

# **INDIGENOUS CERTIFICATION BOARD OF CANADA**



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## **APPLICATION PACKAGE FOR THE CERTIFICATION OF CERTIFIED INDIGENOUS ADDICTIONS SPECIALISTS - Level IV Specialization in Concurrent Disorders (COD)**

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**2020**

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Level IV – Specialization in Concurrent Disorders (COD)**

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To complete your application, you will also have to provide other documents. A complete checklist of all the forms and documents you need to send is included on page 4.

## Instructions for completing this Application Package

Congratulations on taking this step to becoming a Certified Indigenous Addictions Specialist with a specialization in concurrent disorders (CIAS IV-COD). This package contains all the forms you need to apply for certification.

Now that you have downloaded this application package, you are responsible for:

1. completing your sections and gathering all the required supporting documents,
2. ensuring that your references, supervisor, employers complete their parts, and
3. sending the entire package, including the \$250 application fee to the ICBOC office. There is a checklist page 4 to help you. All material must arrive in our office in one envelope.

## PLEASE KEEP A PHOTO COPY OF THE COMPLETED APPLICATION PACKAGE FOR YOUR FILES

### IMPORTANT

Complete details on Level IV are available in the **Certification Standards and Procedures Manual - level IV indigenous specialists (mental Health, wellness and addiction fields)** on each level IV page at [www.icboc.ca](http://www.icboc.ca)

If you are already certified with ICBOC as a Certified Indigenous Addictions Specialist at level III, ICBOC will review your entire file and any training you have already acquired on the required topics related to Addictions, Mental Health and Concurrent Disorders (COD) will be taken in consideration.

If you are not already certified with ICBOC as a Certified Indigenous Addictions Specialist at level III, you must first complete the application package for that certification, available on our website.

In certain circumstances, for example if you are an ICBOC-registered and approved trainer or an instructor in a college or university delivering education/training on Concurrent Disorders, your level IV application will be verified to ensure you do meet the standards and requirements for the CIAS III certification. If you not meet these standards and requirements, you will be contacted.

Some of the forms in each application package are the same. **Whether you are already certified with ICBOC or not, please contact the ICBOC Registrar to obtain the list of the forms you will not need to replicate.**

If your supervisor, referees or employer wish to keep their references confidential (*including the supervisor's evaluation*), please **provide each of them with an envelope (none are included in the application package)** with the information printed on the front:

**Name of applicant**

**Supervisor Evaluation or Letter of Reference**

Your application materials will first be received, logged, dated and filed by our Administrative Coordinator. Your application file will be passed on to our Registrar for review **only when the complete package** with the cheque or money order (payable to the Indigenous Certification Board of Canada or ICBOC) has been received. Be sure to include your return address on the outside of the envelope containing your application package.

**Reminder:** If you change your address, telephone or email, please do not forget to inform us.

If you have any questions regarding the application package, educational requirements, or about ICBOC please call us at: 604-874-7425 or toll free 1-877-974-7425 or via email at [admin@icboc.ca](mailto:admin@icboc.ca) or [registrar@icboc.ca](mailto:registrar@icboc.ca)

We look forward to receive your application package and to assist you in any way that we can.

*The Board and Staff of ICBOC*

## Check List

You are responsible for submitting **ALL** the following forms to the Registrar at the address noted on page 27. Please visit our website for other information and documents related to this certification ([www.icboc.ca](http://www.icboc.ca)).

<input type="checkbox"/>	Personal Information Form
<input type="checkbox"/>	Assurances Form
<input type="checkbox"/>	Employment History Form
<input type="checkbox"/>	Verification of Work Experience Form – Employment and/or Volunteering
<input type="checkbox"/>	Educational Qualifications Form (only if you have gained new qualifications since your level III certification)
<input type="checkbox"/>	Copy of Transcripts/College or University Certificates (if not already submitted with level III certification)
<input type="checkbox"/>	Copy of all your Training Certificates
<input type="checkbox"/>	Declaration concerning verification of training
<input type="checkbox"/>	Copy of your Research or your position paper OR
<input type="checkbox"/>	Copy of your workshop or your Training Course
<input type="checkbox"/>	Copy of the required participants' evaluation if the document is a workshop or a course
<input type="checkbox"/>	Letter of Declaration regarding genuine authorship
<input type="checkbox"/>	Copy of your case study/intervention narrative
<input type="checkbox"/>	Supervisor's Evaluation Form
<input type="checkbox"/>	Supervisor's Reference
<input type="checkbox"/>	Personal Reference
<input type="checkbox"/>	Witness Letter of Reference – Workshop or course
<input type="checkbox"/>	Employer's letter of Declaration regarding Applicants' criminal record Checks
<input type="checkbox"/>	Current comprehensive Job Description
<input type="checkbox"/>	Completed and signed Personal Wellness Plan
<input type="checkbox"/>	Dated and signed ICBOC Code of Ethics
<input type="checkbox"/>	\$250.00 cheque, or money order, payable to: Indigenous Certification Board of Canada or ICBOC

All of the required forms and documents must be received by ICBOC as **one complete package**.  
**Photocopies of certificates are accepted. Please keep the originals in your personal files.**

If you require more information or assistance, please contact the ICBOC office at 604-874-7425  
Toll Free 1-877-974-7425 or by email at [registrar@icboc.ca](mailto:registrar@icboc.ca) or [admin@icboc.ca](mailto:admin@icboc.ca)

## Personal Information

**Very important:** Please ensure that your contact information can be clearly read to avoid errors when we wish to contact you by mail, email or phone. An email address makes communication easier.

