

**WEST VIRGINIA CERTIFICATION BOARD  
FOR ADDICTION AND PREVENTION PROFESSIONALS  
436 12th Street, Suite C  
DUNBAR, WV 25064  
(304) 768-2942  
(304) 768-1562 FAX**

**(AADC) ADVANCED ALCOHOL & DRUG COUNSELOR MANUAL**

Please read the entire manual  
before you begin to complete the application.

**Table of Contents**

SECTION TOPIC	PAGE
Section I Authority for Alcohol and Drug Counselors .....	2
Section II Purpose of Certification .....	2
Section III Definition of the Addiction Counselor .....	3-4
Levels of Certification	
Section IV The Certification Process .....	4-5
Section V Knowledge and Skills of the Addiction Counselor .....	5
Section VI Criteria for Advanced Alcohol and Drug Counselor (AADC) .....	5-7
Section VII Professional Code of Ethics.....	7
Section VIII Definition of Terms .....	7-8
Section IX Recertification .....	9-10
Section X Procedures for Appeal .....	10-11
Appendix A: Performance Domains: Tasks and Knowledge .....	12-34
Appendix B: Ethical Code of Conduct .....	35-47

# **WEST VIRGINIA CERTIFICATION BOARD FOR ADDICTION PROFESSIONALS**

## **SECTION I**

### **AUTHORITY FOR CERTIFICATION OF ADDICTION COUNSELORS**

Certification has been defined as:

“The process by which a non-governmental agency or association grants recognition to an individual who has met certain pre-determined qualifications specified by that agency or association.”

The authority of the West Virginia Certification Board for Addictions Professionals is derived from the persons who are dedicated to serving as addiction counselors and who will be most affected by certification. Application for certification is entirely voluntary. Individuals seeking it choose to do so of their own free will and agree to accept the final decisions of the West Virginia Certification Board for Addiction and Prevention Professionals.

The value of certification provided by the West Virginia Certification Board for Addiction and Prevention Professionals is based in the use of standardized requirements and tests. The West Virginia Certification Board for Addiction & Prevention Professionals has incorporated the standards developed by the International Certification Reciprocity Consortium (IC&RC) role delineation studies. Those are the standards which professional counselors in West Virginia will meet in order to attain the highest level of certification as addiction professionals.

The credibility of the certification process results from standards which are maintained and upgraded. The Certification Board’s major role is to assure that professional competence and integrity are attained and maintained. The West Virginia Certification Board for Addiction & Prevention Professionals, as a member of the IC&RC, adheres to that international organization’s guidelines for minimal standards relating to eligibility, application, testing, certification, recertification, quality assurance, quality improvement, ethics and disciplinary action.

## **SECTION II**

### **PURPOSE OF CERTIFICATION**

The purpose of establishing standards and a system for voluntary professional certification of addiction counselors is threefold:

- (1) Client benefits include the availability and identification of competent counseling and other treatment services through the certification of addiction counselors.
- (2) Public benefits include a system which formally identifies counselors who have met these standards of competency, a basis for third party underwriting, and increased assurance of effective treatment resources for chemically dependent and other addicted individuals and their families.
- (3) Counselor benefits include a method whereby the highest professional standards have been established, maintained and updated, through a system of competency-based testing and approved training required for the maintenance of certification.

It is important to maintain a credentialing system that will provide uniform standards to measure the quality of services provided. Certification as an Alcohol and Drug Counselor is based upon both knowledge and

demonstrated competency. An applicant is required to demonstrate competency as defined in this manual.

### **SECTION III**

#### **DEFINITION OF “ADDICTION COUNSELOR”**

#### **LEVELS OF CERTIFICATION**

In establishing standards for the certification of the addiction counselor, it is necessary to define the role of this individual in a manner that is distinct from others who may provide additional professional services to the same person in the same or similar setting.

**DEFINITION:**

An addiction counselor is the person who, by virtue of special knowledge, training and experience, is uniquely able to inform, motivate, guide, and assist those persons affected either directly or indirectly by problems related to the misuse of alcohol and/or other drugs, or by problems related to behavioral addictions. This process involves the following key elements:

- (1) To assist the client in recognizing that his/her misuse of alcohol, other drugs or behavioral dependencies is self-destructive.
- (2) To assist the client in gaining insight and motivation to make a commitment to resolve the problems presented, by taking appropriate action relative to the use of alcohol, other drugs, or behavioral dependencies.
- (3) To provide experience, professional guidance, assistance and support for the client’s efforts to establish a new life-style and value system designed to eliminate the misuse of alcohol, other drugs and behavioral dependencies and related problems.
- (4) To provide professional services similar to the ones stated above for the client’s significant others, such as family members. The addiction counselor is responsible to be able to recognize problems beyond the scope of his/her training, skill or competency and to be willing and able to refer the client to other appropriate professional services. There are two levels of certification.

**TWO LEVELS OF CERTIFICATION:**

The two levels of certification are defined as follows:

- (1) **ALCOHOL AND DRUG COUNSELOR (ADC)**  
(IC&RC RECIPROCAL CREDENTIAL)

The Alcohol and Drug Counselor is a person who has demonstrated competence in the field of addiction counseling. This person is highly skilled and knowledgeable, has performed in a variety of settings and is able to function with little or no supervision when working with chemically dependent individuals and their families. This person demonstrates a knowledge and skill level commensurate with six (6) years of education, training, and/or experience. At least 6000 hours (3 years), or an equivalent, of that experience must have been obtained in direct services to chemically dependent individuals and their families. This credential is reciprocal with alcohol & drug abuse credentials of all certifying bodies belonging to the International Certification Reciprocity Consortium.

