge and skills and includes:

- *promoting the health of the general public or providing theoretically sound, and practically competent, education, counselling and treatment for clients with alcohol or other drug problems;*
- *teaching addictions theory or addictions counselling skills;*
- *counselling persons with respect to alcohol or other drug addictions;*
- *coordinating addictions treatment services;*
- *engaging in administration, supervision, education, consultation, teaching or research fro any of the foregoing areas.*

The acceptable level of practice is described by, and measured against, Practice Standards for Certified Addictions Counsellors.

## **WHAT IS A STANDARD?**

A standard is the desired and achievable level of performance against which actual performance is compared. Standards state the expectations of the profession as a whole about the performance of its members as individuals. Performance can and may exceed expectations, but standards state the level below which performance is unacceptable.

## **WHAT IS A PRACTICE STANDARD FOR CERTIFIED ADDICTIONS COUNSELLORS?**

Practice standards are statements about what addictions counsellors do. They are different from standards which are client focused because they do not include indicators of the client's risk status or expected outcomes of treatment. They are not accreditation, quality assurance, or facility standards which are concerned with the organizational and material resources necessary for efficient and effective treatment. All these standards are inter-related, but Practice Standards for Addictions Counsellors are descriptions of what counsellors do.

Treatment programs have an obligation to provide essential support systems including human and material resources, so that counsellors can meet the practice standards. However, practice standards for addiction counsellors do not address the obligations of treatment programs directly.

The purpose of the standards is to describe the practice of addictions counselling.

## WHY HAVE STANDARDS?

There are many reasons why the addictions profession should have written standards for the practice of addictions counselling. Some reasons are:

1. **Protection of the public:** Through the Canadian Addiction Counsellors Certification Federation the public are protected from the incompetent, impaired or unethical practice of addictions counselling.
2. **Regulating the practice of Certified Addiction Counsellor:** Self-regulation means the addictions profession is responsible for monitoring its members so that each certified counsellor meets practice requirements.
3. **Practice consultation:** Standards are used as a tool to assist counsellors to work through issues related to the maintenance or development of their professional practice.
4. **Approval of Addictions Education Program:** Standards are used to evaluate addictions counsellor education programs so that graduates can achieve and maintain professional practice requirements.
5. **Administrative guidelines:** Standards provide a basis for job descriptions, performance appraisal systems, and quality management in facilities employing certified addictions professionals.
6. **Legal reference:** Standards help the legal profession interpret the scope of the addictions counsellor's practice. For example, legal decisions are based on what a reasonable, prudent counsellor would do in similar circumstances and the Practice Standards for Addictions Counselling may be used as a reference to describe "reasonable and prudent" practice.
7. **Public information:** By referring to the Standards, members of the public are informed about the nature of addictions counselling practice. Standards also inform health care, social services, education, and corrections professionals about addictions counselling practice.

## WHAT IS A PROFESSION?

A profession is based on the following characteristics:

- *Specialized body of knowledge*
- *Competent application of this knowledge*
- *Provision of service to the public*
- *Code of Ethics*
- *Self-regulation*
- *Responsibility and accountability*

Consequently, the addictions profession is recognized by the following components:

- *Professional practice based on a specialized body of knowledge;*
- *Professional counsellors competently apply knowledge;*
- *Addictions counselling provides a service to the public;*
- *Addictions professionals are bound by a Code of Ethics;*
- *The addictions profession is self-regulating;*
- *Addictions professionals are responsible and accountable.*

Please Note: The Practice Standards have been written to provide indicators for all areas of addictions counselling practice, i.e., clinical practice, education, administration, and research. All counsellors, regardless of their primary focus, may move between areas of practice. For example, a counsellor could be working as a clinical practitioner, then act as an educator to supervise a student, or act as a program administrator. Similarly, an educator could be teaching a class of students in the morning, collecting data for a research project in the afternoon, and counselling a client about drug use in the evening.

AL STANDARDS APPLY TO ALL CERTIFIED  
ADDICTIONS COUNSELLORS

ALL CERTIFIED COUNSELLORS ARE EXPECTED  
TO MEET ALL STANDARDS

# **Alcohol and Drug Counselling Scope of Practice Statement**

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## **I. PURPOSE**

This Scope of Practice Statement is intended to (1) provide a basic definition of a professional alcohol and drug counsellor's rights and responsibilities and (2) distinguish this profession from other health and human service professionals.