APPLICANT'S FULL NAME \_\_\_\_\_  
First Middle Last

ALSO KNOWN AS \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_  
Street

Town/city \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

HOME PHONE (\_\_\_\_) \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_

CURRENT EMPLOYER \_\_\_\_\_

BUSINESS ADDRESS \_\_\_\_\_  
Street

Town/city \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

BUSINESS PHONE (\_\_\_\_) \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_

CURRENT POSITION \_\_\_\_\_

I am already certified with ICBOC as an Indigenous Specialist at level III			Yes		No	
Certificate No.		Expiry date of your ICBOC last certification				
This is my first certification application with ICBOC and I am submitting the application for level III in addition to this application *			Yes		No	
I am an ICBOC-registered trainer offering training on concurrent disorders			Yes		No	
I am Instructor in an academic institution and teach on concurrent disorders			Yes		No	
<b>If so, please indicate on page 7</b>						

FIRST NATION AFFILIATION/ORGANIZATION \_\_\_\_\_

**Please check your preferred contact location**

HOME ☐ OFFICE ☐

## Assurances Form

I certify that I voluntarily make this application, and freely submit myself to the evaluation of the Indigenous Certification Board of Canada. I will accept the decision of the ICBOC and do accept full responsibility for any and all consequences of the process of seeking certification.

As a certified Indigenous specialist enrolled with ICBOC, I agree to abide by and uphold the policies, procedures, code of ethics and decisions of the Board and its officers. This “Code of Ethics” defines responsibilities to oneself, family, colleagues, clients, the public and Nations.

I certify that I have no history of alcohol or other substance misuse for a minimum period of three (3) years immediately prior to making this application.

To the best of my knowledge, the information contained herein is true and correct.

I authorize members or representatives of the ICBOC to contact and obtain information from any references, employers or educational institution(s) deemed necessary in the evaluation of this application.

I waive my right to inspect the results of any such inquiries made to references, employers, or educational institutions. I waive my right to inspect any letters of endorsement or personal reference. I waive my right to inspect the record of deliberations of the Board in considering this application.

DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_

PRINT NAME: \_\_\_\_\_

APPLICANT'S NAME \_\_\_\_\_

DATE \_\_\_\_\_

## Employment History

Please list full-time, paid positions, beginning with your current position and going back consecutively for at least **five positions and/or five years**.

1. EMPLOYER \_\_\_\_\_ SUPERVISOR \_\_\_\_\_

POSITION TITLE \_\_\_\_\_ DATES: from \_\_\_\_\_ to \_\_\_\_\_  
month/day/year

MAJOR DUTIES \_\_\_\_\_

\_\_\_\_\_

2. EMPLOYER \_\_\_\_\_ SUPERVISOR \_\_\_\_\_

POSITION TITLE \_\_\_\_\_ DATES: from \_\_\_\_\_ to \_\_\_\_\_  
month/day/year

MAJOR DUTIES \_\_\_\_\_

\_\_\_\_\_

3. EMPLOYER \_\_\_\_\_ SUPERVISOR \_\_\_\_\_

POSITION TITLE \_\_\_\_\_ DATES: from \_\_\_\_\_ to \_\_\_\_\_  
month/day/year

MAJOR DUTIES \_\_\_\_\_

\_\_\_\_\_

4. EMPLOYER \_\_\_\_\_ SUPERVISOR \_\_\_\_\_

POSITION TITLE \_\_\_\_\_ DATES: from \_\_\_\_\_ to \_\_\_\_\_  
month/day/year

MAJOR DUTIES \_\_\_\_\_

\_\_\_\_\_

5. EMPLOYER \_\_\_\_\_ SUPERVISOR \_\_\_\_\_

POSITION TITLE \_\_\_\_\_ DATES: from \_\_\_\_\_ to \_\_\_\_\_  
month/day/year

MAJOR DUTIES \_\_\_\_\_

\_\_\_\_\_

APPLICANT'S NAME \_\_\_\_\_

DATE \_\_\_\_\_

## VERIFICATION OF WORK EXPERIENCE – EMPLOYMENT AND/OR VOLUNTEERING

**Dear Applicant:** Photocopy this form to give to your employer so he/she can complete it. If you have done some volunteer work **with clients with concurrent disorders (COD)**, give it also to the person or persons who supervised you as a volunteer.

### Dear employer/supervisor of permanent employee or volunteer

You are requested to verify the employment or volunteer work of the applicant whose name appears at the top of this page, who is applying for certification as a Certified Indigenous Specialist at level IV with a specialization in concurrent disorders (COD).

Applicants for this certification must have employment utilizing knowledge and skills in concurrent disorders (COD). Please return the completed and signed form to the applicant. If you prefer, you can return it in a sealed envelope. The applicant needs to submit this form with the rest of his/her application so it can be processed without delay.