- (2) **ADVANCED ALCOHOL AND DRUG COUNSELOR (AADC)**  
(IC&RC RECIPROCAL CREDENTIAL)

The Advanced Alcohol and Drug Counselor is a person who has demonstrated the highest competence in the field of addiction counseling and has an advanced level of education and experience. This person is highly skilled and knowledgeable, has performed in a variety of settings and is able to function with no supervision when working with chemically dependent individuals and their families. This person demonstrates knowledge and skills commensurate with holding a Masters Degree, and has at least three 6000 hours (3 years,) or an equivalent, of experience in direct services to chemically dependent individuals and their families, at least one year of which is completed after completion of the Masters Degree. This credential is reciprocal with the advanced alcohol & drug abuse credentials of all certifying bodies belonging to the International Certification Reciprocity Consortium.

## **SECTION IV THE CERTIFICATION PROCESS FOR AADC**

### **1. STEPS TO CERTIFICATION**

A. Download an application packet from the website [www.wvcbapp.org](http://www.wvcbapp.org), which includes the following:

1. Certification Procedures and Guidelines
2. WVCBAPP Advanced ADC Counselor Certification Manual
3. WVCBAPP Code of Ethics (Adopted from NAADAC's Code of Ethics)
4. Application, including Supervised Practical Experience Outline Forms
5. Demographic Data Form. You must submit a photocopy of a government-issued photo ID with this application. This same photo ID must be brought to the testing center. You will not be admitted to test unless the name by which you were pre-registered by WVCBAPP matches the name on the ID.  
Some individuals find questions of age or race to be offensive. This information is requested so that the Board can respond to national surveys by NAADAC and IC&RC.
6. Fee Schedule
7. Application Checklist To Insure Enclosure of All Required Documents

B. Complete the application and return it to the Certification Board with the appropriate fees. Send an original application and one photocopy. Do not send original copies of training certificates.

C. The Board will notify applicants of any deficiencies in their applications, and will notify applicants of their eligibility to take the Computer Based Test (CBT). The application, and requirements for certification, must be complete prior to taking the test. Applicants may be asked to pay a late fee for items that are received by the Certification Board, including items sent in to correct deficiencies.

D. The applicant will submit the CBT test fee to the WVCBAPP.

E. The Board will pre-register the applicant. The applicant will receive a pre-registration verification email. It is the applicant's responsibility to register for the CBT after receiving that email.

F. Applicants must take and pass the IC&RC CBT test in order to achieve certification.

G. The Board awards all certificates once the passing test results have been received.

## 2. TIME CONSIDERATIONS

**Completion Period:** An applicant has one certification period (two years), from the postmark date of the application to pass the examination. If the application expires, he/she must reapply to continue in the process.

**Eligibility Period for Tests:** In order to be eligible to take the test, the applicant's portfolio (application and all related materials) must be complete. Incomplete applications will be returned, or the applicant will be notified of the deficiencies and will be required to submit additional documentation to correct all deficiencies. A fee may be assessed for each individual item submitted to correct deficiencies

## SECTION V KNOWLEDGE AND SKILLS OF THE ADVANCED ALCOHOL & DRUG COUNSELOR

The most recent Job Task Analyses, written by Subject Matter Experts, systematically identified the major target areas, or performance domains, that make up the professional activities of the Addiction Counselor.

### IC&RC DOMAINS:

- 1) Screening, Assessment & Engagement
- 2) Treatment Planning, Collaboration & Referral
- 3) Counseling & Education
- 4) Ethical & Professional Responsibilities

The Role Delineation Panel next outlined the tasks performed by certified AADC counselors within those four domains, and generated a list of skills and knowledge required to perform each task. The West Virginia Certification Board for Addiction and Prevention Professionals recognizes the vast resources and breadth of experience that went into the development of these standards, and, therefore, adopts these as the standards for knowledge and skills needed for certification as an Advanced addiction counselor (AADC) in West Virginia. The list of tasks, skills and knowledge associated with each Performance Domain can be found in Appendix A. The items on the CBT test are based on that material.

## SECTION VI CRITERIA FOR ADVANCED CERTIFIED ALCOHOL AND

## DRUG COUNSELORS (AADC) CERTIFICATION

### **I.A. QUALIFYING EXPERIENCE**

Formatted: Bullets and Numbering

An AADC candidate must have a minimum of six (6) years of qualifying experience. This experience includes a combination of:

#### WORK EXPERIENCE:

1. Work Experience Specific to addiction defined in Section IX: a minimum of 6000 hours (equivalent<sup>3</sup>) years of work experience specific to addiction **required**. Time in excess of the three year minimum may be utilized to meet the total six year work experience requirement.
2. Post-Graduate supervised work experience specific to addiction: at least one year (2000 hours) of the three 3 years (6000 hours) of work experience specific to addiction must have been started after obtaining the Master's degree and completed under the clinical supervision of a professional licensed in a behavioral sciences/human resources discipline. (ie: counseling, social work, psychology, medicine, addiction counseling, nursing, etc.)
3. General Work Experience defined in Section IX: up to a maximum of three years (6000 hours) may be utilized to meet the six year (6000 hour) requirement of qualifying experience.
4. Accredited Degree Work: A minimum of a Masters Degree from a regionally accredited college or university in the behavioral science, human services or related disciplines, with a clinical application.