## **II. INTRODUCTION**

Alcohol and drug counselling is the application of general counselling theories and treatment methods adapted to specific alcohol and drug theory and research for the express purpose of treating alcohol and drug problems within our diverse society.

## **III. FOUNDATIONS OF ALCOHOL AND DRUG COUNSELLING**

The practice of alcohol and drug counselling is based on the following knowledge:

1. Pharmacology and psychopharmacology of alcohol and drugs (both drugs of abuse and drugs used in the treatment of addictions) including: pharmacokinetics; pharmacodynamics; and the effects of these drugs on violence and aggression, learning and memory, sensation and perception, sleep, sexual behaviour, human growth and development, and psychiatric conditions.
2. Addiction processes including; models and theories of addiction; social and cultural context of addiction; biological, psychological and social effects of addiction; and differentiation of addiction from other medical and psychological conditions.
3. Various treatment models and methods including: models of treatment, relapse prevention, and continuing care; impact of treatment on problems associated with addiction; the importance of community, social, family and self-help systems.
4. Practical application including: use of interdisciplinary approaches and teams in treatment; assessment and diagnostic criteria; appropriate use of treatment modalities; adapting treatment strategies to a client's individual characteristics and needs; and the use of other resources in securing the best available services for the client.

5. Professional standards of practice including: recognizing the needs of diverse populations relating to issues of ethnicity, race, gender, sexual orientation and HIV/AIDS; adherence to ethical and professional standards of conduct; commitment to continuing education and clinical supervision, awareness of policies and procedures for clients and staff safety; an understanding of etiology, treatment and prevention; and the clinical application of current research in alcohol and drug treatment.

#### **IV. SCOPE OF PRACTICE**

The practice of alcohol and drug counselling consists of the activities listed below. The practice of these activities will conform to the individual's level of training, education and supervised experience.

1. *Clinical Evaluation of Drug and Alcohol Issues*
  - 1.1. *Screening of alcohol and drug problems*
  - 1.2. *Assessment of alcohol and drug problems*
  - 1.3. *Diagnosis*
2. *Treatment Planning*
  - 2.1. *Case Management*
    - 2.1.1. *Implementing the Treatment Plan*
    - 2.1.2. *Consulting*
    - 2.1.3. *Continuing Assessment and Treatment Planning*
    - 2.1.4. *Referral*
    - 2.1.5. *Client Advocacy*
3. *Counselling*
  - 3.1. *Individual Counselling*
  - 3.2. *Group Counselling*
  - 3.3. *Family Counselling*
4. *Education and Prevention*
  - 4.1. *Client*
  - 4.2. *Family*
  - 4.3. *Community*
5. *Documentation*
6. *Professional and Ethical Standards*

# **Professional Conduct Review**

In June 1995, the Board of Directors of the Canadian Addiction Counsellors Certification Federation approved a review of procedures related to responding to complaints of unprofessional conduct by C.A.C.C.F. certified counsellors or I.C.A.D.C. applicants received by the Federation. These procedures were satisfied by the membership in April 1996.

It is the goal of the Canadian Addiction Counsellors Certification Federation to protect the safety of clients and the rights of addictions counsellors by promoting sound counselling practice and preventing undesirable practice. C.A.C.C.F. does this by developing and promoting standards for addiction counselling practice that clearly outline expectations of addictions professionals by clients, employers, colleagues, and funding bodies. In addition, workshops on standards and other addiction specific topics, as well as one to one consultation to help individuals with practice dilemmas, will also contribute to the promotion of sound practice goals.

The revised Professional Conduct Review (PCR) process offers brief, clear guidelines and includes options as alternatives to a formal inquiry. The revised process also includes an education plan to inform counsellors, employers, institutions, agencies, and funding bodies how the process works. The process is intended to preserve the integrity of the C.A.C.C.F. certification process. The process is intended as an intervention of last resort. Complaints which are frivolous or malicious in nature are detrimental to the notion of professionalism in the addictions field and will be treated accordingly. This means that individual complainants will be encouraged to resolve the situation through a process of mediation with the counsellor or, where applicable, the counsellor's supervisor or employer, with or without legal advice provided by the complainant's legal counsel. The problem may also be referred to an addictions professional consultant whose fees are the responsibility of the complainant. Other actions, i.e., further education or training, may also be identified to deal with the problem.

