MHACBO

2209 Lloyd CTR, Portland OR 97232-1315
Phone: (503)231-8164
www.mhacbo.org
mhacbo@mhacbo.org

Dear Applicant,
Enclosed is the application & information packet you requested. The 2020 test dates are as follows.

Complete application due to MHACBO by:

- ***February 14, 2020*** *for the* ***April 11 - 25, 2020*** *testing period*
- ***June 5, 2020*** *for the* ***August 15 - 29, 2020*** *testing period*
- ***October 2, 2020*** *for the* ***December 5 - 19, 2020*** *testing period*

You must have a **completed** application packet, the Test Application form, and the appropriate fees in our office **no later than** the above application due date, *regardless of postmark*, for the appropriate test date.

The Application for International Certification Examination for Gambling Counselors is now included in this packet. This form is absolutely necessary to get you into the test. Please sign in both places on the second page.

If you are sending packages overnight mail at the last minute, we suggest that you sign the waiver to allow the carrier to leave the package without a signature. Certified mail that requires a signature also can cause your package to arrive late.

The $50 application fee is non-refundable. The $220 test fee is **absolutely non-refundable** and **nontransferable** after the application due date. If you have submitted your applications and fees and find **prior** to the application due date that you are unable to attend the test, please notify us immediately and your fee can be refunded or applied to the next test. When you have sent us a completed application, including the test fee and the completed GCCB test registration, you will be automatically enrolled in the next available test date unless you contact us and request otherwise.

FEE SCHEDULE:
Application Fee.. $ 50
Objective Exam Fee (for Level I or II).. $ 220
Objective Exam Retake Fee (if you did not pass previously)................................... $ 170
File Copying (moving to another state, etc.)... $ 25

If you have any other questions, please feel free to email Dick Johnson at zzjohnson@msn.com

Gambling Counselor Certification Board of Oregon

Gambling Addiction Counselor Certification Application Packet

Director of Gambling Addiction Counselor Certification

Dick Johnson, M.A.
CADC III, CGAC II, NCGC II, BACC
(National Council on Problem Gambling Board Approved Clinical Consultant)

2209 Lloyd Center
Portland, Oregon 97232

Contact Information
971-235-2954
zzjohnson@msn.com

Form Revised January 24, 2020

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Certified Gambling Addictions Counselor
Level I - Entry Level Certification And Level II

Overview and Applicant Checklist

Applicant Registration

____ Complete the applicant registration form with identifying information and candidate statement. Enclose appropriate fees: $50 application fee and $220 testing fee.

Education and/or Credentialing Requirements

____ **Bachelor's degree or equivalent** in the behavioral health field such as license or certification in a recognized behavioral health field (i.e. psychology, addictions, clinical social work).

Educational coursework for degree requirement must include the following:

- Basic Counseling Skills (distance learning not accepted - See page 12 of the CADC application)
- Group Counseling Skills (distance learning not accepted - See page 12 of the CADC application)
- Counseling Ethics
- Counseling Diverse Populations
- Coexisting Disorders, or Multiple Diagnosis, or Dual Diagnosis, etc

Experience Requirements

____ **Minimum of (500 CGAC I) / (2000 CGAC II) Hours of Supervised Experience** in the Gambling Addiction Counselor Domains Experience. Experience may include any gambling specific counseling services rendered in the Four Domains; Clinical, Documentation, Administrative and Client Advocacy. (1 Full Time Month = 160 experience hours) This must include a minimum of 100 hours as a gambling counselor delivering direct treatment to problem/disordered gambler and significant others

____ **24 hours** of face-to-face, telephone, email, or other electronic communication clinical supervision from a qualified problem gambling treatment certification clinical supervisor.

"Gambling" Educational Requirements

____ **60 Hours Problem/Compulsive Gambling Education** (a minimum of 2 hours in each category), including a minimum of:

- Gambling Client Assessment/Intake
- Gambling Financial Planning & Budgeting
- Gambling Counseling (Individual, Group, Family)
- Gambling Case Management
- Professional Responsibility and Ethics
- Crisis Intervention
- Co-occurring Disorders

Gambling Counselor Ethics Agreement

____ Sign/date the Ethics Agreement.

Exam Registration

Complete the exam registration form in order to register for the exam. You must successfully pass the examination.

NOTE
You must submit a completed registration packet by the application deadline in order to be registered for the National Exam.

Questions: email zzjohnson@msn.com

Applicant Registration

Name: Last First M.I.
Date of Application
Home Address: Street Number
City State Zip
Agency Name
Street Address
City State Zip
Home Phone
Work Phone
Message Phone
Email
Social Security Number (last 4 digits)
Title of Current Certification/License & Expiration Date
Certification/License Number
Name of Certification/Licensing Board
Level of Education (AA/AS, BA/BS, MA/MS,..) **and Major.**

Statement of Recovery

Only for those who are recovering from problem/compulsive gambling behavior.

I hereby attest that I have been in recovery for the ________ years immediately preceding this application.

Applicant Signature:

____

Date: ______________________________

Candidate Statement

I hereby apply for certification in Oregon as a Gambling Addictions Counselor. I understand that the application and examination fee is non-refundable & non-transferable from one examination date to another.

Furthermore, I attest that the information I have given in this application and all supporting documentation is correct and true. I give MHACBO permission to verify any statements given in any part of this application.

Applicant Signature:

____

Date: ______________________________

What Level of Gambling Certification are you applying for? Check one of the following.

______ CGAC I

______ CGAC II

Questions: email zzjohnson@msn.com

Education Log/Form

Gambling Educational Requirements

____ **60 Hours Problem/Compulsive Gambling Education** (a minimum of 2 hours in each category), including a minimum of:

- Gambling Client Assessment/Intake
- Gambling Financial Planning & Budgeting
- Gambling Counseling (Individual, Group, Family)
- Gambling Case Management
- Professional Responsibility and Ethics
- Crisis Intervention
- Co-occurring Disorders

All education must be accredited or approved through a recognized education accreditation or approval body. Certificates must indicate accreditation through a recognized accreditation body, such as:

- MHACBO
- NAADAC
- Regional Accreditation
- NASW
- APA
- ACA
- NBCC
- National Council on Problem Gambling
- CRCC
- Etc,....

Those certificates that do not indicate accreditation through a recognized accreditation body will not be accepted.

DO NOT INCLUDE EDUCATION IN YOUR APPLICATION THAT IS NOT ACCREDITED OR APPROVED

Questions: email zzjohnson@msn.com

Training	Clock Hours
TOTAL	

Supervised Experience Requirements

CGAC I: 500 Hours of Supervised Experience in the Gambling Addiction Counselor Domains.

CGAC II: 2,000 Hours of Supervised Experience in the Gambling Addiction Counselor Domains.

Experience may include any gambling specific counseling services rendered in the Four Domains; Clinical, Documentation, Administrative and Client Advocacy. (6 Full Time Months = 1,000 experience hours).

You must also include a minimum of 100 hours as a gambling counselor delivering direct treatment to problem/disordered gambler and significant others.

Make as many copies of this form as you need to document the minimum of hours. You will most likely need one form for each gambling program you have worked in.

Approximate the number of hours in each category of the Gambling Addiction Counselor Domains. You must present a majority of hours in the Clinical Domain.

Candidate Name (print)
Name of Gambling Addiction Program or Agency/Practice where services were provided.
Name & Title of your supervisor (print)
Dates of Experience (From - To)

Questions: email zzjohnson@msn.com

Domains & Hours

Domains	Hours Accrued
Clinical Intake, Assessment, Treatment Planning, Case-management, Individual-Group-Family Counseling, Client Education, Crisis Intervention, Client Follow-up, Medical Recommendations & Treatment, Aftercare Services, etc.	
Documentation Referrals-reporting to other resources, client records, ROI's, etc.	
Administrative Administrative responsibilities, Program Management, Quality Assurance Monitoring, Program Development, Research, etc.	
Client Advocacy Prevention, Community Activities-Education, Orientation, Outreach, etc.	

Direct Treatment (Minimum 100 Hours)	

Total Hours Accrued in all the Gambling Addiction Counselor Domains	

Candidate Signature — date

Board Approved & Qualified Disordered Gambling Treatment Clinical Supervisor Signature. — date

Qualified supervisors must have maintained a CGAC II certification for a minimum of 2 years and have a minimum of 10 hours of clinical supervision training with documentation of such in their MHACBO file. See next page for a list of approved CGAC Counseling Supervisors.

MHACBO Approved CGAC Certification Supervisors*
(as of 2019-04-10)

Mark W Douglass
Joseph Reisman
Eric Berman
Kristin Bezdek
Scott E Buser
Carol R Chism
Robert J Forsyth
Roger W Humble
Richard P Johnson
Marilane Jorgenson
Delese L Kendrick
Thaddeus S Labhart
Janese C Olalde
Kevin C Stephens
Michele Tantriella-Modell
David S Corse
Philip Yassenoff
Peter D Pennington
Dave Hsiao
Azusa Ogawa
Nathaniel Peterson
Julio Iniguez
Frances DiFerdinando
Carlos Texidor Maldonado
John Ackley

* List of supervisors may change without notice.

Professional Supervision Form

24 hours of face-to-face, telephone, email, or other electronic communication clinical supervision from a qualified problem gambling treatment certification clinical supervisor.

(Qualified certification supervisors must have maintained a CGAC II certification for a minimum of 2 years and have a minimum of 10 hours of clinical supervision training with documentation of such in their MHACBO file.**)**

Candidate Name (print)
Name of Gambling Addiction Program or Agency/Practice where services were provided.
Name & Title of your "ACC" or "BACC"
Dates of Supervision (From - To)

Questions: email zzjohnson@msn.com

Supervision Hours

Date of Supervision Session	
Hours Accrued	

Date of Supervision Session	
Hours Accrued	

Date of Supervision Session	
Hours Accrued	

Date of Supervision Session	
Hours Accrued	

Date of Supervision Session	
Hours Accrued	

Date of Supervision Session	
Hours Accrued	

Date of Supervision Session	
Hours Accrued	

Date of Supervision Session	
Hours Accrued	

Date of Supervision Session	
Hours Accrued	

Date of Supervision Session	
Hours Accrued	

Date of Supervision Session	
Hours Accrued	

Total Hours Accrued from all professional	

supervision sessions	

Mental Health and Addiction Certification Board of Oregon (MHACBO)

Behavioral Health Code of Conduct

1.0 SERVICE RELATIONSHIP

1.1 Client Welfare: Behavioral Health Professionals and Peers understand and accept their responsibility to ensure the safety and welfare of their client, and to act for the good of each client while exercising respect, sensitivity, and compassion. Providers shall treat each client with dignity, honor, and respect, and act in the best interest of each client.