An application requirement is a minimum of six (6) clock hours of professional ethics training, with a focus on addiction/chemical dependency. Individuals who have completed at least 3 semester hours of a college or university course in professional ethics will be credited for this requirement, even if the focus was not specifically chemical dependency or addiction. All training must be documented by official transcript or certificate of attendance. Transcripts must be sent to the Board in a sealed envelope from the college/university.

As defined in Section IX, a maximum of three years of accredited college or university work may be utilized to satisfy the three year requirement of qualifying general work experience.

### **B. RESIDENCY**

The applicant must work or live in West Virginia 51% of the time.

### **C. EDUCATION/TRAINING**

A Master's Degree in behavioral science with a clinical application from a regionally accredited college or university is required. 300 clock hours of education are required. Of the 300, 180 clock hours of addiction-specific education or training is required. Six hours must be specific to addiction counselor ethics. One hour of education is equal to 50 minutes of continuous instruction. Exceptions will be made for those who have satisfactorily completed a full semester, three-credit, college-level course in ethics related to any human service, behavioral or health science field.

### **D. SUPERVISED PRACTICAL EXPERIENCE**

Applicants must have completed a supervised practical experience, as defined in Section IX. The SPE must be done under the supervision of an ADC-S, an AADC-S or an AADC. 100 hours of supervision are required.

**E. KNOWLEDGE BASE**

An AADC candidate must demonstrate competence in the core knowledge areas of the domains, as defined in Appendix A. Such competence must be demonstrated by obtaining a passing score, as defined by the IC&RC, on the IC&RC AADC computer based test.

**F. SKILL BASE**

An AADC candidate must demonstrate competence in the 4 Domains as defined in Section V. Such competency will be demonstrated through a series of vignettes on the CBT in which a candidate will answer the corresponding questions.

**SECTION VII  
PROFESSIONAL CODE OF ETHICS**

The applicant must subscribe to and sign the Certification Board’s Code of Ethics, adopted from the National Association of Alcohol and Drug Abuse Counselors (NAADAC). Applicants who have successfully completed a 3 credit-hour course in a behavioral science field from a regionally accredited college/university will be credited for this requirement, even if the course is not addiction specific.” See Appendix B.

**SECTION VIII  
DEFINITION OF TERMS**

The criteria for measuring qualifications of applicants for AADC certification are defined as follows:

**QUALIFYING EXPERIENCE**

**WORK EXPERIENCE**

**1. Work Experience Specific to Addiction**

This phrase is used to mean supervised experience, paid or voluntary, working directly with the addicted client and his family. This experience may include both indirect and direct involvement in activities of the counseling Domains. Unsupervised work experience may not be utilized for this requirement. A candidate holding a baccalaureate degree from an accredited university or college in one of the Behavioral Science fields, which includes 20 semester hours of alcohol and/or drug studies, may be credited with one of the three years of experience required.

**2. General Work Experience**

This phrase is used to mean responsible employment or supervised volunteer work which demonstrates the ability to work with people within a therapeutic framework. This can include counseling with individuals with a variety of mental health problems, working with therapeutic groups, or providing direct services through a human service organization. Other types of work which involve person to person contact may be considered.

**3. Accredited Degree Work**

Any accredited academic college or university class, which is part of, or leads to, the completion of an accredited degree is considered accredited degree work. The institution must be regionally accredited, and be listed on the website of the United States Department of Education. Associate, Bachelors, Masters or Doctoral level degrees can be used for the Qualifying General Work Experience requirement

on a year for year basis.

This academic work shall include course work toward both graduate and/or undergraduate degrees in the area of psychology, social work, counseling, sociology, health sciences and related fields. Such education must be supported by documentation in the form of an official transcript from the institution of higher learning.

#### **EDUCATION/ TRAINING**

Education may include the successful completion of course work relevant to addiction counseling through accredited institutions of higher learning; workshops; or, training programs sponsored by federal/state agencies, professional associations, or organizations whose function is to foster chemical dependency education. One contact hour of training is equal to 50 minutes of continuous instruction. This training must be related to the knowledge and skill base associated with the AADC Domains. A certificate of attendance from the sponsoring agent, indicating total number of contact hours, topic and date of training is required for documentation in the application packet. Accredited college-level course work is credited in the following way: one semester hour credit equals fifteen contact hours of training. Applicants for the AADC credential must complete a master's degree in a behavioral science or related field."

#### **SUPERVISED PRACTICAL EXPERIENCE (SPE)**

Supervised practical experience teaches the knowledge and skills of professional addiction counseling. Supervision ensures quality of care and extends over time. It is a formal or informal process that is administrative, evaluative, clinical, and supportive. It may be provided by more than one person. Supervision includes face-to-face and/or small groups on a regular basis, tele-supervision, observation, mentoring, coaching, evaluating, inspiring, and creating an atmosphere that promotes self-motivation, learning, and professional development. In all aspects of the supervision process ethical responsibility and diversity issues must be at the forefront. An AADC-S, AADC, or ADC-S must supervise the SPE from start to completion with no less than 50 percent of the required supervision hours being performed by an AADC-S, AADC, or ADC-S. Others performing supervision must be licensed or credentialed. It is not required, nor is it enough for the supervisor to be licensed in counseling, social work or psychology. This Supervised Practical Experience must include at least ten hours in each of the four Domains, and there must be defined learning goals, specifically related to the domains in working with chemically/behaviorally dependent clients. This supervision must be documented and verified by both applicant and supervisor/supervisors.