**This applicant must have completed a minimum of 350 hours (equivalent to 10 weeks) of direct work with clients with concurrent disorders (COD) and their families (either as part of an applicant's current work responsibilities or through volunteer work)**

Please indicate whether this applicant has completed **350 hours of direct work** with clients with concurrent disorders (COD) and their families in the context of his/her current work responsibilities or through volunteer work (*please check appropriate box*)

Current employment ☐ Volunteer work ☐ Number of hours as a volunteer \_\_\_\_\_

Name of organization \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_  
City Province/Territory Postal Code

Name of Employer/Supervisor (print) \_\_\_\_\_

Applicant Job/volunteer title \_\_\_\_\_

Employed/ volunteered from \_\_\_\_\_ To \_\_\_\_\_  
month/day/year month/day/year

Major Duties \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature of Supervisor \_\_\_\_\_ Date \_\_\_\_\_



## Educational Qualifications

In the space below please provide information on your educational background. \*Please note that there are provincial differences in the Canadian Education System at secondary and post-secondary levels. Please provide the name of your provincial academic credential.

**Note: If you are already certified as an Indigenous specialist at level III, fill this form only if you have acquired new qualifications since you obtained your level III certification.**

### A. Secondary Education: (check appropriate box)

☐ High School Diploma      ☐ GED      ☐ Other\* \_\_\_\_\_  
(please specify)

### B. Post-Secondary Education:

Have you pursued a post-secondary education program? Yes ☐ No ☐

If the answer is yes, please provide details for each post-secondary program:

1. **Name of University/College:** \_\_\_\_\_

(Check appropriate box)      ☐ Degree      ☐ Diploma      ☐ Certificate      ☐ Other\*

Name of degree, diploma, certificate or other\* \_\_\_\_\_

Year degree, diploma, certificate received \_\_\_\_\_

2. **Name of University/College:** \_\_\_\_\_

(Check appropriate box)      ☐ Degree      ☐ Diploma      ☐ Certificate      ☐ Other\*

Name of degree, diploma, certificate or other\* \_\_\_\_\_

Year degree, diploma, certificate received \_\_\_\_\_

3. **Name of University/College:** \_\_\_\_\_

(Check appropriate box)      ☐ Degree      ☐ Diploma      ☐ Certificate      ☐ Other\*

Name of degree, diploma, certificate or other\* \_\_\_\_\_

Year degree, diploma, certificate received \_\_\_\_\_

## Declaration concerning the verification of training

As an indigenous, culture-based certifying body, ICBOC recognizes that, for various reasons, it is sometimes difficult to attend training outside the community. We believe that knowledge and skills can also be acquired through other means. Please use this form to document the hours of training acquired in the alternative ways listed below, ensuring it is completed as required by a person qualified to sign it (employer, Elder, executive director, supervisor, training coordinator, human resources manager, or any other person responsible for staff training and who can be contacted). Use **ONE** form per situation and signatory- Do not document multiple situational learnings on one form.

### Acceptable situations:

- **Participation in cultural, traditional activities, ceremonies in the context of your healing work with clients.**  
A maximum of 26 hours spent in such activities will be accepted. In the case of your certification renewal, this could represent over half of the 40 hours required.
- **Cultural teachings or advice you received from an Elder at your place of employment, during the course of your work schedule.**
- **Training you have yourself delivered to your colleagues, your clients or the public.** In this case, please also submit both a copy of the training session description, including the title, learning objectives, content description and agenda.

Please ensure that the person who must complete and sign this form uses his/her own form to document the hours he/she vouches you completed. Each form should bear the name and signature of the qualified person who can vouch for the hours you accumulated in **one of the acceptable training situation** listed. Forms documenting hours acquired in more than one acceptable format or not completed and signed by the qualified person will not be considered.

Date of this declaration			Applicant's name		
Name of the employing organization/agency					
Name of the person qualified to sign this declaration					
Job Title of the person signing this declaration					
Telephone			Email		
List of Training provided in-house and attended by this applicant					
Date of training	Title of the training session				Hours
<b>Note:</b> If you need more space to list the training that the applicant has attended/completed, please photocopy this page. <b>Please ensure that this section of the declaration is completed.</b>					
<b>DECLARATION</b>					
<p>I, the undersigned, affirm that I am the person qualified to provide this letter of declaration and that I have verified the training received by the above-named applicant. I declare that the information provided in this letter is correct and truthful.</p> <p>Signature of qualified person _____</p> <p>Date _____</p> <p style="text-align: center;">Year                      Month                      Day</p>					

## Applicant's Declaration of Authorship

Applicants are required to submit **two** documents to support their expertise in the specialization subject concurrent disorders (COD). This can be a research paper **or** a position paper **or** a workshop **or** a course, **as well as** a case study/intervention narrative.

ICBOC expect personal and professional integrity. Applicant must provide assurances, through this Declaration of Authorship that the research and authorship of the entire documents submitted to ICBOC are genuine and contains no plagiarism. ICBOC defines plagiarism as passing off the work of others as one's own.