1.2 Informed Consent: Behavioral Health Professionals and Peers understand the right of each client to be fully informed about treatment, and shall provide clients with information in clear and understandable language regarding the purposes, risks, limitations, and costs of treatment services, reasonable alternatives, their right to refuse services, and their right to withdraw consent within time frames delineated in the consent. Providers have an obligation to review with their client - in writing and verbally - the rights and responsibilities of both Providers and clients. Providers shall have clients attest to their understanding of the parameters covered by the Informed Consent. Informed Consent shall include:

a. explicit explanation as to the nature of all services to be provided and methodologies and theories typically utilized, purposes, goals, techniques, procedures, limitations, potential risks, and benefits of services, the behavioral health professional's qualifications, credentials, relevant experience, and approach to services, right to confidentiality and explanation of its limits including duty to warn, policies regarding continuation of services upon the incapacitation or death of the behavioral health professional or peer,

b. the role of technology, including boundaries around electronic transmissions with clients and social networking, implications of diagnosis and the intended use of tests and reports, fees and billing, nonpayment, policies for collecting nonpayment, specifics about clinical supervision and consultation,

c. their right to refuse services, and their right to refuse to be treated by a person-in-training, without fear of retribution.

1.3 Limits of Confidentiality: Behavioral Health Professionals and Peers clarify the nature of relationships with each party and the limits of confidentiality at the outset of services when agreeing to provide services to a person at the request or direction of a third party.

1.4 Diversity: Behavioral Health Professionals and Peers shall respect the diversity of clients and seek training and supervision in areas in which they are at risk of imposing their values onto clients.

1.5 Discrimination: Behavioral Health Professionals and Peers shall not practice, condone, facilitate, or collaborate with any form of discrimination against any client on the basis of race, ethnicity, color, religious or spiritual beliefs, age, gender identification, national origin, sexual orientation or expression, marital status, political affiliations, physical or mental handicap, health condition, housing status, military status, or economic status.

1.6 Legal Competency: Behavioral Health Professionals and Peers who act on behalf of a client who has been judged legally incompetent or with a representative who has been legally authorized to act on behalf of a client, shall act with the client's best interests in mind, and shall inform the designated guardian or representative of any circumstances which may influence the relationship. Providers recognize the need to balance the ethical rights of clients to make choices about their treatment, their capacity to give consent to receive treatment-related services, and parental/familial/representative legal rights and responsibilities to protect the client and make decisions on their behalf.

1.7 Mandated Clients: Behavioral Health Professionals and Peers who work with clients who have been mandated to counseling and related services, shall discuss legal and ethical limitations to confidentiality. Providers shall explain confidentiality, limits to confidentiality, and the sharing of information for supervision and consultation purposes prior to the beginning of therapeutic or service relationship. If the client refuses services, the Provider shall discuss with the client the potential consequences of refusing the mandated services, while respecting client autonomy.

1.8 Multiple Behavioral Health Professionals: Behavioral Health Professionals and Peers shall obtain a signed Release of Information from a potential or actual client if the client is working with another behavioral health professional. The Release shall allow the Provider to strive to establish a collaborative professional relationship.

1.9 Professional Boundaries: Behavioral Health Professionals and Peers shall consider the inherent risks and benefits associated with moving the boundaries of a counseling relationship beyond the standard parameters. Consultation and supervision shall be sought and documented.

1.10 Multiple/Dual Relationships: Behavioral Health Professionals and Peers shall make every effort to avoid multiple relationships with a client. When a dual relationship is unavoidable, the professional shall take extra care so that professional judgment is not impaired and there is no risk of client exploitation. Such relationships include, but are not limited to, members of the Provider's immediate or extended family, business associates of the professional, or individuals who have a close personal relationship with the professional or the professional's family. When extending these boundaries, Providers take appropriate professional precautions such as informed consent, consultation, supervision, and documentation to ensure that their judgment is not impaired and no harm occurs. Consultation and supervision shall be documented.

1.11 Prior Relationship: Behavioral Health Professionals and Peers recognize that there are inherent risks and benefits to accepting as a client someone with whom they have a prior relationship. This includes anyone with whom the Provider had a casual, distant, or past relationship. Prior to engaging in a counseling relationship with a person from a previous relationship, the Provider shall seek consultation or supervision. The burden is on the Provider to ensure that their judgment is not impaired and that exploitation is not occurring.

1.12 Previous Clients: Behavioral Health Professionals and Peers considering initiating contact with or a relationship with a previous client shall seek documented consultation or supervision prior to its initiation.

1.13 Group Services: Behavioral Health Professionals and Peers shall clarify who "the client" is, when accepting and working with more than one person as "the client." Provider shall clarify the relationship the provider shall have with each person. In group counseling, providers shall take reasonable precautions to protect the members from harm.

1.14 Financial Disclosure: Behavioral Health Professionals and Peers shall truthfully represent facts to all clients and third-party payers regarding services rendered, and the costs of those services.

1.15 Communication: Behavioral Health Professionals and Peers shall communicate information in ways that are developmentally and culturally appropriate. Providers offer clear understandable language when discussing issues related to informed consent. Cultural implications of informed consent are considered and documented by provider.

1.16 Service/Recovery Plans: Behavioral Health Professionals and Peers shall create service/recovery plans in collaboration with their client. Service/recovery plans shall be reviewed and revised on an ongoing and intentional basis to ensure their viability and validity.

1.17 Level of Care: Behavioral Health Professionals and Peers shall provide their client with the highest quality of care. Addiction treatment providers shall use ASAM or other relevant criteria to ensure that clients are appropriately and effectively served. Mental Health providers shall use similar standardized procedures for determining level of care, such as utilization management.

1.18 Documentation: Behavioral Health Professionals and Peers shall create, maintain, protect, and store documentation required per federal and state laws and rules, and organizational policies.

1.19 Advocacy: Behavioral Health Professionals and Peers are called to advocate on behalf of clients at the individual, group, institutional, and societal levels. Providers have an obligation to speak out regarding barriers and obstacles that impede access to and/or growth and development of clients. When advocating for a specific client, Providers obtain written consent prior to engaging in advocacy efforts.

1.20 Referrals: Behavioral Health Professionals and Peers shall recognize that each client is entitled to the full extent of physical, social, psychological, spiritual, and emotional care required to meet their needs. Providers shall refer to culturally- and linguistically-appropriate resources when a client presents with any impairment that is beyond the scope of the Provider's education, training, skills, supervised expertise, and licensure.

1.21 Exploitation: Behavioral Health Professionals and Peers are aware of their influential positions with respect to clients, trainees, and research participants and shall not exploit the trust and dependency of any client, trainee, or research participant. Providers shall not engage in any activity that violates or diminishes the civil or legal rights of any client. Providers shall not use coercive treatment methods with any client, including threats, negative labels, or attempts to provoke shame or humiliation. Providers shall not impose their personal religious or political values on any client. Providers do not endorse conversion therapy, or obstruct a woman's right to choose.

1.22 Sexual Relationships: Behavioral Health Professionals and Peers shall not engage in any form of sexual or romantic relationship with any current or former client, nor accept as a client anyone with whom they have engaged in a romantic, sexual, or familial relationship. This prohibition includes in-person and electronic interactions and/or relationships. Behavioral Health Professionals and Peers are prohibited from engaging in behavioral health service relationships with friends or family members with whom they have an inability to remain objective. This definition of client includes, but is not limited to, clients directly assigned to the Behavioral Health Professional or Peer, or clients of the agency.

1.23 Termination: Behavioral Health Professionals and Peers shall terminate services with clients when services are no longer required, no longer serve the client's needs, or the Provider is unable to remain objective. Counselors provide pre-termination counseling and offer appropriate referrals as needed. Providers may refer a client, with supervision or consultation, when in danger of harm by the client or by another person with whom the client has a relationship.

1.24 Service Coverage: Behavioral Health Professionals and Peers shall make necessary coverage arrangements to accommodate interruptions such as vacations, illness, or unexpected situation.

1.25 Abandonment: Behavioral Health Professionals and Peers shall not abandon any client in treatment. Providers who anticipate termination or interruption of services to clients shall notify each client promptly and seek transfer, referral, or continuation of services in relation to each client's needs and preferences.

1.26 Fees: Behavioral Health Professionals and Peers shall ensure that all fees charged for services are fair, reasonable, and commensurate with the services provided and with due regard for clients' ability to pay.

1.27 Self-Referrals: Behavioral Health Professionals and Peers shall not refer clients to their private business unless the policies, at the organization at the source of the referral, allow for such self-referrals. When self-referrals are not an option, clients shall be informed of other appropriate referral resources.

1.28 Commissions: Behavioral Health Professionals and Peers shall not offer or accept any commissions, rebates, kickbacks, bonuses, or any form of remuneration for referral of a client for professional services, nor engage in fee splitting.

1.29 Private Enterprises: Behavioral Health Professionals and Peers shall not use relationships with clients to promote personal gain or profit of any type of commercial enterprise.

1.30 Withholding Records: Behavioral Health Professionals and Peers shall not withhold records they possess that are needed for any client's treatment solely because payment has not been received for past services, where it is not specifically allowable under law/state administrative rule.

1.31 Withholding Reports: Behavioral Health Professionals and Peers shall not withhold reports to referral agencies regarding client treatment progress or completion solely because payment has not yet been received in full for services, particularly when those reports are to courts or probation officers who require such information for legal purposes, where it is not specifically allowable under law/state administrative rule. Reports may note that payment has not yet been made, or only partially made, for services rendered.

1.32 Disclosures of Payments: Behavioral Health Professionals and Peers shall clearly disclose and explain to each client, prior to the onset of services, (1) all costs and fees related to the provision of professional services, including any charges for cancelled or missed appointments, (2) the use of collection agencies or legal measures for nonpayment, and (3) the procedure for obtaining payment from the client if payment is denied by a third party payer.

1.33 Regardless of Compensation: Behavioral Health Professionals and Peers shall provide the same level of professional skills to each client without regard to the compensation provided by a client or third party payer, and whether a client is paying full fee, a reduced fee, or has their fees waived.

1.34 Billing for Actual Services: Behavioral Health Professionals and Peers shall charge each client only for services actually provided to a client regardless of any oral or written contract a client has made with the addiction professional or agency.

1.35 Financial Records: Behavioral Health Professionals and Peers shall maintain accurate and timely clinical and financial records for each client.

1.36 Suspension: Behavioral Health Professionals and Peers shall give reasonable and written notice to clients of impending suspension of services for nonpayment.

1.37 Unpaid Balances: Behavioral Health Professionals and Peers shall give reasonable and written notice to clients with unpaid balances of their intent to seek collection by agency or legal recourse—when such action is taken, Behavioral Health Professionals and Peers shall not reveal clinical information.