#### **CORE KNOWLEDGE BASE**

The Core Knowledge Base includes cognitive knowledge of a variety of topics including: communication theory; knowledge of alcohol and drug use; alcoholism and other drug addictions; understanding the entire recovery/relapse process; counseling techniques and treatment strategies; and, information and referral. The core knowledge base shall be measured by a computer based Test (CBT) for the applicant.

#### **CORE SKILL BASE**

Competencies and skills in the various tasks, which are recognized as functions of the professional addictions counselor, are measured by the IC&RC's computer based test (CBT). They are also attested to by supervisors and/or co-workers. The standards for these necessary skills are included in Appendix



A.

#### **PERSONAL AND PROFESSIONAL CHARACTERISTICS**

Personal and professional characteristics must reflect compatibility with the standards for addiction counselors.

The personal and professional characteristics compatible with the standards for addiction counselors include, but are not limited to:

1. Ability to relate comfortably, confidently and effectively to people.
2. A sincere interest in helping addicted individuals and families through the provision of humanitarian and quality care.
3. A positive mental attitude toward alcoholism/addiction and its treatment.
4. Adherence to values and ethics commonly associated with professionals having access to confidential and sensitive client information.
5. Ability to serve all clients without discrimination.

#### **CODE OF ETHICS**

The applicant must subscribe to the Certification Board's code of ethics, which has been adopted from the National Association of Alcohol and Drug Abuse Counselors (NAADAC). The applicant must agree to abide by the jurisdiction of the Certification Board in matters of violation or misconduct, as specified in the policies of the Certification Board. The Code of Ethics is found in Appendix B.

### **SECTION IX RECERTIFICATION**

Every individual who has attained certification must seek recertification by the end of the two-year certification period, in order to maintain an active credential.

#### **STEPS TO RECERTIFICATION:**

1. Complete the recertification application form and return it no later than August 30th of the year of the credential's expiration date. Recertification applications are available on-line at [wvcbapp.org](http://wvcbapp.org) under the resources tab. It is the responsibility of the certified professional to obtain, complete and submit recertification documents in a timely manner. An e-mail will be sent in June to remind all members that it is time to recertify.
2. Furnish documentation of forty (40) hours of continuing education. These hours must consist of a minimum of 40 contact hours of training which has been given approved continuing education status by the Certification Board. Approved providers are listed on the website. Coursework from regionally accredited colleges/university is also acceptable.
3. Six (6) of the forty (40) hours of continuing education must be "addiction specific," by which is meant that the course title, description or content clearly indicates that the training addresses chemical and behavioral dependencies directly. For example, "Group Therapy" would not meet the criteria, whereas "Group Therapy for Alcoholics" would.
4. Six (6) of the forty (40) hours must be addiction ethics specific, by which is meant that the course title, description or content clearly indicates that the training addresses ethics related to addiction counseling. For example, 'Ethics' would not meet the criteria, whereas 'Ethics for Addiction Counselors' would.

5. Pay the required fee.

**OBTAINING APPROVED STATUS FOR TRAINING:**

Certification Board approval for continuing education hours/events may be gained in a variety of ways:

- A. By the sponsoring agent: The individual, agency or institution sponsoring the training submits an application and fee to the Certification Board. The Board reviews the materials and, if appropriate, approves a set number of contact hours.
- B. By the individual attending the training: The individual attending the training submits an application and fee to the Certification Board. The Board reviews the materials and, if appropriate, approves a set number of contact hours.
- C. By the trainer or faculty member: The person teaching the course or workshop submits an application and fee to the Certification Board. The Board reviews the materials and, if appropriate, approves a set number of contact hours.

Procedures and applications for these processes may be obtained from the Certification Board.

**LATE FEE:**

A late fee of \$75.00 is charged to any re-certification applicant if the application has not been postmarked by August 30<sup>th</sup>.

**INACTIVE STATUS:**

Once a certified professional fails to submit the re-certification packet by August 30<sup>th</sup> of the year in which he/she is supposed to re-certify, the credential is considered to be “inactive” and may not be used until re-certification is obtained. The individual may not identify him/herself as a Prevention Specialist (PSI or PSII), Alcohol and Drug Counselor (ADC), Advanced Alcohol Drug and Counselor (AADC), Certified Clinical Supervisor (CCS), or Certified Criminal Justice Addiction Professional (CCJP) and must notify his/her employer of the inactive status of the credential in question. Since the certified Clinical Supervisor (CS) credential requires that the individual holds an active ADC or AADC credential, one’s CS will also become inactive if the ADC or AADC credential becomes inactive.

The individual can regain his/her credential up to 90 days past the expiration date by completing the re-certification process and paying all late fees (\$75.) After the 90 day period, the certification will be null and void and the individual will have to re-apply for certification, complete all certification paperwork and take all tests in order to be re-credentialed.