### DECLARATION OF AUTHORSHIP

Name of applicant \_\_\_\_\_

This Declaration of Authorship covers the following documents (*please check appropriate boxes*)

Research paper ☐ Position paper ☐ Workshop ☐ Course ☐

Case Study / Intervention narrative ☐

Title of document one \_\_\_\_\_

Title of document two \_\_\_\_\_

I, \_\_\_\_\_ certify that the above titled document is all my own work and contains no plagiarism. I agree to the following requirements:

Any text, diagram or other material copied from other sources, (including, but not limited to, material such as books, journals, scholarly articles, manuals, guides whether published in printed form or posted on the internet) have been clearly acknowledged and referenced as such in the text by the use of "quotation marks" (or in *italics for longer quotations*), followed by the author's name and date documented either in the text or in a footnote/endnote. These details must then be confirmed by a fuller reference in the form of a bibliography.

I understand that only documents which are my genuine work and which are free of plagiarism will be accepted, that failure to do so will result in the cancellation of the entire application.

Signature of applicant \_\_\_\_\_

## Supervisor's Evaluation Form (page 12 to 19)

**Note to applicant:** if the person you are asking to complete this form **has not been your supervisor for at least six (6) months**, please copy this form and request that **your former supervisor complete the evaluation**.

**NAME OF APPLICANT** \_\_\_\_\_

### Dear employer/supervisor:

You are requested to verify the knowledge and skills of the applicant whose name appears above and who is applying for certification as a **Certified Indigenous Addictions Specialist at Level IV – Specialization in concurrent disorders** from the Indigenous Certification Board of Canada. **Please return the completed and signed form to the applicant, or, if you prefer, return it to the applicant in a sealed envelope.** The applicant needs to submit this form with the rest of his/her application so it can be processed without delay.

LENGTH OF TIME YOU HAVE SUPERVISED THE APPLICANT: \_\_\_\_\_ (must be at least six months)

Please place a cross (x) in the box that most accurately reflects the applicant's knowledge or skill for each of the statements  
**Scoring key: 1=Need more training /experience 2=Adequate 3=Good 4=Excellent**

CORE KNOWLEDGE				
<b>1. Addictions specific knowledge</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
Knowledge of the physiological effects of alcohol and drug addiction on the human body				
Knowledge of the psychological effects of alcohol and drug addictions				
Techniques and tool for the screening, assessment and diagnosis of addictions				
Familiarity with Honouring Our Strengths: A Renewed Framework to Address Substance Use Issues Among Indigenous People in Canada				
Knowledge of Indigenous and non indigenous perspectives, concepts and approaches related to healing and recovery from addictions				
<b>2. Mental health specific knowledge</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
Knowledge of the DSM-5 categories of mental disorders, description/description				
Knowledge of the prevalence, and systemic issues related to mental health				
Knowledge of the techniques and tools for the screening, assessment and diagnosis of concurrent disorders				
Knowledge of Indigenous mental health and wellness concepts and approaches				
Knowledge of the impact of mental health disorders on the individual, family community and society				
<b>3. General knowledge in concurrent disorders</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
Knowledge of the terminology related to concurrent disorders, treatment and programs				
Ability to define concurrent disorders				
Understand the structure & application of DSM for clinical diagnosis of mental illness and addiction.				
Knowledge of the interactions between substance use and mental health				
Knowledge of the prevalence of concurrent disorders and their impacts at individual, family, community and society's level				
<b>SCORES</b>				
<b>TOTAL THIS PAGE</b>				

<b>4. Specific knowledge in concurrent disorders</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
Ability to describe mental and addiction disorders from a practical and clinical viewpoint.				
Knowledge and ability to describe a range of specific concurrent disorders, as related to acuity and severity of the two disorders, their prevalence and differential diagnosis				
Knowledge of theories and models related to the treatment of concurrent disorders				
Knowledge of screening, assessment techniques & tools for concurrent disorders				
Knowledge & ability to apply strategies, tools and techniques, including those relevant to engagement, crisis stabilization, short & longer term care, related to concurrent disorders				
<b>5. Concurrent disorders in specific settings and population</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
<b>Knowledge of key issues and concerns in working with specific clients with concurrent disorders</b>				
Youth				
Women				
Seniors				
The incarcerated				
<b>Knowledge of screening, assessment and treatment adapted to the need of specific concurrent disorders clients</b>				
Youth				
Women				
Seniors				
The incarcerated				
<b>Knowledge of specific cultural approaches in the healing and recovery of specific clients with concurrent disorders</b>				
Youth				
Women				
Seniors				
The incarcerated				
<b>6. Cultural approaches to mental wellness and self care</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
Knowledge of the Indigenous Mental Wellness Continuum (FNMWC)				
Ability to develop and implement a self-care plan				
Ability recognize own professional limits and to seek advice and support to maintain own wellness				
Ability to balance personal and professional life				
Knowledge of different techniques to enhance clients mental wellness and well being				
<b>SCORES</b>				
<b>TOTAL THIS PAGE</b>				