1.38 Gifts: Behavioral Health Professionals and Peers recognize that clients may wish to show appreciation for services by offering gifts. Providers shall take into account the service relationship, cultural appropriateness, the monetary value of the gift, the client's motivation for giving the gift, and the professional's motivation for wanting to accept or decline the gift. When accepting gifts professionals try to their utmost to encourage clients to offer their gifts to the organization so that all may benefit from the gift.

1.39 Uninvited Solicitation: Behavioral Health Professionals and Peers shall not engage in uninvited solicitation of potential clients who are vulnerable to undue influence, manipulation, or coercion due to their circumstances.

1.40 Virtual Relationships: Behavioral Health Professionals and Peers are prohibited from engaging in personal/romantic virtual electronic, text messaging, e-relationships with current or former clients.

2.0 CONFIDENTIALITY

2.1 Confidentiality: Behavioral Health Professionals and Peers understand that confidentiality and anonymity are foundational to addiction treatment and embrace the duty of protecting the identity and privacy of each client as a primary obligation. Providers communicate the parameters of confidentiality in a culturally-sensitive manner.

2.2 Documentation: Behavioral Health Professionals and Peers shall create and maintain appropriate documentation. Providers shall ensure that records and documentation kept in any medium (i.e., cloud, laptop, flash drive, external hard drive, tablet, computer, paper, etc.) are secure and in compliance with HIPAA and 42 CFR Part 2 (if applicable), and that only authorized persons have access to them. Providers shall disclose to client within informed consent how records shall be stored, maintained, and disposed of, and shall include time frames for maintaining active file, storage, and disposal.

2.3 Access: Behavioral Health Professionals and Peers shall notify client, during informed consent, about procedures specific to client access of records. Behavioral Health Professionals shall provide a client reasonable access to documentation regarding the client upon his/her written request. Providers shall protect the confidentiality of any other individuals contained in the records. Providers shall limit the access of clients to their records – and provide a summary of the records – when there is evidence that full access could cause harm to the client. A treatment summary shall include dates of service, diagnoses, treatment plan, and progress in treatment. Providers seek supervision or consultation prior to providing a client with documentation and shall document the rationale for releasing or limiting access to records. Providers shall provide assistance and consultation to the client regarding the interpretation of service records.

2.4 Sharing: Behavioral Health Professionals and Peers shall encourage ongoing discussions with clients regarding how, when, and with whom information is to be shared.

2.5 Disclosure: Behavioral Health Professionals and Peers shall not disclose confidential information regarding the identity of any client, nor information that could potentially reveal the identity of a client, without written consent and authorization by the client, except for disclosures that are mandated or permitted by state and federal law.

2.6 Privacy: Behavioral Health Professionals and Peers and the organizations they work for ensure that confidentiality and privacy of clients is protected by Providers, employees, supervisees, students, office personnel, other staff, and volunteers.

2.7 Temporary Assistance: Behavioral Health Professionals and Peers, during informed consent, shall disclose the legal and ethical boundaries of confidentiality and disclose the legal exceptions to confidentiality. Confidentiality and limitations to confidentiality shall be reviewed as needed during the counseling relationship. Providers review with each client all circumstances where confidential information may be requested, and where disclosure of confidential information may be legally required.

2.8 Imminent Danger: Behavioral Health Professionals and Peers may reveal client identity or confidential information without client consent when a client presents a clear and imminent danger to themselves or to other persons, and to emergency personnel who are directly involved in reducing the danger or threat. Behavioral Health Professionals seek supervision or consultation when unsure about the validity of an exception.

2.9 Courts: Behavioral Health Professionals and Peers ordered to release confidential privileged information by a court shall attempt to obtain written, informed consent from the client, and should attempt take steps to limit disclosures as narrowly as possible because of potential harm to the client or behavioral health care relationship, offering only that information that is necessary to comply with a court order.

2.10 Essential Only: Behavioral Health Professionals and Peers shall release only essential information when circumstances require the disclosure of confidential information.

2.11 Multidisciplinary Care: Behavioral Health Professionals and Peers shall inform the client when the Provider is a participant in a (multiple agency) multidisciplinary team providing coordinated care services to the client. The client shall be informed of the team member's role, information being shared, and the purposes of sharing client information. Necessary and appropriate permissions shall be obtained for the sharing of information in coordinated care teams.

2.12 Locations: Behavioral Health Professionals and Peers shall discuss confidential client information in locations where they are reasonably certain they can protect client privacy.

2.13 Payers: Behavioral Health Professionals and Peers shall obtain client authorization prior to disclosing any information to third party payers (i.e., Medicaid, Medicare, insurance payers, private payors).

2.14 Encryption: Behavioral Health Professionals and Peers shall use encryption and precautions that ensure that

information being transmitted electronically or other medium remains confidential.

2.15 Deceased: Behavioral Health Professionals and Peers shall protect the confidentiality of deceased clients by upholding legal mandates and documented preferences of the client.

2.16 Parties: Behavioral Health Professionals and Peers, who provide group, family, or couples services, shall describe the roles and responsibilities of all parties, limits of confidentiality, and the inability to guarantee that confidentiality shall be maintained by all parties.

2.17 Minors/others: Behavioral Health Professionals and Peers shall protect the confidentiality of any information received regarding services to minors or adult clients who lack the capacity to provide voluntary informed consent, regardless of the medium, in accordance with federal and state laws, and organization policies and procedures. Parents, guardians, and appropriate third parties are informed regarding the role of the counselor, and the boundaries of confidentiality of the counseling relationship.

2.18 Storage & Disposal: Behavioral Health Professionals and Peers shall create and/or abide by organizational, and state and federal, policies and procedures regarding the storage, transfer, and disposal of confidential client records. Providers shall maintain client confidentiality in all mediums and forms of documentation. Behavioral Health Professionals and Peers shall store, safeguard, and dispose of client records in accordance with state and federal laws, accepted professional standards, and in ways which protect the confidentiality of clients.

2.19 Video Recording: Behavioral Health Professionals and Peers shall obtain informed consent and written permissions and releases before videotaping, audio recording, or permitting third party observation of any client interaction or group therapy session. Clients are to be fully informed regarding recording such as purpose, who will have access, storage, and disposal of recordings. Exceptions to restrictions on third party observations shall be limited to students in field placements, internships, practicums, or agency trainees.

2.20 Recording e-services: Behavioral Health Professionals and Peers shall obtain informed consent and written release of information prior to recording an electronic therapy session. Prior to obtaining informed consent for recording e- therapy, the Provider shall seek supervision or consultation, and document recommendations. Providers shall disclose to client in informed consent how e-records shall be stored, maintained, and disposed of and in what time frame.

2.21 Federal Regulations Stamp: Behavioral Health Professionals and Peers shall ensure that all written information released to others is accompanied by a stamp identifying the Federal Regulations governing such disclosure, and shall notify clients when a disclosure is made, to whom the disclosure was made, and for what purposes the disclosure was made.

2.22 Transfer Records: Unless exceptions to confidentiality exist, Behavioral Health Professionals and Peers shall obtain written permission from clients to disclose or transfer records to legitimate third parties. Steps are taken to ensure that receivers of counseling records are sensitive to their confidential nature. Behavioral Health Professionals shall ensure that all information released meets requirements of 42 CFR Part 2 and HIPAA. All information released shall be appropriately marked as confidential.

2.23 Written Permission: Behavioral Health Professionals and Peers who receive confidential information about any client (past, present or potential) shall not disclose that information without obtaining written permission from the client (past, present or potential) allowing for such release.

2.24 Multidisciplinary Care: Behavioral Health Professionals and Peers, who are part of integrative care teams, shall not release confidential client information to external care team members without obtaining written permission from the client allowing such release.

2.25 Diseases: Behavioral Health Professionals and Peers adhere to relevant federal and state laws concerning the disclosure of a client's communicable and life-threatening disease status.

2.26 Temporary Assistance: Behavioral Health Professionals and Peers, when serving clients of another agency or colleague during a temporary absence or emergency, shall serve those clients with the same consideration and confidentiality as that afforded the professional's own clients.

2.29 Termination: Behavioral Health Professionals and Peers shall take reasonable precautions to protect client confidentiality in the event of the counselor's termination of practice, incapacity, or death. Providers shall appoint a records custodian when identified as appropriate, in their Will or other document.

2.30 Consultation: Behavioral Health Professionals and Peers shall share, with a consultant, information about a client for professional purposes. Only information pertaining to the reason for the consultation shall be released. Providers shall protect the client's identity and prevent breaches to the client's privacy. Behavioral Health Professionals, when consulting with colleagues or referral sources, shall not share

confidential information obtained in clinical or consulting relationships that could lead to the identification of a client, unless the Provider has obtained prior written consent from the client. Information shall be shared only in appropriate clinical settings and only to the extent necessary to achieve the purposes of the consultation.

3.0 PROFESSIONALISM

3.1 Responsibility: Behavioral Health Professionals and Peers shall abide by the MHACBO Code of Ethics. Behavioral Health Professionals have a responsibility to read, understand and follow the MHACBO Code of Ethics and adhere to applicable laws, regulations and institutional policies.

3.2 Integrity: Behavioral Health Professionals and Peers shall conduct themselves with integrity. Providers aspire to maintain integrity in their professional and personal relationships and activities. Regardless of medium, Providers shall communicate to clients, peers, and the public honestly, accurately, and appropriately.

3.3 Discrimination: Behavioral Health Professionals and Peers shall not engage in, endorse or condone discrimination against prospective or current clients and their families, students, employees, volunteers, supervisees, or research participants based on their race, ethnicity, age, disability, religion, spirituality, gender, gender identity, sexual orientation, marital or partnership status, language preference, socioeconomic status, immigration status, active duty or veteran status, or any other basis.

3.4 Non-discrimination: Behavioral Health Professionals and Peers shall provide services that are nondiscriminatory and nonjudgmental. Providers shall not exploit others in their professional relationships. Providers shall maintain appropriate professional and personal boundaries.

3.5 Fraud: Behavioral Health Professionals and Peers shall not participate in, condone, or be associated with any form of dishonesty, fraud, or deceit.

3.6 Code Violation: Behavioral Health Professionals and Peers shall not engage in any criminal activity. Behavioral Health Professionals and Service Providers shall be in violation of this Code and subject to appropriate sanctions, up to and including permanent revocation of their certification, if they:

1. Engage in conduct which could lead to conviction of a felony.

2. Are expelled from or disciplined by other professional organizations.

3. Practice behavioral health services while impaired for any reason, including impairment as a result of abuse of alcohol or other drugs.

4. Continue to identify themselves as a certified behavioral health professional after being denied certification or allowing their certification to lapse.

5. Failure to cooperate with the Ethics Committees at any point from the inception of an ethics complaint through the completion of all procedures regarding that complaint.