**SECTION X**

**APPEALS PROCEDURES: CERTIFICATION BOARD DECISIONS  
REGARDING CERTIFICATION/RE-CERTIFICATION/TEST RESULTS**

**PURPOSE:**

The appeal process will determine if a decision rendered on the certification/recertification status of an applicant, or the determination of a test score, was arbitrary and capricious. There is a written enforcement and appeals process if a professional violates the board’s code of ethics.

**PROCEDURES:**

1. An individual desiring to appeal a decision regarding a test result, or certification/recertification status, must do so in writing, addressed to the President of the Certification Board, within thirty (30) days of the postmark on the envelope carrying the notification of the certification/recertification status or test result. The letter of appeal must include the following:

- a. The specific decision being appealed
- b. The outcome desired
- c. The justification for the desired outcome

2. The appeals review committee of the Certification Board will review the appeal and all appropriate data. That committee will then report and make recommendations to the Board at Large. The Board President will respond in writing to the appeal letter within thirty (30) days, stating the Board's decision regarding the outcome. The review committee will be chosen from an alphabetical listing of the Board members on a rotating basis, or the appeals committee may consist of the Board as a whole.

3. If the applicant is not satisfied with the review committee's written response, he/she may request a personal appearance before the Board. This appearance must be requested in writing within thirty (30) days of the postmark on the response from the Board, which will schedule the appearance within sixty (60) days of the written request.

4. The applicant may be accompanied to the personal appearance in front of the Board by the person of his/her choice. The purpose of the review is to determine whether the Board acted in an arbitrary or capricious manner.

5. The applicant may present information to the Board to demonstrate that the decision rendered by the Board was arbitrary and capricious.

6. A set time allowance for presentation of information will be established by the Board prior to the beginning of the appearance.

7. The applicant will be notified in writing within seven (7) days of the Board's decision.

**COMPUTER BASED (CBT) TESTS:**

The Computer Based Test is a valid and reliable instrument which is designed, normed and scored by the IC&RC. Answers to specific questions and test results cannot be challenged. However, an applicant who has failed the test may appeal on the grounds that test logistics were inconsistent with IC&RC standards. (E.g.: lighting, sound, etc.)

## APPENDIX A

### PERFORMANCE DOMAINS: TASKS AND KNOWLEDGE

#### Examination Content

The **Advanced Alcohol & Drug Counselor** Job Analysis identified **four** performance domains for the IC&RC Advanced Alcohol & Drug Counselor Examination:

<b>Domain</b>	<b>Weight on Exam:</b>
1. Screening, Assessment, and Engagement	23%
2. Treatment Planning, Collaboration, and Referral	18%
3. Counseling and Education	28%
4. Ethical and Professional Responsibilities	31%

Candidates will note that the final 13 questions on the exam all relate to a single case study, which is presented with those questions in the end of the exam.

Within each performance domain are several identified tasks that provide the basis for questions in the examination. Following is the outline of the tasks that fall under each domain.

#### **DOMAIN I: Screening, Assessment, and Engagement**

**Task 1 Demonstrate verbal and non-verbal skills to establish rapport and promote engagement with persons served presenting at all levels of severity.**

##### **Knowledge of:**

- 1 Stages of change and recovery process
- 2 Role of empathy and active listening in the engagement process
- 3 Interview process including objectives and techniques
- 4 Protection and limitations offered by laws and regulations related to confidentiality and ethical codes in the treatment of the person served
- 5 Culturally-based considerations that may influence the treatment and recovery process
- 6 Social, professional, and institutional biases that impact effective treatment of individuals
- 7 Current evidence-based theories and principles concerning human behavior, development, and bio/psycho/social approaches as they relate to the person served
- 8 Behavioral indicators of decreased engagement
- 9 Motivation enhancement techniques

##### **Skill in:**

- 1 Sharing compassion, empathy, respect, flexibility, patience, persistence and hope with all individuals, regardless of their level of need or stage of recovery
- 2 Establishing and maintaining a professional relationship through objective, empathic detachment and the management of personal biases with a non-judgmental, non-punitive demeanor and approach
- 3 Demonstrating sensitivity to and respect for all persons
- 4 Responding to the unique communication and learning styles of the person served

- 5 Facilitating the participation of support persons, family members, and other service providers and welcoming them as collaborators
- 6 Eliciting the viewpoint of the person served while acknowledging the strengths and challenges in their recovery
- 7 Enhancing and maintaining the individual's motivation
- 8 Communicating clearly and concisely, both verbally and in writing
- 9 Applying cultural competence
- 10 Communicating and applying the protections and limitations offered by laws and regulations related to confidentiality in the treatment of the person served
- 11 Responding to engagement interfering events

**Task 2     Discuss with persons served the rationale, purpose, and procedures associated with the screening and assessment process to facilitate understanding and cooperation.**

**Knowledge of:**

- 1 Criteria for evaluation of substance use, mental health and/or other health conditions
- 2 Signs, symptoms, and progressive stages of substance use disorders
- 3 Signs, symptoms, and progressive stages of mental disorders
- 4 Full continuum of substance use behavior
- 5 States of intoxication, stages of withdrawal, and long-term psychological and physical effects of psychoactive substances
- 6 Patterns and methods of misuse of prescribed and over-the-counter medications
- 7 Physical conditions associated with substance use and mental disorders
- 8 Strengths-based wellness, resilience, and recovery models
- 9 Evidence-based and developmentally sensitive screening tools
- 10 Signs of abuse, neglect, domestic violence, and other trauma
- 11 Diagnostic criteria
- 12 Placement criteria
- 13 Risks and benefits of treatment options for substance use, mental health and/or other health conditions
- 14 Informed consent