## **I. MAKING A COMPLAINT**

When C.A.C.C.F. is first contacted regarding a complaint about a certified counsellor, the complainant will be encouraged to resolve the problem through the mediation process described above in paragraph three (3). If the problem cannot be resolved informally, it may be necessary to initiate a formal review.

## **II. BASIS OF COMPLAINTS**

Any complaint brought against C.A.C.C.F. certified counsellor must be based on a breach of one or more of the components of the C.A.C.C.F. Canon of Ethical Principles.

## **III. FILING A COMPLAINT**

- 1) The individual complainant shall file a complaint in writing, addressed to the Executive Director. Verbal complaints unaccompanied by the appropriate written information will not be accepted.
- 2) The complainant must specify the exact nature of the complaint.
- 3) The complainant must indicate which of, in view of the complainant, the twelve components of the Code of Ethics are involved.
- 4) Each written complaint must outline the efforts undertaken, if any, by the complainant to resolve the situation prior to filing the complaint.
- 5) The written statement must include information and facts to substantiate the complaint.
- 6) The complaint must be verifiable: the name and address of witnesses should be included. Third party statements of individuals who have *not* witnessed an incident will *not* be accepted. Supporting information or supporting documents should be attached. This information becomes part of the record and may be used in the professional review process.
- 7) Complaints must be signed by the complainant and include his/her name, address, and phone number. Complaints may not be made anonymously.
- 8) Complainants should understand that the counsellor will be provided with a copy of the complaint.

## **IV. PROCESS AND FILE COMPLAINT**

### **1) Proper Filing**

Once the C.A.C.C.F. office receives a written complaint, the Executive Director will decide if it has been filed in the proper format within fourteen (14) working days.

If a complaint has not been filed in the proper format, it shall be returned to the complainant with an explanation of why the complaint was not accepted and shall include recommendations to assist the complainant to comply with the PCR guidelines. Delays can be avoided by consulting with the C.A.C.C.F. Executive Director before submitting a complaint.

If the complaint has been filed in the proper form, the Executive Director will forward it to the respondent and all members of the PCR Committee within seven (7) days of the receipt of the complaint. The notice to the respondent should inform the respondent that the complaint was received, that the PCR Committee is reviewing it on a preliminary basis; that no action will be taken against the respondent without the respondent having the right to respond. The notice should also advise the counsellor to seek legal advice.

## **2) Preliminary Review**

The PCR Committee will acknowledge receipt of the complaint to the complainant and shall meet within sixty (60) days of the receipt of the complaint, to determine if the complaint should be investigated. Please note: No investigation will take place if all appropriate avenues, if there are any, for informal resolution have not been explored. If the problem cannot be resolved informally, the PCR Committee may decide that a formal review is necessary.

## **3) Preliminary Investigation**

The certified addictions counsellor or I.C.A.D.C. applicant who is the subject of the complaint (the respondent) will be notified *immediately in writing* that an investigation is about to take place.

The respondent will be asked to provide a written statement to the PCR Committee in response to the complaint. This response will be due writing thirty (30) days of receipt of notification of the complaint.

Upon receipt of this written statement, the PCR Committee shall meet within sixty (60) days of receipt of the written response to determine if the complaint merits further investigation or dismissal.

The complainant and respondent will be notified of the scheduling of the PCR Committee to discuss the complaint and will be sent the minutes of this meeting. However, the parties' right to be present will not apply to this phase.

The Committee will notify the complainant and the respondent whether the complaint has been found to have merit or has been dismissed. This will happen within ten (10) days of the PCR Committee's decision. If the complaint is found to have merit, then an investigation will take place.

In the written statement, the respondent may choose not to contest the complaint and may waive the right to a hearing. In such an instance, the Committee will recommend a course of action and forward the case to the Certification Committee for action within thirty (30) days of receipt of this statement.