3.7 Harassment: Behavioral Health Professionals and Peers shall not engage in or condone any form of harassment, including sexual harassment.

3.8 Memberships: Behavioral Health Professionals and Peers intentionally differentiate between current, active memberships and former or inactive memberships within professional associations.

3.9 Representation: Behavioral Health Professionals and Peers shall claim and promote only those licenses and certifications that are current and in good standing. Behavioral Health Professionals shall advocate for accuracy in statements made by self or others about the behavioral health profession.

3.10 Scope of Practice: Behavioral Health Professionals and Peers shall provide services within their scope of practice and competency, and shall offer services that are science-based, evidence-based, and/or outcome-driven. Providers shall maintain adequate knowledge of and adhere to applicable professional standards of practice. Behavioral Health Professionals shall practice within the boundaries of their competence. Competence shall be established through education, training, skills, and supervised experience, state and national professional credentials and certifications, and relevant professional experience.

3.11 Continuing Education: Behavioral Health Professionals and Peers shall pursue and engage in continuing education and professional development opportunities in order to maintain and enhance knowledge of research-based scientific developments within the profession. Providers shall learn and utilize new procedures relevant to the clients they are working with. Providers shall remain informed regarding best practices for working with diverse populations.

3.12 Self-Monitoring: Behavioral Health Professionals and Peers are continuously self-monitoring in order to meet their professional obligations. Providers shall engage in self-care activities that promote and maintain their physical, psychological, emotional, and spiritual well-being.

3.13 Scientific Standard of Care: Behavioral Health Professionals and Peers shall use techniques, procedures, and modalities that have a scientific and empirical foundation. Providers shall utilize counseling techniques and procedures that are grounded in theory, evidence-based, outcome-driven and/or a research-supported promising practice. Providers shall avoid techniques, procedures, or modalities that have substantial evidence suggesting harm, even when these services are requested.

3.14 Innovation: Behavioral Health Professionals and Peers shall discuss and document potential risks, benefits and ethical concerns prior to using developing or innovative techniques, procedures, or modalities with a client. Providers shall minimize and document any potential risks or harm when using developing and/or innovative techniques, procedures, or modalities. Provider shall seek and document supervision and/or consultation prior to presenting service options and risks to a client.

3.15 Cultural Competency: Behavioral Health Professionals and Peers shall develop multicultural counseling competency by gaining knowledge specific to multiculturalism, increasing awareness of cultural identifications of clients, evolving cultural humility, displaying a disposition favorable to difference, and increasing skills pertinent to being a culturally-sensitive Provider.

3.16 Multidisciplinary Care, Medication & Substance Abuse: Behavioral Health Professionals and Peers shall work to educate medical professionals about substance use disorders, the need for primary treatment of these disorders, and the need to limit the use of mood-altering chemicals typically contraindicated for persons in recovery.

3.17 Multidisciplinary Collaboration: Behavioral Health Professionals and Peers shall recognize the need for the use of psychiatric and mood-altering chemicals in some medical situations, and will work to self-educate themselves regarding the prescribed medication, and educate medical professionals to limit, monitor, and closely supervise the administration of chemicals typically contraindicated for persons in recovery from addiction. Behavioral Health Professionals recognize the rights of individuals to refuse prescribed or dispensed medications. Behavioral Health Professionals shall develop respectful and collaborative relationships with other professionals who are working with a specific client. Providers shall not offer professional services to a client who is participating in similar services with another professional, except with the knowledge and documented approval of the other professionals or following termination of services with the other professionals. Behavioral Health Professionals shall collaborate with other health care professionals in providing a supportive environment for any client who receives prescribed medication or dispensed medication through a medication assisted treatment program.

3.18 Multidisciplinary Care & Wellbeing: Collaborative multidisciplinary care teams are focused on increasing the client's functionality and wellness. Behavioral Health Professionals who are members of multidisciplinary care teams shall work with team members to clarify professional and ethical obligations of the team as a whole and its individual members. If ethical concerns develop as a result of a team decision, providers shall attempt to resolve the concern within the team first. If resolution cannot be reached within the team, providers shall pursue and document supervision and/or consultation to address their concerns consistent with client well-being.

3.19 Collegiality: Behavioral Health Professionals and Peers are aware of the need for collegiality and cooperation in the helping professions. Providers shall act in good faith towards colleagues and other professionals, and shall treat colleagues and other professionals with respect, courtesy, honesty, and fairness.

3.20 Qualified Staff: Behavioral Health Professionals and Peers shall work to prevent the practice of behavioral health care by unqualified and unauthorized persons and shall not employ individuals who do not have appropriate and requisite education, training, licensure and/or certification.

3.21 Advocacy: Behavioral Health Professionals and Peers shall be advocates for their clients in those settings where the client is unable to advocate for themselves. Behavioral Health Professionals are aware of society's prejudice and stigma towards people with mental health challenges and substance use disorders, and willingly engage in the legislative process, educational institutions, and public forums to educate people about mental health and addictive disorders and advocate for opportunities and choices for our clients. Behavioral Health Professionals and Peers shall advocate for changes in public policy and legislation to improve opportunities and choices for all persons whose lives are affected by substance use disorders and mental health challenges. Behavioral Health Professionals and Peers shall inform the public of the impact of untreated and unsupported mental health challenges and substance use disorders through active participation in civic affairs and community organizations. Providers shall act to guarantee that all persons, especially the disadvantaged, marginalized and historically oppressed, have access to the opportunities, resources, and services required to treat and manage their disorders. Providers shall educate the public, while working to dispel negative myths, stereotypes, and misconceptions.

3.22 Public Statements: Behavioral Health Professionals and Peers shall respect the limits of present knowledge in public statements concerning mental health and addiction services and shall report that knowledge accurately and without distortion or misrepresentation to the public and to other professionals and organizations. Behavioral Health Professionals and Peers shall distinguish clearly between

statements made and actions taken as a private individual and statements made and actions taken as a representative of an agency, group, organization, or the behavioral health profession. Behavioral Health Professionals and Peers shall make no public comments disparaging persons who have substance use disorders or mental health challenges. Behavioral Health Professionals and Peers shall make no public comments disparaging the legislative process, or any person involved in the legislative process. Behavioral Health Professionals and Peers shall give appropriate credit to the authors or creators of all materials used in their course of their work, public comments, or public/professional presentations. Providers shall not plagiarize another person's work.

3.23 Participation in the Development of the Workforce and Profession: Behavioral Health Professionals and Peers actively participate in local, state and national associations that promote professional development, support the formulation, development, enactment, and implementation of public policy and legislation concerning the addictions and mental health profession and our clients.

3.24 Impairment: Behavioral Health Professionals and Peers shall recognize the effect of impairment on professional performance and shall seek appropriate professional assistance for any personal problems or conflicts that may impair work performance or judgment. Behavioral Health Professionals and Peers shall continuously monitor themselves for signs of impairment physically, psychologically, socially, and emotionally. Providers, with the guidance of supervision or consultation, shall seek appropriate assistance in the event they are professionally impaired. Providers shall abide by administrative/statutory mandates specific to professional impairment, competence and abstinence requirements.

3.25 Self-referral: Behavioral Health Professionals and Peers shall not refer clients, or recruit clients, from their places of employment to their private endeavors without prior documented authorization. Providers shall offer multiple referral options to clients when referrals are necessary. Providers will seek supervision or consultation to address any potential or real conflicts of interest.

3.26 Testimonials: Behavioral Health Professionals and Peers shall be thoughtful when they solicit testimonials from former clients or any other persons. Providers shall discuss with clients the implications of and potential concerns, regarding testimonials, prior to obtaining written permission for the use of specific testimonials. Providers shall seek consultation or supervision prior to seeking a testimonial.

3.27 Reports: Behavioral Health Professionals and Peers shall take care to accurately, honestly and objectively report professional activities and judgments to appropriate third parties (i.e., courts, probation/parole, healthcare insurance organizations and providers, recipients of evaluation reports, referral sources, professional organizations, regulatory agencies, regulatory boards, ethics committees, etc.).

3.28 Professional Advice: Behavioral Health Professionals and Peers shall take reasonable precautions, when offering advice to clients, or public comments (using any platform including presentations and lectures, demonstrations, printed articles, mailed materials, television or radio programs, video or audio recordings, technology-based applications, or other media), to ensure that their statements are based on academic, research, and evidence-based, outcome-driven literature and practice. Providers shall only give advice within their scope of practice and shall not make recommendations for medications or other drugs, if they are not licensed to practice medicine.

3.29 Illegal Practices and Whistleblower Protection: When Behavioral Health Professionals and Peers become aware of inappropriate, illegal, discriminatory, and/or unethical policies, procedures and practices at their agency or organization they shall alert their employers. When there is the potential for harm to clients or limitations on the effectiveness of services provided, providers shall seek supervision and/or consultation to determine appropriate next steps and further action. Providers and Supervisors shall not harass or terminate an employee or colleague who has acted in a responsible and ethical manner to expose inappropriate employer employee policies, procedures and/ or practices.

3.30 Supervision: Behavioral Health Professionals and Peers acting in the role of supervisor or consultant, shall take reasonable steps to ensure that they have appropriate resources and competencies when providing supervisory or consultation services. Supervisors or consultants shall provide appropriate referrals to resources when requested or needed.

4.0 DIVERSITY, DISPARITY & EQUITY

4.1 Diversity Values: Behavioral Health Professionals and Peers do not discriminate based on race, ethnicity, gender identity, sexual orientation, disability status, or veteran status. Behavioral Health Professionals and Peers shall be knowledgeable and aware of cultural, individual, societal, and role differences amongst the clients they serve. They shall offer services that demonstrate appropriate respect for the fundamental rights, dignity and worth of all clients. Providers shall maintain an interpersonal stance that is other-oriented and accepting of the cultural identities of the other person (client, colleague, peer, employee, employer, volunteer, supervisor, supervisee, and others). They shall develop an understanding of their own personal, professional, and cultural values and beliefs. Providers shall recognize which personal and professional values may be in alignment with or conflict with the values and needs of the client. Providers shall not use cultural or values differences as a reason to engage in discrimination. Providers shall seek supervision and/or

consultation to address areas of difference and to decrease bias, judgment, and microaggressions.