**Skill in:**

- 1 Using interviewing techniques
- 2 Using motivation enhancement techniques
- 3 Gathering and assessing information and summarizing data
- 4 Assessing and determining the severity of substance use and co-occurring disorders of the person served
- 5 Building trust and establishing rapport with the person served
- 6 Recognizing and understanding non-verbal behaviors
- 7 Following established psychometric procedures when using standardized measures

**Task 3     Assess the immediate needs and readiness for change of the person served through evaluation of observed behavior and other relevant signs and symptoms of co-occurring substance use and/or mental health disorders.**

**Knowledge of:**

- 1 Signs and symptoms of intoxication, withdrawal, and mental disorders to determine level of care

- 2 Interventions and strategies to effectively respond to various presentations
- 3 Crisis intervention strategies
- 4 Cultural impact on observed behavior
- 5 Legal and ethical considerations

**Skill in:**

- 1 Identifying level of impairment
- 2 Identifying level of risk
- 3 Applying techniques for assessing readiness for change
- 4 Providing safe and effective care of the person served demonstrating symptoms of mental disorders
- 5 Providing safe and effective care of the person served experiencing psychoactive substance effects

**Task 4 Recognize the interactions between co-occurring substance use, mental health and/or other health conditions.**

**Knowledge of:**

- 1 Mental health including process addictions, substance use, and other health care issues that may require more extensive evaluation
- 2 Trauma throughout the life cycle
- 3 The impact of substances on personality, mood, anxiety, and thought disorders
- 4 The impact of personality, mood, anxiety, and thought disorders on substance use
- 5 The impact of trauma on substance use
- 6 The impact of substance use on trauma
- 7 The impact of trauma on personality, mood, anxiety, and thought disorders
- 8 The impact of personality, mood, anxiety, and thought disorders on trauma
- 9 The impact of substance use on physical health conditions and related treatments
- 10 The impact of physical health conditions and related treatments on substance use
- 11 The impact of personality, mood, anxiety, and thought disorders and related treatments on physical health conditions
- 12 The impact of physical health conditions and related treatment on personality, mood, anxiety, and thought disorders
- 13 The interactive relationships between substance use, trauma, and personality, mood, anxiety, thought disorders, and physical health conditions

**Skill in:**

- 1 Accurately assessing substance use in the presence of symptoms of co-occurring mental health and physical health conditions
- 2 Accurately assessing mental health issues in the presence of symptoms of co-occurring substance use and physical health conditions
- 3 Identifying conditions that present risk for harm and facilitating appropriate referrals
- 4 Individualizing responses taking into account the unique influences that impact substance use, mental health, and recovery of the person served
- 5 Identifying interactions between health care issues, prescribed medications, and other substance use
- 6 Addressing issues related to traumatic experiences in a sensitive and informed manner

**Task 5 Assess for appropriateness of consultation and referral for Medication Assisted Treatment (MAT) for substance use and/or mental health disorders.**

**Knowledge of:**

- 1 Specific screening tools for co-occurring mental health disorders
- 2 Medications and other drugs that may interact with MAT medications
- 3 Medical/psychiatric conditions that may interact with MAT medications
- 4 Rules and regulations that pertain to confidentiality
- 5 Importance of discussion with the person served of the need for consultation
- 6 Eligibility criteria for MAT
- 7 Distribution protocols of medications used for MAT
- 8 MAT resources
- 9 Side effects of medications used for MAT
- 10 Various medications used to manage cravings, withdrawal, and relapse
- 11 Awareness of exiting stigma and misinformation related to MAT

**Skill in:**

- 1 Identifying substances that may potentiate or reduce effectiveness of MAT medications
- 2 Recognizing medical/psychiatric conditions that may interact with MAT medications
- 3 Determining appropriateness of when and with whom consultation should occur
- 4 Communicating and applying rules and regulations pertaining to confidentiality
- 5 Communicating clearly and concisely the need for consultation to the person served
- 6 Collaborating with the person served to initiate consultation
- 7 Educating the person served and concerned others on MAT and available resources
- 8 Evaluating existing knowledge and biases of the person served related to MAT
- 9 Discussing MAT treatment options and assisting the person served in determining next steps

**Task 6 Identify screening and assessment tools that are appropriate to the demographics of the person served.**

**Knowledge of:**

- 1 Valid and reliable screening and assessment tools
- 2 Applications and limitations of screening and assessment tools

**Skill in:**

- 1 Selecting and applying appropriate screening and assessment instruments
- 2 Explaining the rationale for the use of specific tools
- 3 Interpreting the results obtained during the screening and assessment process
- 4 Explaining the results obtained during the screening and assessment process to the person served

**Task 7 Use clinical interviews and assessment instruments to obtain and document relevant bio/psycho/social/spiritual information from the person served and/or concerned others.**

**Knowledge of:**

- 1 Data collection including collateral information and stage specific interviewing techniques
- 2 Interrelationship of substance use, trauma, physical health, mental health, spirituality, and social environment

- 3 Crisis intervention strategies including emergency procedures
- 4 Psychosocial stressors and trauma
- 5 Cultural norms as differentiated from psychopathology
- 6 Diagnostic and placement criteria