#### **4) Further Investigation**

A certified addiction professional appointed by the PCR Committee, and approved by the Board of Directors, conducts the investigation. Relevant information about the counsellor's conduct is collected from various sources; client and agency records, employer, co-workers, clients or clients' families. A written summary of conduct concerns is prepared by the investigator and provided to the counsellor so that as the respondent, he/she may prepare a reply. Again, the counsellor/respondent should be advised to seek legal advice. The PCR Committee will review the results of the investigation and determine whether the complaint is without merit and should be dismissed or whether a hearing is to be held.

If the complaint has been investigated as described above, the PCR will notify both the complainant and the respondent of the scheduling of a hearing to review the complaint. This hearing will be held within ninety (90) days of the receipt of the respondent's written statement to the PCR Committee. If no written response is received and/r if the respondent refuses to cooperate with the PCR Committee, a decision will be made based on the available data.

If it is decided that a hearing is not necessary, a letter of guidance may be sent to the counsellor in question, or no further action may be taken. The counsellor/respondent also has the option of requesting a “diversion” acknowledging the conduct or illness that has given rise to the complaint and agreeing to seek help. If a diversion agreement is reached between the counsellor and the Chair of the PCR Committee, no hearing is to be held.

## **V. THE HEARING**

Hearings shall take place before a panel of three members of the PCR Committee. The hearing shall be convened at a time and place most convenient to the respondent, complainant, and the PCR Committee. The complainant and the respondent shall be notified in writing of the date, time, and location of the hearing. The complainant and the respondent shall also be notified of their rights in relationship to the hearing. These rights include;

- 1) *The right to be present and to present evidence;*
- 2) *The right to have witnesses present;*
- 3) *The right to cross examine;*
- 4) *The right to be represented by counsel at his/her own expense;*
- 5) *The right to record the proceedings at requester’s expense;*
- 6) *The opportunity to request a postponement or rescheduling of the hearing;*
- 7) *The right to be notified of the outcome of the hearing process and to be notified of the disposition of the complaint*

Parties may request that a record (audio and/or transcript) be taken of the hearing. The party making the request must bear the expense of having that record taken.

All written materials related to the complaint shall be maintained in the C.A.C.C.F. office for a minimum of three (3) years.

If the complainant fails to appear or to participate in the hearing, the complaint may be dismissed.

The PCR Committee may invite additional parties to the hearing. These persons should be restricted to those who have first hand knowledge of the situations that led to the complaint.

The PCR Committee reserves the right to interview other persons with reference to the complaint. The PCR Committee shall notify the complainant and the respondent at the hearing of who has been contacted and consulted with reference to the investigation of the complaint.

The PCR Committee shall not be bound by common law or statutory rules of evidence.

## **VI. DECISIONS**

Within thirty (30) days of the hearing, the PCR Committee shall forward a copy of their report to each of the complainant, respondent and Chair of the Certification Committee. The report shall include the following:

- 1) A summary of the complaint and the related evidence presented by the complainant and the respondent;
- 2) An outline of the review process followed by the PCR Committee including relevant dates;
- 3) The rationale for the decision;
- 4) PCR Committee recommendation:
  - i) Dismissal of the complaint(s);
  - ii) Suspension of certification including specification of, if, and when reapplication would be considered;
  - iii) A reprimand;
  - iv) Revocation of certification;
  - v) Such further and other disposition as the PCR Committee determines is reasonable in the circumstances.

The PCR Committee may recommend remedial actions (i.e., documented supervision, specific education/training, counselling for personal problems).

Any member of the PCR Committee may submit a written minority report to the Certification Committee.

The Certification Committee shall review the reports and recommendations of the PCR at the next scheduled meeting. The respondent, complainant and members of the PCR Committee may attend this meeting.

The Certification Committee shall, within ten (10) days of the meeting, issue their disposition of the complaint. The Committee may take one of the following actions:

- 1) Dismiss the complaint;
- 2) Suspension of the respondent's certification, including specification, if and when reapplication will be considered.
- 3) Issue a reprimand;
- 4) Revoke certification;
- 5) Return the report to the PCR Committee for further consideration with the specific directives and recommend remedial action:
  - a) documented supervision;
  - b) documented supervision with a certified Supervisor/Counsellor;
  - c) specific education/training
  - d) personal counselling for a specified period of time.