4.2 Equity Practices: Behavioral Health Professionals and Peers shall respect the roles of family members, social supports, and community structures, hierarchies, values and beliefs within the client's culture. Providers shall consider the impact of adverse social, environmental, and political factors in assessing concerns and designing interventions. They shall use methodologies, skills, and practices that are evidence-based and outcome-driven for the populations being serviced. Providers will seek ongoing professional development opportunities to develop specialized knowledge and understanding of the groups they serve. Providers shall obtain the necessary knowledge and training to maintain humility and sensitivity when working with clients of diverse backgrounds. They shall support and advocate for the recruitment and retention of Professionals and other Service Providers who represent diverse cultural groups. They shall provide or advocate for the provision of professional services that meet the needs of clients with linguistic diversity. Providers shall provide or advocate for the provision of professional services that meet the needs of clients with diverse disabilities. They shall recognize that conventional counseling styles may not meet the needs of all clients. Providers shall open a dialogue with the client to determine the best manner in which to service the client. Providers shall seek supervision and consultation when working with individuals with specific culturally-driven needs.

5.0 SCREENING, ASSESSMENT, EVALUATION AND INTERPRETATION

5.1 Cultural Context: Behavioral Health Professionals and Peers shall use screening and assessments appropriately within the counseling process. The clients' personal and cultural contexts are taken into consideration when assessing and evaluating a client. Professionals recognize and understand that culture influences the manner in which clients' concerns are defined and experienced. Providers are aware of historical traumas and social prejudices in the misdiagnosis and pathologizing of specific individuals and groups. Providers shall develop awareness of prejudices and biases within self and others, and shall address such biases in themselves or others. Professionals shall consider the client's cultural experiences when diagnosing and treatment planning for mental health and substance use disorders.

5.2 Scope of Practice: Behavioral Health Professionals and Peers shall develop and use appropriate mental health, substance use disorder, and other relevant assessments. They shall practice within the scope of their certification and training.

- Unlicensed Mental Health Professionals shall not perform ASAM-SUD evaluations outside of their scope of practice,
- Addiction Counselors shall not perform DSM mental health evaluations outside of their scope of practice,
- Peers shall not perform DSM or ASAM evaluations outside of their scope of practice,
- and, Mental Health Associates shall not perform DSM or ASAM evaluations outside of their scope of practice.

5.3 Screening and Assessment Tools: Behavioral Health Professionals shall strive to utilize only those screening and assessment instruments whose validity and reliability have been established for the population tested, and for which they have received adequate training in administration and interpretation. Professionals using technology-assisted test interpretations are trained in the construct being measured and the specific instrument being used prior to using its technology- based application. Professionals take reasonable measures to ensure the proper use of assessment techniques by persons under their supervision.

5.4 Informed Consent: Behavioral Health Professionals and Peers shall explain to clients the nature and purposes of each assessment and the intended use of results, prior to administration of the assessment. Providers shall offer this explanation in terms and language that the client or other legally authorized person can understand. They shall provide an appropriate environment free from distractions for the administration of assessments. Providers shall ensure that technologically-administered assessments are functioning appropriately and providing accurate results.

5.5 Misuse of Screening and Assessment: Assessment techniques used to determine client placement for care shall be carefully selected and appropriately used. Behavioral Health Professionals and Peers shall never misuse screening or assessment findings simply to obtain housing, disability status or other entitlements. Professionals shall consider the client's welfare, explicit understandings, and previous agreements in determining when and how to provide assessment results. Providers shall include accurate and appropriate interpretations of data when there is a release of individual or group assessment results. Professionals shall not misuse assessment results and interpretations. Providers shall respect the client's right to know the results, interpretations and diagnoses made and strive to provide results, interpretations, and diagnoses in a manner that is understandable and does not cause harm. Providers shall adopt practices that prevent others from misusing the results and interpretations. Professionals shall maintain the integrity and security of tests and assessment data, thereby addressing legal and contractual obligations. Providers shall not appropriate, reproduce, or modify published assessments or parts thereof without written permission from the publisher.

5.6 Referral: Behavioral Health Professionals and Peers shall provide specific and relevant data about the client, when referring a client to a third party for assessment, to ensure that appropriate assessment instruments are used.

6.0 E-SERVICES, AND SOCIAL MEDIA

6.1 "E-Services" and "E-Supervision": shall refer to the provision of services by an Behavioral Health Professionals and Peers using technology, electronic devices, and HIPAA-compliant resources. Electronic platforms shall include and are not limited to: land-based and mobile communication devices, fax machines, webcams, computers, laptops and tablets. E-Services shall include and are not limited to: tele-therapy, real-time video-based therapy and services, emails, texting, chatting, and cloud storage. Providers and Supervisors are aware of the unique challenges created by electronic forms of communication and the use of available technology and shall take steps to ensure that the provision of e-services and e-supervision is safe and as confidential as possible.

6.2 E-Competence: Behavioral Health Professionals and Peers who choose to engage in the use of technology for e-services, distance-services, and e-supervision shall pursue specialized knowledge and competency regarding the technical, ethical, and legal considerations specific to technology, social media, and distance services. Competency shall be demonstrated through means such as specialized certifications and additional course work and/or trainings. Failure to maintain confidentiality due to a lack of comprehension of available features and settings within the electronic platforms does not relieve professionals of their responsibilities.

6.3 E-Consent: Behavioral Health Professionals and Peers, who are offering an electronic platform for e-therapy, distance-services/case management, e-supervision shall provide an Electronic/Technology Informed Consent. The electronic informed consent shall explain the right of each client and supervisee to be fully informed about services delivered through technological mediums, and shall provide each client/supervisee with information in clear and understandable language regarding the purposes, risks, limitations, and costs of treatment services, reasonable alternatives, their right to refuse service delivery through electronic means, and their right to withdraw consent at any time. Providers have an obligation to review with the client/supervisee – in writing and verbally – the rights and responsibilities of both Providers and clients/supervisees. Providers shall have the client/ supervisee attest to their understanding of the parameters covered by the Electronic/Technology Informed Consent. A thorough e-therapy informed consent shall be executed at the start of services. A technology based informed consent discussion shall include:

- distance-services credentials, physical location of practice, and contact information;
- risks and benefits of engaging in the use of distance-services, technology, and/or social media;
- possibility of technology failure and alternate methods of service delivery;
- anticipated response time;
- emergency procedures to follow;
- when the services are not available;
- time zone differences;
- cultural and/or language differences that may affect delivery of services; and
- possible denial of insurance benefits; and social media policy.

Behavioral Health Professionals and Peers, who engage in the use of electronic platforms for the delivery of services shall take reasonable steps to verify the client's/supervisee's identity prior to engaging in the e-services relationship and throughout the behavioral health relationship. Verification can include, but is not limited to, picture id's, code words, numbers, graphics, or other nondescript identifiers.

6.4 E-Jurisdiction: Behavioral Health Professionals and Peers, shall comply with relevant licensing laws in the jurisdiction where the Provider/Clinical Supervisor is physically located when providing care and where the client/supervisee is located when receiving care. Emergency management protocols are entirely dependent upon where the client/supervisee receives services. Providers, during "informed consent," shall notify their clients/supervisees of the legal rights and limitations governing the practice of behavioral health services across state lines or international boundaries. Mandatory reporting and related ethical requirements such as duty to warn/notify are tied to the jurisdiction where the client/supervisee is receiving services. Behavioral Health Professionals and Peers, utilizing technology, social media, and distance counseling within their practice recognize that they are subject to state and federal laws and regulations governing the counselor's practicing location. Providers utilizing technology, social media, and distance counseling within their practice recognize that they shall be subject to laws and regulations in the client's/supervisee's state of residency and shall be subject to laws and regulations in the state where the client/supervisee is located during the actual delivery of services.

6.5 E-Confidentiality: Behavioral Health Professionals and Peers, recognize that electronic means of communication are not secure, and shall inform clients, students, and supervisees that remote services using electronic means of delivery cannot be entirely secured or confidential. Providers who provide services via electronic technology shall fully inform each client, student, or supervisee of the limitations and risks regarding confidentiality associated with electronical delivery, including the fact that electronic exchanges may become part of clinical,

academic, or professional records. Efforts shall be made to ensure privacy so clinical discussions cannot be overheard by others outside of the room where the services are provided. Internet-based behavioral health services shall be conducted on HIPAA-compliant servers. Confidential material shall not occur using unencrypted text-based or email-based delivery. Addiction Professionals shall inform clients that other individuals (i.e., colleagues, supervisors, staff, consultants, information technologists) might have authorized or unauthorized access to such records or transmissions. Providers use current encryption standards within their websites and for technology-based communications. Providers take reasonable precautions to ensure the confidentiality of information transmitted and stored through any electronic means. Behavioral Health Professionals and Peers, understand the inherent dangers of electronic health records. Providers are responsible for ensuring that cloud storage sites in use are HIPAA compliant. Providers inform clients/supervisees of the benefits and risks of maintaining records in a cloud-based file management system, and discuss the fact that nothing that is electronically saved on a Cloud is confidential and secure. Cloud-based file management shall be encrypted, secured, and HIPAA compliant. Providers shall use encryption programs when storing or transmitting client information to protect confidentiality.

6.6 E-Eligible: Behavioral Health Professionals and Peers, shall assess and document the client's/supervisee's ability to benefit from and engage in e-services. Providers shall consider the client's/supervisee's cognitive capacity and maturity, past and current diagnoses, communications skills, level of competence using technology, and access to the necessary technology. Providers shall consider geographical distance to nearest emergency medical facility, efficacy of client's support system, current medical and behavioral health status, current or past difficulties with substance abuse, and history of violence or self-injurious behavior. Behavioral Health Professionals and Peers, shall acknowledge and discuss with the client that optimal clinical management of clients may depend on coordination of care between a multidisciplinary care team. Providers shall explain to clients that they may need to develop collaborative relationships with local community professionals, such as the client's local primary care provider and local emergency service providers, as this would be invaluable in case of emergencies. Behavioral Health Professionals and Peers, shall be familiar with local in-person mental health resources should the Provider exercise professional judgment to make a referral for additional substance abuse, mental health, or other appropriate services. Behavioral Health Professionals and Peers, shall take reasonable steps to determine whether the client/supervisee physically, intellectually, emotionally, linguistically and functionally capable of using e-service platforms and whether e-services/e-supervision is appropriate for the needs of the client/supervisee. Providers and clients/supervisees shall agree on the means of e-services/ e-supervision to be used and the steps to be taken in case of a technology failure. Providers verify that clients/supervisees understand the purpose and operation of technology applications and follow up with clients/supervisees to correct potential concerns, discover appropriate use, and
assess subsequent steps.

6.7 E-Limitations: Behavioral Health Professionals and Peers, shall acknowledge the difference between face-to-face and electronic communication (nonverbal and verbal cues) and how these could influence the services/supervision process. Providers shall discuss with their client/supervisee how to prevent and address potential misunderstandings arising from the lack of visual cues and voice inflections when communicating electronically.