**Skill in:**

- 1 Identifying and understanding non-verbal communications
- 2 Discerning the relevance and accuracy of data obtained from the person served, concerned others, and collateral sources
- 3 Interpreting and integrating information obtained from the person served, concerned others, and collateral sources
- 4 Organizing and summarizing client data and clinical impressions
- 5 Documenting clear, concise reports and summaries in an objective manner
- 6 Recognizing and responding to the unique needs of persons served that may impact their ability to participate fully in the screening and assessment process
- 7 Assessing risk factors and initiating appropriate interventions and referrals
- 8 Distinguishing between cultural norms and psychopathology

**Task 8 Screen for risk of harm to person served and/or others.**

**Knowledge of:**

- 1 Indicators of serious threat of harm to self or others
- 2 High-risk correlates and protective factors
- 3 Medical, substance use, mental health, environmental, and cultural stressors
- 4 Signs and symptoms of and appropriate responses to high-risk medical complications including withdrawal, medication toxicity, and overdose
- 5 Resources and referral sources
- 6 Confidentiality
- 7 Crisis assessment, intervention, and management strategies
- 8 Jurisdictional reporting requirements

**Skill in:**

- 1 Gathering relevant information using all available resources
- 2 Assessing acuity of risk to self and others
- 3 Engaging and communicating clearly and concisely with the person served and support systems
- 4 Determining the presence or extent of an emergency or crisis situation
- 5 De-escalation techniques
- 6 Environmental management
- 7 Linking to resources and referral sources
- 8 Documenting the required elements of a crisis situation
- 9 Evaluating support system

**Task 9 Formulate diagnosis(es) based on the signs and symptoms of co-occurring substance use and/or mental health disorders by interpreting observable behavior, objective data, and results of interviews and assessment.**

**Knowledge of:**

- 1 Substance use and mental health diagnostic criteria
- 2 Effects of psychoactive substances
- 3 Assessment tools
- 4 Diverse symptom presentation



- 5 Obtain, use, and interpret objective data and quantitative analysis
- 6 Best practices in collection, interpretation, and limitations of objective data

**Skill in:**

- 1 Using interviewing techniques
- 2 Synthesizing information
- 3 Observing behaviors
- 4 Applying best practices for level of care
- 5 Selecting appropriate assessment tool based on the person served and setting
- 6 Interpreting results of the assessment
- 7 Selecting an appropriate data collection method based on presenting symptoms
- 8 Prioritizing diagnostic focus
- 9 Assessing risk and triaging care

**Task 10 Utilize the appropriate placement criteria to determine the level of care.**

**Knowledge of:**

- 1 Risk assessment and interpretation
- 2 Evaluating withdrawal and other physical health risks
- 3 Levels of care
- 4 Placement criterion
- 5 Multiple dimensions of evaluation
- 6 Treatment matching
- 7 Community resources

**Skill in:**

- 1 Applying best practices for level of care
- 2 Evaluating multiple dimensions
- 3 Using treatment matching tools
- 4 Monitoring care on multiple dimensions
- 5 Adjusting care and practice patterns based on evaluation of multiple dimensions

**Task 11 Develop a comprehensive written summary based on the results of screening and bio/psycho/social/spiritual assessment to support the diagnosis (es) and treatment recommendations.**

**Knowledge of:**

- 1 Best practices in documentation
- 2 Current bio/psycho/social/spiritual and substance use terminology

**Skill in:**

- 1 Condensing a variety of data into an understandable summary
- 2 Using a variety of data pertinent to the client
- 3 Developing a diagnostic impression
- 4 Identifying problem areas and a summary of strengths and weaknesses
- 5 Identifying needs of the client
- 6 Interpreting data
- 7 Developing clear, concise, written summary of data
- 8 Synthesizing data
- 9 Communicating clearly and concisely, both verbally and in writing
- 10 Case formulation

**DOMAIN II: Treatment Planning, Collaboration, and Referral**

**Task 1 Discuss diagnostic assessment, findings, and recommendations with the person served and concerned others.**

**Knowledge of:**

- 1 Strategies for clearly, objectively, effectively, and empathically presenting the assessment data
- 2 Relevance of specific screening and assessment tools in evaluating symptom severity
- 3 Recovery supports
- 4 Collaterals
- 5 Readiness of change of the person served
- 6 Goals, beliefs, and attitudes of the recovery process from the perspective of the person served

**Skill in:**

- 1 Presenting assessment data clearly, objectively, and empathically
- 2 Evaluating the extent to which the data presented is understood and accepted
- 3 Communicating appropriately, both verbally and non-verbally, with diverse populations
- 4 Identifying and prioritizing needs collaboratively with the person served
- 5 Developing and implementing integrated treatment and recovery goals using measurable objectives with the person served
- 6 Coordinating with collateral contacts and recovery supports
- 7 Increasing motivation for engagement

**Task 2 Formulate and prioritize mutually agreed upon specific and reasonable short and long-term goals, measurable objectives, treatment methods, and resources based upon ongoing assessment findings that address the interactive relationship of each disorder identified.**

**Knowledge of:**

- 1 Evidence-based practices and emerging research for specific combinations of co-occurring disorders
- 2 Interventions matched to stages of change
- 3 Resources, interventions, and services to address a range of recovery related needs
- 4 Barriers to integrated care