COMPETENCIES RELATED TO CONCURRENT DISORDERS				
1. Communication knowledge and Skills	1	2	3	4
Ability to establish trusting & collaborative interpersonal relationships with concurrent disorders clients and their families, using a range of communication approaches				
Knowledge of clients' verbal behaviours associated with different concurrent disorders and ability to communicate in a culturally effective across this range of verbal behaviours				
Ability to use appropriate communication techniques with clients with concurrent disorders (Reflection, Summarizing, Interpretation, Confrontation, Self disclosure etc...)				
Ability to apply culturally and linguistically responsive communication styles and practices with the family of clients with concurrent disorders (COD)				
2. Screening and Assessment	1	2	3	4
Understands the complexity of conducting reliable and valid assessments of co-occurring disorders because of psychiatric symptom/substance abuse interactions				
Ability to administer, score and interpret standardized, valid and reliable screening instruments for both substance use and mental disorders				
Knowledge of the threats to accurate screening, diagnosis, and clinical assessment in COD, and the strategies for improving accuracy				
Understands the need for continuous reassessments due to the changing nature of the symptoms presented by concurrent disorders over time				
Knowledge of and skill in assessing clients stage of change and stage of treatment for both mental health and substance use disorders, using a recognized instrument or protocol				
Knowledge of the interaction between trauma symptoms and substance abuse and ability to assess for signs and symptoms				
3. Treatment and Care coordination	1	2	3	4
Understanding of western and indigenous current and best practice approaches to treating and supporting clients with a concurrent disorder				
Ability to define integrated care and to summarize the principles of treatment for integrated treatment of concurrent disorders				
Knowledge of potential barriers to integrated treatment				
Knowledge of the difference between sequential, parallel, and integrated treatment of concurrent disorders				
Ability to understand and describe the purposes of screening, diagnosis, and clinical assessment as it relates to treatment planning				
Knowledge of phased treatment including the phases of recovery, the stages of change, and the stages of treatment for assessment and therapy.				
Ability to use the results of an integrated assessment over time, to develop an integrated treatment plan in collaboration with the client and other providers				
Ability to identify clients' strengths and supports in order to use them in reaching desired outcomes				
Ability to use a client's clinical history to develop a plan for treatment				
Ability to regularly monitor client's treatment progress and to document this progress with a detailed, systematic in-depth focus on both disorders and their interaction				
Ability to suggests intervention strategies compatible with each stage of change and stage of treatment for each disorder				
<b>SCORES</b>				
<b>TOTAL THIS PAGE</b>				

<b>4. Case Management and discharge planning</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
Knowledge of the case manager role, case management models and approaches in the context of concurrent disorders				
Ability to use an integrated case consultation model to evaluate program's ability to work effectively with clients who do not improve over time or whose symptoms increase				
Ability to integrate a strengths approach that mobilizes clients' abilities into the management of a client's case				
Ability to increase the client's ability to act in his or her own behalf through supporting increased responsibility for the management of his or her recovery				
Knowledge of methods to assess client's progress toward treatment goals				
Knowledge of and ability to apply recovery and relapse prevention strategies to support clients with a concurrent disorders				
Ability to collaborate with a variety of resource providers and create a discharge and recovery plan that insures clients receive needed follow-up services				
Ability to establish and maintain ongoing supportive relationship with clients after discharge to assist during vulnerable times				
<b>5. Counselling</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
Ability to identify the importance of self-awareness and values for working with clients with concurrent disorders				
Ability to establish trust and build a genuine, warm, respectful relationship with clients, using empathic listening & responding, genuine affirmation, acknowledgement of client strengths, and instillation of hope,				
Ability to select a variety of specialized evidenced based counselling approaches, strategies and techniques consistent with clients' stage of change and stage of treatment				
Knowledge and skills associated in motivational interviewing				
Ability to use intervention approaches that build on strengths rather than focuses on deficits				
Ability to use counselling models, techniques, to educate, elicit feelings, facilitate self-understanding, and motivate the client to wellness				
Skill in assisting clients to actively participate in counselling sessions to develop functional behaviour				
Ability to recognize denial defense behaviors and mechanisms, and to motivate clients to achieve their treatment goals				
Ability to use counselling approaches consistent with the client's stage of change and stage of treatment				
<b>6. Crisis Intervention and management</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
Ability to assess & manage the emotional, intoxication, or withdrawal state of clients in crisis.				
Knowledge of counseling techniques for individuals in crisis in order to ensure safety and promote positive change				
Ability to assess suicide risk and develop a risk management plan				
Knowledge of available resources & supports to assist with crisis management as needed				
Understanding of the policies & procedures governing crisis management within the organization				
Knowledge of community resources & supports to , assist in the management of the crisis				
<b>SCORES</b>				
<b>TOTALS THIS PAGE</b>				