6.8 Social Media: Behavioral Health Professionals and Peers, shall not accept clients' "friend" requests on social networking sites or email (from Facebook, Twitter, etc.). Behavioral Health Professionals and Peers shall take all necessary and appropriate precautions to insure client privacy and maintain professional boundaries when using social media. When Providers choose to maintain a professional and personal presence for social media use, separate professional and personal web pages and profiles are created that clearly distinguish between the professional and personal virtual presence. Behavioral Health Professionals and Peers, shall clearly explain to their clients/supervisees, as part of informed consent, the benefits, inherent risks including lack of confidentiality, and necessary boundaries surrounding the use of social media. Providers shall clearly explain their policies and procedures specific to the use of social media in a clinical relationship. Providers shall respect the client's/supervisee's rights to privacy on social media and shall not investigate (search) the client/supervisee without prior consent.

7.0 SUPERVISION AND CONSULTATION

7.1 Responsibility in Supervision & Training: Behavioral Health Professionals and Peers, who teach and provide clinical supervision accept the responsibility of enhancing professional development of students and supervisees by providing accurate and current information, timely feedback and evaluations, and constructive consultation. Behavioral Health Supervisors and Peer Supervisors shall monitor the services provided by supervisees. Supervisors shall monitor client welfare. Supervisors shall monitor supervisee performance and professional development. Supervisors shall assume the primary obligation of assisting students to acquire ethics, knowledge, and skills necessary to provide behavioral health services.

7.2 Equity in Supervision & Training: Behavioral Health Supervisors and Peer Supervisors and Educators shall offer

didactic learning content and experiential opportunities related to multiculturalism and cultural humility throughout their programs. Behavioral Health Supervisors and Peer Supervisors, shall be cognizant of and address the role of multiculturalism in the supervisory relationship between supervisor and supervisee. Behavioral Health Supervisors and Peer Supervisors and Educators shall provide appropriate accommodations that meet the needs of their diverse staff and student body and support well-being.

7.3 Crisis Procedures: Behavioral Health Supervisors and Peer Supervisors, shall communicate to the supervisee, during supervision informed consent, procedures for handling client/clinical crises. Alternate procedures are also communicated and documented in the event that the supervisee is unable to establish contact with the supervisor during a client/clinical crisis.

7.4 Objectivity: Behavioral Health Supervisors and Peer Supervisors and Educators shall intentionally develop respectful and relevant professional relationships and maintain appropriate boundaries with clinicians, students, interns, and supervisees, in all venues. Supervisors shall strive for accuracy and honesty in their assessments of students, interns, and supervisees. Behavioral Health Supervisors and Peer Supervisors and Educators clearly define and maintain ethical professional, personal, and social boundaries with their supervisees. Supervisors shall not enter into a romantic/sexual/nonprofessional relationship with current supervisees, whether in-person and/or electronically.

7.5 Confidentiality: Behavioral Health Supervisors and Peer Supervisors and Educators shall not disclose confidential information in teaching or supervision without the expressed written consent of a client, and only when appropriate steps have been taken to protect client's identity and confidentiality.

8.0 RESOLVING ETHICAL CONCERNS

8.1 Cognizance: Behavioral Health Professionals and Peers shall understand and endorse the MHACBO Code of Ethics and other applicable ethics codes from professional organizations or certification and licensure bodies of which they are members. Lack of knowledge or misunderstanding of an ethical responsibility is not a defense against a charge of unethical conduct.

8.2 Documentation of Ethical Dilemmas: Behavioral Health Professionals and Peers shall utilize and document, when appropriate, an ethical decision-making model when faced with an ethical dilemma. A viable ethical decision-making model shall include but is not limited to: (a) supervision and/or consultation regarding the concern; (b) consideration of relevant ethical standards, principles, and laws; (c) generation of potential courses of action; (d) deliberation of risks and benefits of each potential course of action; (e) selection of an objective decision based on the circumstances and welfare of all involved; and (f) reflection, and re-direction if necessary, after implementing the decision.

8.3 Jurisdiction: MHACBO and its Ethics Committee shall have jurisdiction over all complaints filed against any person holding or applying for MHACBO certification. MHACBO and its Ethics Committee shall have authority to conduct investigations, issue rulings, and invoke disciplinary action in any instance of alleged misconduct by an behavioral health professional.

8.4 Cooperation: Behavioral Health Professionals and Peers shall be required to cooperate with the implementation of the Code of Conduct and to participate in, and abide by, any disciplinary actions and rulings based on the Code. Failure to participate or cooperate is a violation of the MHACBO Code of Conduct. Behavioral Health Supervisors and Peers shall assist in the process of enforcing the MHACBO Code of Conduct. Providers shall cooperate with investigations, proceedings, and requirements of the MHACBO Ethics Committees, ethics committees of other professional associations, and/or licensing and certification boards having jurisdiction over those charged with a violation.

8.5 Conflicts on interests: Behavioral Health Supervisors and Peers shall seek and document supervision and/or consultation in the event that ethical responsibilities conflict with agency policies and procedures, state and/or federal laws, regulations, and/or other governing legal authority. Behavioral Health Professionals may find themselves at a crossroads when the demands of an organization where the Provider is affiliated poses a conflict with the MHACBO Code of Conduct. Providers shall determine the nature of the conflict and shall discuss the conflict with their supervisor or other relevant person at the organization in question, expressing their commitment to the MHACBO Code of Conduct. Providers shall attempt to work through the appropriate channels to address the concern.

8.6 Reporting: When there is evidence to suggest that another provider is violating or has violated an ethical standard and harm or the likely risk of harm has not occurred, Behavioral Health Supervisors and Peers shall attempt to first resolve the issue informally with the other provider if feasible, provided such action does not violate confidentiality rights that may be involved. Behavioral Health Professionals and Peers shall report unethical conduct or unprofessional modes of practice - leading to harm or creating a likely risk of harm - which they become aware of to the appropriate certifying or licensing authorities, state or federal regulatory bodies. Providers shall seek supervision/consultation prior to the report. Behavioral Health Professionals and Peers shall seek consultation and direction from supervisors, consultants or the MHACBO Ethics Committee when uncertain about whether a particular situation or course of action may be in violation of the

MHACBO Code of Conduct. Providers consult with persons who are knowledgeable about ethics, the MHACBO Code of Conduct, and legal requirements specific to the situation. Behavioral Health Professionals and Peers shall not initiate, participate in, or encourage the filing of an ethics or grievance complaint as a means of retaliation against another person. Behavioral Health Professionals and Peers shall not intentionally disregard or ignore the facts of the situation or omit exculpatory information in their reports.

9.0 RESEARCH AND PUBLICATION

9.1 Support: Research and publication shall be encouraged to contribute to the knowledge base and skills within the addictions and behavioral health professions. Research shall be encouraged to contribute to the evidence-based and outcome-driven practices that guide the profession. Research and publication provide an understanding of what practices lead to health, wellness, and functionality. Researchers and Behavioral Health Professionals make every effort to be inclusive by minimizing bias and respecting diversity when designing, executing, analyzing, and publishing their research. Behavioral Health Professionals and Peers support the efforts of researchers by participating in research whenever possible.

9.2 Responsibility: Behavioral Health Professionals and Peer researchers, who are conducting independent research without governance by an institutional review board, are bound to the same ethical principles and federal and state laws pertaining to the review of their plan, design, conduct, and reporting of research. Behavioral Health Professionals and Peer researchers who conduct research are responsible for their participants' welfare. Researchers shall exercise reasonable precautions throughout the study to avoid causing physical, intellectual, emotional, or social harm to participants. Behavioral Health Professionals and Peer researchers shall commit to the highest standards of scholarship, and shall present accurate information, disclose potential conflicts of interest, and make every effort to prevent the distortion or misuse of their research findings.

9.3 Publications: Behavioral Health Professionals and Peers who author books, journal articles, or other materials which are published or distributed shall not plagiarize or fail to cite persons for whom credit for original ideas or work is due. Providers shall acknowledge and give recognition, in presentations and publications, to previous work on the topic by self and others. Behavioral Health Professionals and Peers shall regard as theft the use of copyrighted materials without permission from the author or payment of royalties. Behavioral Health Professionals and Peers shall assign publication credit to those who have contributed to a publication in proportion to their contributions and in accordance with customary professional publication practices.

Adopted June 1, 2018 by the MHACBO Board of Directors

____
Print Name

____
Sign Name, pledging adherence to this Ethical Code

INTERNATIONAL CERTIFICATION EXAMINATION FOR GAMBLING COUNSELORS

Handbook for Candidates

International Gambling Counselor Certification Board

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This handbook contains necessary information about the International Certification Examination for Gambling Counselors (IGCCB). Please retain it for future reference. Candidates are responsible for reading these instructions carefully. This handbook is subject to change.

CERTIFICATION

The International Gambling Counselor Certification Board (IGCCB) supports the concept of voluntary certification by examination of gambling counselors. Certification is one part of a process called credentialing. Certification focuses specifically on the individual and is an indication of one's current level of knowledge in gambling counseling.

PURPOSES OF CERTIFICATION

TO PROMOTE COMPETENCY IN GAMBLING COUNSELING BY:

1. Promoting high standards of training, competence, skills, and knowledge.

2. Providing a national and international standard for requisite knowledge in gambling counseling.

3. Recognizing formally those individuals who meet the standards of eligibility established by the IGCCB.

4. Encouraging continued professional growth in gambling counseling for the purpose of improving the quality of care to addicted persons and their families.

5. Establishing, measuring, and monitoring the level of knowledge required for certification in gambling counseling.

EXAMINATION ELIGIBILITY REQUIREMENTS

LEVEL I GAMBLING COUNSELOR – (or ICGC-I)

1. 30 hours of approved gambling specific training

2. Bachelor's degree or equivalent in behavioral health **OR** a NCAC-I (Nationally Certified Addiction Counselor), NCAC-II, or MAC (Master Addiction Counselor) credential or equivalent OR other state or nationally recognized addiction or mental health certifications

3. Taking and passing the International Certification Examination for Gambling Counselors

4. Payment of the application fee

LEVEL II GAMBLING COUNSELOR – (ICGC-II)

1. 60 hours of approved gambling specific training

2. Bachelor's degree or equivalent in behavioral health **OR** a NCAC-I, NCAC-II, or MAC credential OR other state or nationally recognized addiction or mental health certifications

3. Taking and passing the International Certification Examination for Gambling Counselors

4. Payment of the application fee

ATTAINMENT OF CERTIFICATION AND RECERTIFICATION

Eligible candidates who pass the International Certification Examination for Gambling Counselors must ALSO fulfill **all** other requirements as found at http://www.igccb.org/certification-criteria.html to receive certification. Only once ALL requirements have been fulfilled AND the application has been approved will candidates receive certificates from the IGCCB and be eligible to use the appropriate registered designation ICGC-I or ICGC-II after their names. A registry of Certified Gambling Counselors will be maintained by the IGCCB and may be reported in its publications. Certification is recognized for a period of three (3) years at which time the candidate must meet current eligibility requirements to maintain certification.