The complainant and the respondent will be notified by registered mail of committee decisions within thirty (30) days of the Certification Committee meeting.

## **VII. APPEALS**

The respondent whose certification is suspended or revoked, or who has been reprimanded by the Certification Committee, may appeal the decision to the Board of Directors according to the "Appeals Process" as outlined below. The respondent must file an appeal within thirty (30) days of the notification of the Certification Committee decision. An individual shall be considered notified three (3) days after the mailing of the document.

The Board of Directors, with the Board of Examiners, after conducting a second hearing conducted in the manner contemplated in Section 5 of this document, may take any of the following actions:

- 1) Uphold the decision of the Certification Committee.
- 2) Affirm the Certification Committee's procedures as valid.
- 3) Rule the Certification Committee's decision not valid based on improper or untimely procedures.

## **VIII. FOLLOW UP**

- 1) An addictions counsellor whose membership is suspended or revoked or has conditions imposed or has undertaken a diversion agreement is monitored in accordance with the Committee decision or agreement. REINSTATEMENT: Counsellors who resign with prejudice or have their membership revoked may apply to the C.A.C.C.F. Board of Directors after two (2) years.
  
- 2) Publishing Decisions: The PCR education plan includes, subject to obtaining the prior approval of the Board of Directors, publishing abridged versions of the decisions and reasons of the PCR Committee decisions and reasons in order to understand the PCR process and what is meant by unacceptable professional conduct in the field of addiction.

## **IX. DEFINITIONS**

### **1) Suspension**

A suspension shall involve no less than sixty (60) days and no more than one hundred eighty (180) calendar days, the dates to be specifically designated by the PCR Committee.

The PCR Committee may, at its discretion, stipulate the specific conditions to be met prior to removal of the suspension. The PCR shall be responsible for documenting that these conditions have been met. In all cases, the PCR Committee shall review all suspensions at least twenty (20) days prior to the end of the suspension period. In the event that the counsellor's certification expires during the suspension period, the counsellor may submit his/her certification renewal at the end of his/her suspension period, will full fees and continuing education documentation.

### **2) Revocation**

Revocation shall be for a period of not less than twenty-four (24) months. The PCR Committee may stipulate that specific conditions be met prior to the individual making reapplication for certification.

The individual, having had his/her certification revoked, may after a minimum of twenty-four (24) months reapply for certification. The Certification Committee action on the reapplication shall be contingent upon the conviction that the situation, which caused the revocation of the certification, has been corrected.

## **X. PROFESSIONAL CONDUCT REVIEW**

### **1) Appointments to the PCR Committee**

The Board of Directors of the Canadian Addiction Counsellors Certification Federation shall appoint certified counsellors to serve as members of the PCR Committee. No members of the Board of Directors or other Certification members may be appointed to this Committee. In making these appointments, the Board will make good efforts to ensure a representative membership on this Committee: certification classification, type of treatment setting, and other demographic factors, including geographic locations.

When a complaint has been filed against a certified counsellor or an applicant for certification, the Chairperson of the PCR Committee shall notify members of the Committee. The Chair will preside over this Committee and the President of C.A.C.C.F. shall serve as ex-officio member ensuring accurate minutes of the proceedings. The Board of Directors, using procedures outlined in the C.A.C.C.F. by-laws, may replace members of the PCR Committee.

The Board of Directors shall adopt rules to govern the operation and activities of the PCR Committee. These rules will include provisions for travel and reimbursements for expenses incurred for committee business. Reimbursements will be in accordance with the general rules established by the Board of Directors of C.A.C.C.F.