<b>7. Referral and Client support</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
Knowledge of resources (self-help groups, agencies, crisis intervention programs, other professionals, governmental entities, and the community-at-large etc..) to address the needs clients of clients with concurrent disorders and ensure appropriate referrals				
Familiarity with the philosophy and process of self-help groups such as: AA, Al-Anon, Adult Children of Alcoholics, Al-A-Teen, Gamblers Anonymous, and others rehabilitation				
Ability to locate community support sources, their eligibility requirements, treatment philosophies, administrative contact and service procedures				
Ability to interpret the needs of individuals and families affected with concurrent disorders and match them to most appropriate available resources and services				
Understands that family members and other significant client contacts are having needs of their own and is able to provided information and resources to assist them as needed				
Ability to contact and contract with other agencies, persons or groups, including those with different treatment philosophies				
<b>8. Education of clients, family and others</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
Ability to summarize and explain the results of the assessment to the client, family and others in terms they can understand				
Ability to use a variety of educational media and tools to educate clients concerning addictions, risks & implications, available prevention, treatment and recovery resources				
Understands the etiology of concurrent disorders & is able to explain the cause, interaction, & exacerbation of symptoms to the client and others in terms they are able to comprehend				
Understands that family and friends are important contributors to the client's recovery and are often in need information on co-occurring disorders and support for themselves				
Ability to clarify dysfunctional behaviour and its repercussions for clients and their family				
Ability in interpreting to clients the referral resource and its function in relationship to the their needs and problems				
Ability to use creative, innovative methods, tools and equipment to present issues and topics related to addictions, mental health, wellness and concurrent disorders to clients, their family and other audiences				
<b>9. Reports and Record Keeping</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
Knowledge of accepted principles of client record management				
Familiarity with the types of reports and records required in the organization for the gathering, analysis and safekeeping of client's information				
Ability to clearly articulate treatment plans in writing, and to have them client's record for review by members of the clinical treatment team				
Ability to record progress of client in relation to treatment goals				
Ability to prepare reports/records complying with regulations and organizational policies				
Capacity to analyze and summarize information				
Knowledge of technologies in use for client records within the program, service or organization				
Ability to protect client rights to privacy and confidentiality in the preparation and handling of records				
<b>SCORES</b>				
<b>TOTAL THIS PAGE</b>				



<b>10. Relationship With Other Professionals</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
Ability to use information about client and client's treatment to identify consultation needs				
Understand terminology, procedures, and roles of other disciplines related to the treatment of substance use disorders				
Ability to describe the roles of various professionals in a multidisciplinary team serving the needs of persons with a concurrent disorder.				
Ability to describe own role and responsibilities in treating and supporting clients with a concurrent disorder				
Ability to describe the role of family and other support networks in helping people with a concurrent disorder				
Ability to develop and maintain a collaborative relationship with competent professionals in order to obtain a formal diagnostic assessment for concurrent disorders				
<b>OTHER COMPETENCIES</b>				
<b>Historico-social knowledge of concurrent disorders</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
Knowledge of past and present attitudes towards mental illness and addiction.				
Ability to challenge inaccurate beliefs and stigma regarding concurrent disorders				
Familiarity with current and future policy and practice orientations for persons with concurrent disorders				
Knowledge and understanding of cultural barriers that may be present in the treatment and support for persons with a co-occurring disorder.				
<b>Psychopharmacological knowledge</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
Ability to describe the various types, uses, and side effects of major classifications of psychotropic and psychotherapeutic medication for addictions and mental disorders				
Ability to describe the impact of inappropriate use or non-compliance use of medication				
Understands the potential interactions between psychiatric medications and drugs of abuse				
Knows when to consult with a professional and readily requests assistance for the client in the prescription, modification and management of medication				
<b>Cultural competencies</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
Knowledge of environmental & sociocultural aspects of concurrent disorders as they relate to Indigenous peoples				
Knowledge and understanding of predominant culture, tribal customs, traditions of clients				
Ability to respect, implement and incorporate Indigenous culture, beliefs, values and traditions in treatment, including separate and combined Sweat Ceremonies, Coming of Age Ceremonies and all other cultural/spiritual ceremonies.				
Ability to support and assist client participation in traditional and cultural aspects of spiritual recovery.				
Understanding of and ability to adapt approaches to a diversity of clients and their social, economic and political realities families,				
Knowledge of family dynamics and interactions, with particular emphasis on the unique differences among Indigenous families and communities.				
Understanding the concept of health and wellbeing from an Aboriginal holistic perspective				
<b>SCORES</b>				
<b>TOTAL THIS PAGE</b>				

<b>Professional Integrity</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
Demonstrates respect and non-judgmental attitudes toward clients, and in all contacts with community professionals and agencies				
Demonstrates and maintains a welcoming attitude toward all persons with concurrent disorders regardless of the severity or acuity of their disorder				
Demonstrates genuine and authentic interest and commitment in supporting clients with concurrent disorders in their recovery process and ability to help themselves				
Ability to know and take care of oneself				
Ability to recognize own professional and personal limitation				
The ability to be a role model with clients and peers				
Maintains confidentiality of all records, materials and communications concerning clients				
Ability to work under supervision or with minimal supervision and to cooperate with other members of personnel				
Demonstrates a consistent, continuous supportive helping relationship throughout the process of recovery regardless of the client's motivation to participate or their tendency to relapse				
<b>SCORES</b>				
<b>TOTAL THIS PAGE</b>				

## **GLOSSARY OF TERMS - Supervisor's Reference**

### **Moral Character**

Consider honesty, maintenance of healthy counselor-client relationships, the ability to determine right from wrong according to generally accepted community standards, and the example set for young people, clients, friends and co-workers

### **Professionalism**

Consider work habits such as adherence to office hours, program policies and record maintenance as well as relationships with co-workers, other agency personnel, clients and community members

### **Community Standing**

Consider community activities other than those involved with the field of alcoholism/drug addiction as well as leadership activities

### **Commitment to helping people affected with concurrent disorders**

State evidence that the applicant considers his/her involvement in the field as more than a "job"