REVOCATION OF CERTIFICATION

Certification will be revoked for any of the following reasons:

1. Falsification of any information, including experience data, requested in the Application.

2. Misrepresentation of certification status.

3. Revocation of current license, certification, or registration.

4. Violation of the Ethical Standards for Certified Gambling Counselors.

The Appeals Committee of the IGCCB provides the appeal mechanism for challenging revocation of certification. It is the responsibility of the individual to initiate this process with a written or documented request.

COMPLETION OF APPLICATION

Complete or fill in as appropriate ALL information requested on the Application. Mark only one response unless otherwise indicated.

NOTE: The name you enter on your Application must match exactly the name shown on your current government-issued photo ID such as driver's license or passport. Do not use nicknames or abbreviations.

CANDIDATE INFORMATION: Starting at the top of the Application, print your name, address, daytime phone number, evening phone number, and e-mail address in the appropriate row of empty boxes. Also, indicate your choice of examination date.

ELIGIBILITY AND BACKGROUND INFORMATION: All questions must be answered. Mark only one response unless otherwise indicated.

OPTIONAL INFORMATION: These questions are optional. The information requested is to assist in complying with equal opportunity guidelines and will be used only in statistical summaries. Such information will in no way affect your test results.

RELEASE AUTHORIZATION: This section should be completed by candidates authorizing release of test results to a state/commonwealth.

CANDIDATE SIGNATURE: When you have completed all required information, sign and date the Application in the space provided.

PART II: Complete sections A through D. Complete or fill in as appropriate ALL information requested.

Fold the completed Application. Mail the Application with the appropriate fee (see FEES on page 5) in time to be received by the deadline shown on the cover of this Handbook to:

IGCCB EXAMINATION
PROFESSIONAL TESTING CORPORATION
1350 Broadway – 17th Floor
New York, New York 10018

EXAMINATION ADMINISTRATION

The International Certification Examination for Gambling Counselors is administered during an established testing period on a daily basis, Monday through Saturday, excluding holidays, at computer-based testing facilities managed by PSI. PSI has several hundred testing sites in the United States, as well as Canada. Scheduling is done on a first-come, first-serve basis. To find a testing center near you, visit **www.ptcny.com/cbt/sites.htm** or call PSI at (800) 733-9267. Please note: Hours and days of availability vary at different centers. ***You will not be able to schedule your examination appointment until you have received a Scheduling Authorization from PTC.***

TESTING TUTORIAL

A testing tutorial can be viewed, free of charge, online. Please visit www.ptcny.com/cbt/demo.htm. This document can give you an idea about the features of online testing.

SCHEDULING YOUR EXAMINATION APPOINTMENT

Once your application has been received and processed and your eligibility verified, you will be sent a notice from PTC confirming receipt of payment and acceptance of application. Within six weeks prior to the first day of the testing period, you will be sent a Scheduling Authorization via email from notices@ptcny.com. Please ensure you enter your correct email address on the application and add the 'ptcny.com' domain to your email safe list. If you do not receive a Scheduling Authorization at least three weeks before the beginning of the testing period, contact the Professional Testing Corporation at (212) 356-0660.

The Scheduling Authorization will indicate how to schedule your examination appointment as well as the dates during which testing is available. Appointment times are first-come, first-serve, so schedule your appointment as soon as you receive your Scheduling Authorization in order to maximize your chance of testing at your preferred location and on your preferred date.

Your current driver's license, passport, or U.S. Military ID must be presented in order to gain admission to the testing center. PTC also recommends you bring a paper copy of your Scheduling Authorization and your PSI appointment confirmation with you to the testing center.

After you make your test appointment, PSI will send you a confirmation email with the date, time and location of your exam. Please check this confirmation carefully for the correct date, time and location. Contact PSI at (800) 733-9267 if you do not receive this email confirmation or if there is a mistake with your appointment.

- **It is your responsibility as the candidates to contact PTC if you have not received your Scheduling Authorization email at least three weeks prior to the start of the testing period.**

- **It is your responsibility as the candidate to call PSI to schedule the examination appointment.**

- **It is highly recommended that you become familiar with the testing site.**

- **Arrival at the testing site at the appointed time is the responsibility of the candidate. Please plan for weather, traffic, parking, and any security requirements that are specific to the testing location. Late arrival may prevent you from testing.**

SPECIAL NEEDS

IGCCB and PTC support the intent of and comply with the Americans with Disabilities Act (ADA). PTC will take steps reasonably necessary to make certification accessible to persons with disabilities covered under the ADA. Special testing arrangements may be made upon receipt of the Application, examination fee, and a completed and signed Request for Special Needs Accommodations Form, available from www.ptcny.com or by calling PTC at (212) 356-0660. This Form must be uploaded with the online application at least EIGHT weeks before the testing period begins. Please use this Form if you need to bring a service dog, medicine, food or beverages needed for a medical condition with you to the testing center.

Information supplied on the Request for Special Accommodations Form will only be used to determine the need for special accommodations and will be kept confidential.

CHANGING YOUR EXAMINATION APPOINTMENT

If you need to cancel your examination appointment or reschedule to a different date within the two-week testing period, you must contact PSI at (800) 733-9267 no later than noon, Eastern Standard Time, of the second business day PRIOR to your scheduled appointment. **PSI does not have the authority to authorize refunds or transfers to another testing period.**

RULES FOR THE EXAMINATION

1. All Electronic devices that can be used to record, transmit, receive, or play back audio, photographic, text, or video content, including but not limited to, cell phones, laptop computers, tablets, Bluetooth devices; wearable technology such as smart watches; MP3 players such as iPods; pagers, cameras and voice recorders are not permitted to be used and cannot be taken in the examination room.

2. No papers, books, or reference materials may be taken into or removed from the examination room.

3. Simple, nonprogrammable calculators are permitted with the exception of calculators as part of cellular phones, etc. A calculator is also available on screen if needed.

4. No questions concerning content of the examination may be asked during the examination session. The candidate should read carefully the directions that are provided on screen at the beginning of the examination session.

5. Candidates are prohibited from leaving the testing room while their examination is in session, with the sole exception of going to the restroom.

REPORT OF RESULTS

Candidates will be notified within six weeks whether they have passed or failed the examination. Scores on the major areas of the examination and on the total examination will be reported.

REEXAMINATION

The International Certification Examination for Gambling Counselors may be taken as often as desired upon filing of a new Application and fee. There is no limit to the number of times the examination may be repeated.

CONFIDENTIALITY

1. The IGCCB will release the individual test scores ONLY to the individual candidate.

2. Any questions concerning test results should be referred to IGCCB or the Professional Testing Corporation.

CONTENT OF EXAMINATION

1. The International Certification Examination for Gambling Counselors is a computer-based examination composed of a maximum of 200 multiple-choice, objective questions with a total testing time of four (4) hours.

2. The content for the examination is described in the Content Outline starting on page 7.

3. The questions for the examination are obtained from individuals with expertise in gambling counseling and are reviewed for construction, accuracy, and appropriateness by the IGCCB.

4. The IGCCB, with the advice and assistance of the Professional Testing Corporation, prepares the examination.

5. The International Certification Examination for Gambling Counselors will be weighted in approximately the following manner:

   I. Basic Knowledge of Problem and Pathological Gambling.................20%
   II. Gambling Counseling Practice 40%
   III. Special Issues in Gambling Treatment 30%
   IV. Professional Issues.. 10%

CONTENT OUTLINE

I. BASIC KNOWLEDGE OF PROBLEM AND PATHOLOGICAL GAMBLING
- A. Scope of Legalized Gambling
  - 1. Prevalence of Gambling Problems
    - a. Among Adults
    - b. Among Youth
    - c. Among Treatment Populations
  - 2. Definition of Pathological Gambling
  - 3. Operationalized Definition of Problem Gambling
  - 4. The Pathological Gambling Disorder
    - a. Terminology
    - b. Progression of the Disorder
    - c. Withdrawal Symptoms from Gambling
- B. Client Evaluations
  - 1. Screening
  - 2. Intake
  - 3. Assessment
  - 4. Diagnostic Criteria

II. GAMBLING COUNSELING PRACTICE
- A. Examination of Attitudes/Feelings
  - 1. Real Meaning of Money
  - 2. Deception and Self-Deception
  - 3. Fantasy and Dissociation
  - 4. Spirituality
  - 5. Transference and Countertransference
  - 6. Irrational Thinking
  - 7. Cultural Beliefs and Attitudes
- B. Considerations of Alternative Solutions
  - 1. Harm Reduction
  - 2. Natural Recovery
  - 3. Recovery Oriented Systems of Care
- C. Skills
  - 1. Individual Counseling
  - 2. Group Counseling
  - 3. Family/Significant Others
  - 4. Interventions
  - 5. Treatment Planning
  - 6. Financial Management Issues
    - a. Restitution
    - b. Budget Preparation
    - c. Pressure Relief Group
  - 7. Legal Issues
  - 8. Multi-cultural Counseling

D. Relationship to Substance Abuse and Mental Health
  1. Integration of problem gambling into substance use disorder and mental health treatment
  2. Impact of gambling on recovery from substance use and mental health disorders
  3. Impact of substance use and mental health disorders on problem gambling treatment and recovery

E. Client Care
  1. Case Management
  2. Crisis Management
    a. Identification
    b. Resolution
  3. Referral Resources
  4. Reports and Record Keeping
  5. Consultation
  6. Levels of Care
  7. Peer Counseling and Recovery Support Systems

F. Education
  1. Orientation to treatment and recovery
  2. Gambling Information
  3. Co-Occurring Disorders
    a. Mental
    b. Emotional
    c. Psychological
    d. Recreation/Leisure
  4. Self-Help Programs
    a. Gamblers Anonymous
    b. Gam-Anon
    c. Other 12-Step Resources for Gambling Clients
  5. Research
    a. Neurobiology, medication and psychopharmacology
    b. Treatment

G. Continuing Care

III. SPECIAL ISSUES IN GAMBLING TREATMENT

A. Adolescence
B. Older Adults
C. Female Gamblers
D. Cultural Minorities
E. Relapse and Relapse Prevention
F. Suicide
G. Dual/Multiple Diagnosis
H. Trauma and Survivors Issues
I. Chronic Illness
J. Criminal Justice
K. Military

IV. PROFESSIONAL ISSUES

- A. Law and Regulation
  - 1. Client Rights
    - a. Confidentiality
    - b. Informed Consent
    - c. Reporting
      - 1) Child/Other Abuse
      - 2) Duty to Warn
  - 2. Discrimination
  - 3. Continuous Quality Improvement
  - 4. Managed Care
    - a. Utilization Review
    - b. Outcome Studies
- B. Ethics
  - 1. Non-Discrimination
  - 2. Counselor Responsibility
  - 3. Competence
  - 4. Legal Standards
  - 5. Media Statements
  - 6. Publication Credit
  - 7. Client Welfare
  - 8. Confidentiality
  - 9. Client Responsibility
  - 10. Interprofessional Relationships
  - 11. Remuneration
  - 12. Societal Advocacy
- C. Supervision
  - 1. Administrative
  - 2. Clinical
  - 3. Gambling Specific Consultation

SAMPLE EXAMINATION QUESTIONS

In the following questions, choose the one best answer.