### **2) Authority**

The PCR Committee will have the authority to:

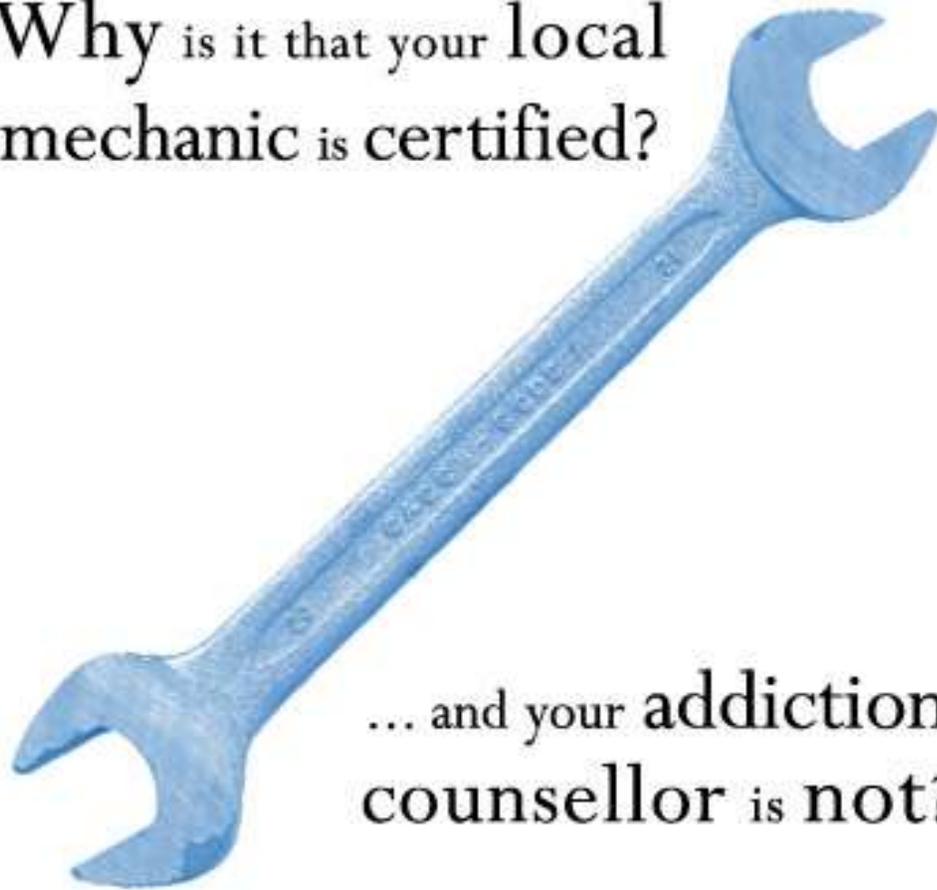
- i) Investigate a complaint, mediating when possible;
- ii) Determine the validity of the complaint;
- iii) Dismiss invalid complaints;
- iv) Conduct a hearing on complaints which appear to have merit;
- v) Recommend a disposition for a valid complaint to the Certification Committee.

### 3) Protocol

The PCR Committee will operate within the following parameters:

- i) The PCR Committee has access to the relevant counsellor files at the C.A.C.C.F. office. The respondent and complainant will be notified why the PCR Committee has consulted such files.
- ii) The PCR Committee will meet or act with the presence of quorum: three (3) voting members.
- iii) The PCR Committee may meet up to and including notification of respondent, in person or by teleconference, as determined by the Chair in consultation with the President and Executive Director of C.A.C.C.F.
- iv) Subject to publication of decisions and reasons in the C.A.C.C.F. newsletter, all information and communication pertaining to the disciplinary review process shall be held confidential by C.A.C.C.F. Board members, Certification Committee members, PCR Committee members, and C.A.C.C.F. staff members.
- v) The PCR Committee may not meet nor take action without the presence of the Chair or his/her designate.
- vi) All written materials related to the complaint shall be maintained in the C.A.C.C.F. office.
- vii) The PCR committee may request a continuance on the established time frames from the Certification Committee. The PCR Committee may grant reasonable continuances to the complainant and/or respondent.
- viii) In the event the complainant withdraws the complaint, the PCR Committee reserves the right to proceed and consider the circumstances on behalf of the interest of the addictions profession.

Why is it that your local  
mechanic is certified?



... and your addiction  
counsellor is not?

Reach for higher standards  
in the addictions field.

Become a certified addiction counsellor.



**CANADIAN ADDICTION COUNSELLORS  
CERTIFICATION FEDERATION**

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