**SUPERVISOR'S REFERENCE - please comment on the following**

**Moral Character** \_\_\_\_\_

\_\_\_\_\_

**Professionalism** \_\_\_\_\_

\_\_\_\_\_

**Community Standing** \_\_\_\_\_

\_\_\_\_\_

**Volunteer Activities** \_\_\_\_\_

\_\_\_\_\_

**Commitment to helping people affected with concurrent disorders** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Other Remarks** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name of Supervisor (please print): \_\_\_\_\_

ADDRESS \_\_\_\_\_

Street

City

Province

Postal code

TELEPHONE ( \_\_\_\_ ) \_\_\_\_\_

Signature: \_\_\_\_\_

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

## Personal Letter of Reference

In support of an application for certification as an Indigenous Addictions Specialist at Level IV with a specialization in CONCURRENT DISORDERS (CD)

NAME OF APPLICANT: \_\_\_\_\_  
To be filled in by applicant

The above-named individual has applied for certification as a **Certified Indigenous Addictions Specialist at level IV, with a specialization in concurrent disorders (COD)** with the Indigenous Certification Board of Canada. To assist the Board in its evaluation of this applicant, the following information is requested. **Please do not provide this information unless you have known the applicant personally for at least three years.** The referee must not be a relative. A glossary of terms has been provided to assist you. **If you wish, you can return the completed letter of reference in a sealed envelope to the applicant.** Failure to provide this reference will jeopardize the timely processing of this application.

LENGTH OF TIME YOU HAVE KNOWN THE APPLICANT: \_\_\_\_\_

RELATIONSHIP TO THE APPLICANT (check appropriate box)

Friend ☐ Co-worker ☐ Supervisor ☐ Non-relative ☐ (Check this box if appropriate)

Please comment on the following characteristics regarding the applicant:

1. Moral Character \_\_\_\_\_

\_\_\_\_\_

2. Professionalism \_\_\_\_\_

\_\_\_\_\_

3. Community Standing \_\_\_\_\_

\_\_\_\_\_

4. Volunteer Activities \_\_\_\_\_

\_\_\_\_\_

## Personal Letter of Reference (second page)

5. Commitment to helping people affected with concurrent disorders \_\_\_\_\_

\_\_\_\_\_

6. Other Remarks \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name of Referee \_\_\_\_\_

Please print

Address \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ PC \_\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_\_

Signature \_\_\_\_\_

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

## GLOSSARY OF TERMS (personal reference)

### Moral Character

Consider honesty, maintenance of healthy counselor-client relationships, the ability to determine right from wrong according to generally accepted community standards, and the example set for young people, clients, friends and co-workers

### Professionalism

Consider work habits such as adherence to office hours, program policies and record maintenance as well as relationships with co-workers, other agency personnel, clients and community members

### Community Standing

Consider community activities other than those involved with the field of alcoholism/drug addiction as well as leadership activities

### Commitment to helping people affected with concurrent disorders

State evidence that the applicant considers his/her involvement in the field as more than a “job”

## Witness - Letter of reference

Name of applicant \_\_\_\_\_

The above-named individual has applied for certification as an **Certified Indigenous Addictions Specialist at level IV with a specialization in concurrent disorders (COD)** with the Indigenous Certification Board of Canada.

As part of this certification application, the above-named applicant must research, develop and deliver a one-day (7 hours) workshop or a course to a live audience (minimum of 8 participants), supported by a reference letter from the person who arranged for the workshop or the course to be delivered and attended it (supervisor, conference organizer, school principal etc...).

**By completing the form below, you will provide the reference needed by this applicant.**

Your name \_\_\_\_\_

Professional title \_\_\_\_\_

Length of time you have known the applicant: \_\_\_\_\_

Relationship to the applicant \_\_\_\_\_

You attended and are providing feedback on: *(please check the appropriate box)*

The workshop the applicant has delivered ☐

The course the applicant has delivered ☐

1. How many participants in total attended the workshop/course?

Please rate the following (check the box corresponding to your answer) 1= poor 2= adequate 3= good and 4= excellent	1	2	3	4
Clarity of the structure and content	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relevance of the content in terms of the participants professional needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Matching between content and stated learning objectives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Number and variety of interactive activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality of material resources provided to the participants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall quality of the candidate's performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Any other comments you wish to share about this training or the candidate				

Signature \_\_\_\_\_ Date \_\_\_\_\_

## Employers<sup>1</sup> Letter of Declaration Regarding Applicants Criminal Record Checks

ICBOC does **not** require criminal record checks as part of our certification process. The responsibility for ensuring that checks are done to protect the safety and welfare of clients rests with the employer. To know more about ICBOC Policy on Criminal Record Checks, please consult our **Certification Standards and Procedures Manual for Indigenous Addictions Specialists Level IV - concurrent disorders (COD) specialization** at [www.ICBOC.ca](http://www.ICBOC.ca).

### LETTER OF DECLARATION REGARDING THE CRIMINAL RECORD CHECK OF AN APPLICANT SUBMITTING AN APPLICATION FOR CERTIFICATION WITH ICBOC

Name of applicant \_\_\_\_\_

Name of organisation or institution where the applicant is employed \_\_\_\_\_

Employer's name \_\_\_\_\_

I, \_\_\_\_\_ affirm that I am the applicant's employer.