1. If, during a session, a client speaks about suicide, which of the following is the most appropriate initial step?

   1. Telephone the client's next-of-kin
   2. Seek a consultation with a professional colleague
   3. Make a decision about the seriousness of the situation
   4. End the session and accompany the client to the nearest hospital

2. In DSM V Pathological Gambling has been renamed

   1. Gambling Disorder.
   2. Addictive Gambling.
   3. Impulsive Gambling.
   4. Compulsive Gambling.

3. Compared to men, women problem gamblers are likely to start gambling

   1. at the same age.
   2. earlier in life.
   3. later in life.
   4. only in response to stress.

4. Gamblers Anonymous was founded in

   1. 1949.
   2. 1957.
   3. 1976.
   4. 1980.

5. Which of the following substances are disordered gamblers most likely to abuse?

   1. Alcohol
   2. Cocaine
   3. Marijuana
   4. Amphetamine

6. Which of the following screening tools is used to assess for a gambling disorder?

   1. ASI
   2. NED
   3. NORC
   4. NODS-CLiP

CORRECT ANSWERS TO SAMPLE QUESTIONS

1. **3** 2. **1** 3. **3** 4. **2** 5. **1** 6. **4**

REFERENCES

The International Gambling Counselor Certification Board has prepared a suggested reference list to assist in preparing for the International Certification Examination for Gambling Counselors. These references contain journals and textbooks which include information of significance to gambling counseling practice. Inclusion of certain journals and textbooks on this list does not constitute an endorsement by the IGCCB of specific professional literature which, if used, would guarantee candidates' successful passing of the certification examination.

American Psychiatric Association. *DSM 5: Diagnostic and Statistical Manual of Mental Disorders,* Fourth Edition. Washington, DC: American Psychiatric Association (2013).

Blaszczynski, A. *Overcoming Compulsive Gambling: A Self-Help Guide Using Cognitive Behavioral Techniques.* London: Constable & Robinson; 2010.

Ciarrocchi, J. *Counseling Problem Gamblers: A Self Regulation Manual for Individual and Family Therapy.* San Diego, CA: Academic Press (2002).

Custer, R. and Milt, H. *When Luck Runs Out.* New York, NY: Facts on File (1985).

Davis, D.R. *Taking Back Your Life: Women and Problem Gambling.* Center City, MN: Hazelden; 2009.

Federman, E.J., Drebing, C.E. & Krebs, C. *Don't Leave it to Chance: A Guide for Families of Problem Gamblers.* Oakland, CA: New Harbinger Publications; 2000.

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Mee-Lee, D, Shulman, G.D., Fishman, M. J., Gastfriend, D. R., Miller, M.M., eds. *The ASAM Criteria: Treatment Criteria for Addictive, Substance-Related and Co-Occurring Conditions.* 3rd ed. Carson City, NV: The Change Companies; 2013

Marlatt, G. A., Larimer, M. E., Witkiewitz, K., eds. *Harm Reduction: Pragmatic Strategies for Managing High Risk Behaviors.* 2nd ed. New York, NY: Guildford Press; 2012

McCown, W. G. & Howatt, W. A. *Treating Gambling Problems.* Hoboken, NJ: John Wiley & Sons; 2007

Miller W. and Rollnick, S. *Motivational Interviewing,* Third Edition. New York, NY: Guilford Press (2012).

National Center for Responsible Gaming - www.ncrg.org/resources/

National Council on Problem Gambling and National Endowment for Financial Education. *Financial Issues for Loved Ones of Problem Gamblers.* Denver, CO: National Endowment for Financial Education (2000).

National Gambling Impact Study Commission. *Final Report.* Washington, DC: National Gambling Impact Study Commission (1997).

National Research Council. *Pathological Gambling: A Critical Review*. Washington, DC: National Academy Press (1999).

Petry, N. *Pathological Gambling: Etiology, Comorbidity, and Treatment.* Washington, DC: American Psychological Association (2005).

Richard, C. S., Blaszczynski, A., Nower, L., eds. *The Wiley-Blackwell Handbook of Disordered Gambling.* Wiley-Blackwell, Oxford, UK; 2014.

Shaffer, H., Martin, R, Kleschinsky, J & Neporent, L. Change your Gambling; Change your Life: Strategies for Managing your Gambling and Improving your Finances, Relationships, and Health. San Francisco, CA: Jossey-Bass; 2012.

Volberg, R. *When Chips Are Down: Problem Gambling in America.* New York, NY: The Century Foundation Press (2001).

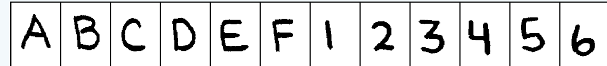
The Wager – www.basisonline.org/

Whelan, J. P., Steenbergh, T. A., & Meyers, A. W. *Problem and Pathological Gambling.* Cambridge MA: Hogrefe & Huber; 2007

IGCCB International Gambling Counselor Certification Board

Application for International Certification Examination for Gambling Counselors

MARKING INSTRUCTIONS: This form will be scanned by computer, so please make your marks heavy and dark, filling the circles completely. Please print uppercase letters and avoid contact with the edge of the box. See example provided. →



Candidate Information

Please enter your Name exactly as it appears on your current Government-Issued Photo I.D.

○ Mr. ○ Mrs. ○ Ms. ○ Dr.

First Name | Middle Initial

Last Name | Suffix (Jr., Sr. , etc.)

Home Address - Number and Street | Apartment Number

City | State | Zip/Postal Code

Daytime Phone - - | Evening Phone - -

Email Address (Please enter only ONE email address. Use two lines if your email address does not fit in one line.)

Examination Date

○ Spring ○ Summer ○ Winter

Eligibility and Background Information

Darken only one choice for each question unless otherwise directed.

A. ELIGIBILITY ROUTE: *(See Handbook.)*

Credential

○ Bachelor's degree
○ NCAC - I, NCAC - II
○ MAC
○ Other: ____________
(State or nationally recognized addiction or mental health certifications)

AND Approved Training

○ 30 hours
○ 60 hours
● Not applicable - taking examination for approved state jurisdictions ONLY

B. LEVEL FOR WHICH YOU ARE APPLYING:

○ Level - I
○ Level - II

C. IN WHAT TYPE OF SETTING DO YOU PRACTICE?

○ Private outpatient
○ Public outpatient
○ Private residential
○ Public residential
○ Hospital inpatient
○ Governmental institution
○ Other

D. IN WHICH OF THE FOLLOWING DO YOU SPEND AT LEAST TEN HOURS PER WEEK? *(Darken all that apply.)*

☐ Counseling clients with gambling-related problems
☐ Counseling clients with alcohol/drug-related problems
☐ Clinical supervision
☐ Assessment and referral
☐ Outreach
☐ Research/evaluation
☐ Other

E. PERCENT OF WORKING TIME CURRENTLY SPENT IN GAMBLING COUNSELING:

○ Less than 25%
○ 51 to 75%
○ 25 to 50%
○ More than 75%

F. PROFESSIONAL BACKGROUND:

○ Counselor
○ Physician other than Psychiatrist
○ Therapist
○ Psychiatrist
○ Administrator
○ Clergy
○ Social Worker
○ Other
○ Nurse

G. EXPERIENCE IN GAMBLING COUNSELING:

○ 50 to 99 hours
○ 751 to 1000 hours
○ 100 hours
○ 1001 to 2000 hours
○ 101 to 750 hours
○ More than 2000 hours

H. HIGHEST ACADEMIC LEVEL:

○ Bachelor's degree
○ Master's degree
○ Doctoral degree
○ Other

(Continue on page 2)

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IGCCB International Gambling Counselor Certification Board

Application for International Certification Examination for Gambling Counselors

Eligibility and Background Information

I. IN WHICH OF THE FOLLOWING ARE YOU LICENSED OR HOLD CERTIFICATION OR REGISTRATION?
(Darken all that apply.)

- ☐ Social work
- ☐ Nursing
- ☐ Psychology
- ☐ Employee assistance programming
- ☐ Counseling
- ☐ Marriage and family therapy
- ☐ Medicine
- ☐ Peer Counselor/Recovery Coach
- ☐ Other

J. HAVE YOU TAKEN THIS EXAMINATION BEFORE?

○ No ○ Yes

If yes, indicate month, year, and name under which the examination was taken.

Date (month/year): ______________________

Name: ______________________

K. ARE YOU A MEMBER OF THE NATIONAL COUNCIL ON PROBLEM GAMBLING (NCPG)?

○ No ○ Yes *NOTE: Membership is not required.*

NCPG Membership Number

Membership Experation Date (month/day/year)

__ __ / __ __ / __ __ __ __

L. ARE YOU A MEMBER OF NAADAC?

○ No ○ Yes *NOTE: Membership is not required.*

NAADAC Membership Number

Membership Experation Date (month/day/year)

__ __ / __ __ / __ __ __ __

OPTIONAL INFORMATION

Note: Information related to race, age, and gender is optional and is requested only to assist in complying with general guidelines pertaining to equal opportunity. Such data will be used only in statistical summaries and in no way will affect your certification.

Race:	Age Range:	Gender:
○ African American	○ Under 25	○ Male
○ Asian	○ 25 to 29	○ Female
○ Hispanic	○ 30 to 39	
○ Native American	○ 40 to 49	
○ White	○ 50 to 59	
○ Other	○ 60+	

Release Authorization

Must be completed by all candidates authorizing release of test results to a state/commonwealth.

State/Commonwealth

O	R

Please print the two letter state/commonwealth abbreviation in the boxes provided.

I hereby authorize the International Gambling Counselor Certification Board (IGCCB) to release the results of my certification examination to the state/commonwealth indicated. I understand that these test results will be used only for state/commonwealth certification at this time.

CANDIDATE SIGNATURE: ______________________ ***DATE:*** ______________________

Candidate Signature

I have read the Handbook for Candidates and understand I am responsible for knowing its contents. I certify that the information given in this Application is accurate, correct, and complete.

CANDIDATE SIGNATURE: ______________________ ***DATE:*** ______________________

FOR OFFICE USE ONLY
1050 1060

Date

Fee:

☐ CC ☐ Check

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