I moreover declare that, in accordance with all applicable laws, a criminal record check was conducted on the applicant prior to commencement of employment and/or within 90 days of applying for certification and that, as an employer, I am satisfied that the applicant does not pose any risk to clients.

I confirm that that I am the person authorized to sign this declaration and that the information I have provided in this declaration is correct and complete.

Signature of the employer \_\_\_\_\_

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

<sup>1</sup> By "Employer" is meant any person who is legally responsible for insuring the verification of criminal record checks for all employees and who is authorized to sign this declaration

## Personal Wellness Plan

### Circle of Life

All **Certified Indigenous Addictions Specialists at Level IV with a specialization in concurrent disorders (COD)** will have a personal health and wellness plan. This plan is a continuous day-to-day action plan that maximizes the individual's potential in each quadrant of the Circle of Life.

Below is a list to assist you to develop your personal wellness plan. Use it each day, keep in mind that balance in your own life is your own responsibility that reflects your credibility.

**" My Wisdom of Choice is my great gift received from the Creator.  
I draw on the teachings and wisdom of Elders whom I know and respect.  
Their insights provide the vision I need to discover my purpose."**

Make changes, additions, or modifications to the list below, it's a guide designed to help you get started.

1. List what is necessary to remain balanced in each of your four quadrants.
2. Take time to consider the common feelings, actions and thoughts that support your total well being.

### Examples:

#### a. Strengths

People skills, gentleness, sense of humor, insight, respect, vision, hopes and dreams, dedication, commitment, skills, experience, knowledge.

#### b. Spiritual

Traditional/cultural ceremonies, prayer, spiritual readings, meditation.

#### c. Emotional

Cultural practices, healing, work environment, adventure, rest and relaxation, feelings, virtues, beliefs, values, self-esteem.

#### d. Physical

Nutritious foods, exercise, clean body and environment, no-smoking, no-alcohol, no-drugs, safe sex.

#### e. Mental/Social/Cultural

Work life, school life, social and fun, financial knowledge, health knowledge, cultural practices. Nuclear and extended family, relationships, old and new friends, new information, self-expression, anger management.



## My Personal Wellness Plan

My name: \_\_\_\_\_ Date: \_\_\_\_\_ Signature: \_\_\_\_\_

A. My **Strengths**: \_\_\_\_\_

What may stop me from using my strengths to achieve the goals I choose for myself: \_\_\_\_\_

B For my **Spiritual** well being:

My goal is: \_\_\_\_\_

Steps I take to reach my goal:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

C. For my **Emotional** well being:

My goal is: \_\_\_\_\_

Steps I take to reach my goal:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

D. For my **Physical** well being:

My goal is: \_\_\_\_\_

Steps I take to reach my goal:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

E. For my **Mental** well being,:

My goal is: \_\_\_\_\_

Steps I take to reach my goal:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

## ICBOC Code of Ethics

This “Code of Ethics” that we choose to live by is built on the cultural integrity of traditional First Nations’ healing philosophy. Please sign and date it, and submit it with your application

- Abstain from substance mis-use and process addictions during our tenure as Certified Indigenous addictions professionals.
- Strive to incorporate the spiritual teachings of our ancestors into our daily lives. Take personal responsibility for continued growth through education, training and a developmental wellness plan.
- Be dedicated to the concept that addictions are treatable and the primary goal is to maintain recovery and wellness of the client.
- Show a genuine interest in helping and serving persons with addictions issues and be dedicated to the concept of wellness, recovery and holistic healing.
- Honour cultural and traditional teachings that empower clients to choose a healthy lifestyle.
- Recognize the therapeutic value of humour.
- Accept and show respect for the diversity of all peoples and honour their race, colour, creed, age, sexual orientation, cultural/spiritual practices and views.
- Respect the client by maintaining an objective professional relationship at all times. Avoid dual relationships at all times.
- Protect the confidentiality of all professionally acquired information. Disclosure of such information is done only when required or allowed by law to do so, or when clients have consented to disclosure. This includes all records, materials, and communications.
- Make a commitment to provide the highest quality of service possible. This is evidenced by continued professional interaction with the client and, where necessary, the utilization of other health professionals and/or services to assist and guide the client in her/his recovery and wellness.
- Assess personal and vocational strengths, limitations, biases, and effectiveness and be willing to recognize when it is in the client’s best interest to refer or release them to other individuals and/or support programs.
- Be respectful of, work within, and strive to improve institutional policies and management functions.
- Respect all policies, codes of ethics, code of conduct, and any other clause, regulation, stipulation in effect in your place of work and that you are responsible to apply in your personal and/or professional life
- Insure the safety and welfare of clients by respecting all applicable federal and/or provincial laws of Canada regarding criminal records checks.

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Signature

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

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Name (Please print)

## TO SUBMIT YOUR APPLICATION

If you have questions or need more information, don't hesitate to contact us, we are here to assist you.

Please send your application, with the \$250.00 certification fee to the following address.

Registrar, ICBOC  
#207 – 2735 East Hastings Street  
Vancouver, BC  
V5K 1Z8

**Telephone:** 604-874-7425

**Fax:** 604-874-7426

**Toll free:** 1-877-974-7425

**Email:** [registrar@icboc.ca](mailto:registrar@icboc.ca)

**Website:** [www.icboc.ca](http://www.icboc.ca)