**Skill in:**

- 1 Developing collaboratively an integrated treatment and recovery plan
- 2 Linking persons served with resources and supports that promote recovery
- 3 Identifying and mitigating barriers to achieve treatment and recovery goals
- 4 Identifying and implementing stage specific short and long-term goals
- 5 Formulating measurable and objective short and long-term goals
- 6 Incorporating the strengths, needs, abilities, and preferences of the person served
- 7 Translating goals into measurable and actionable steps

**Task 3 Identify and facilitate access to community resources to support ongoing recovery.**

**Knowledge of:**

- 1 Special needs of the person served
- 2 Community resources including interagency and intra-agency resources to meet the needs of the person served
- 3 Appropriate practices for handling confidential information of the person served

- 4 Appropriate practices regarding case consultation

**Skill in:**

- 1 Establishing and maintaining collaborative relationships with community resources
- 2 Advocating for expansion of community resources to address existing gaps
- 3 Assessing appropriateness of a referral
- 4 Identifying professional and agency limitations
- 5 Responding to the person served and/or family in crisis
- 6 Planning and facilitating referral
- 7 Ongoing assessment of the referral effectiveness and facilitating access to additional services as needed

**Task 4 Collaborate with the person served in reviewing and modifying the treatment plan based on an assessment of progress and the level of readiness to address substance use and/or mental health goals.**

**Knowledge of:**

- 1 Phases of treatment
- 2 Values, culture, demographics, physical and mental health of the person served and how they affect assessment and response to treatment
- 3 Risk factors that relate to medical, substance use, mental health, environmental, and cultural stressors
- 4 Treatment planning process
- 5 Crisis prevention and stabilization techniques
- 6 Circumstances which may necessitate a change in the course of treatment
- 7 Stages of change

**Skill in:**

- 1 Identifying appropriate adjustments to the treatment plan based on ongoing assessment
- 2 Collaborating with the person served on adjustments to the treatment plan
- 3 Updating intervention strategies as case conceptualization evolves
- 4 Ongoing integration of new data into case conceptualization
- 5 Documenting any adjustments and/or additions to the treatment plan
- 6 Recognizing changing treatment needs and preferences of the person served
- 7 Involving concerned others in the treatment planning and review process when clinically indicated
- 8 Devising realistic goals based on understanding of the needs of the person served
- 9 Collaborating with the person served to select treatment approaches based on their needs and preferences
- 10 Translating goals into measurable and actionable steps

**Task 5 Develop a plan with the person served to strengthen ongoing recovery outside of primary treatment.**

**Knowledge of:**

- 1 Continuing care principles
- 2 Treatment and support services
- 3 Impact of peer and community resources
- 4 Resources available to assist persons served who are members of special populations
- 5 Re-entry strategies

- 6 Elements of a recovery-oriented system of care
- 7 Recovery and wellness planning
- 8 Evidence-based practices for the treatment and management of chronic health conditions
- 9 Multiple pathways of recovery

**Skill in:**

- 1 Educating the person served about the importance of recovery as an ongoing process
- 2 Guiding the person served through the development of a continuing care plan
- 3 Assessing effectiveness of community resources

**Task 6 Document treatment progress, outcomes, and continuing care plans.**

**Knowledge of:**

- 1 Best practices in documentation
- 2 Best practices in clinical terminology

**Skill in:**

- 1 Writing objective, timely, clear, and concise records that comply with all regulations
- 2 Synthesizing, analyzing, and summarizing information from multiple resources for use in preparing client records

**Task 7 Adapt intervention strategies to the unique needs of the person served, recognizing multiple pathways of recovery.**

**Knowledge of:**

- 1 Impact of values, culture, demographics, and physical and mental health on treatment
- 2 Differences found in special populations and how those differences affect assessment and response to treatment
- 3 Culturally competent counseling techniques
- 4 Guidelines regarding discriminatory practices
- 5 Personal biases and professional limitations
- 6 Information and resources

**Skill in:**

- 1 Using appropriate strategies
- 2 Monitoring and modulating transference and countertransference
- 3 Communicating with diverse populations
- 4 Creating a therapeutic environment
- 5 Identifying culture as defined by the person served

**Task 8 Determine effectiveness and outcome of referrals through ongoing evaluation and documentation.**

**Knowledge of:**

- 1 Expected outcomes related to referrals
- 2 Protocols for information exchange with referral sources
- 3 Mechanisms to monitor treatment response related to referrals
- 4 Follow-up strategies
- 5 Strengths and limitations of referral sources

**Skill in:**

- 1 Using evaluation techniques to assess individual and/or aggregate referral outcomes

- 2 Developing an individualized follow-up strategy to promote continuity of care

**Task 9 Document all collaboration, consultation, and referrals.**

**Knowledge of:**

- 1 Best practices in documentation
- 2 Best practices in clinical terminology

**Skill in:**

- 1 Writing objective, timely, clear, and concise records that comply with all regulations
- 2 Synthesizing, analyzing, and summarizing information from multiple resources for use in preparing client records

**Task 10 Collaborate with other professionals.**

**Knowledge of:**

- 1 The respective roles and scopes of practice of a multidisciplinary team
- 2 Role of peer support services
- 3 Interventions to support the work of the team and to enhance outcomes

**Skill in:**

- 1 Serving as an effective member of an interdisciplinary team
- 2 Exhibiting leadership by directing, guiding, or influencing the collaboration and service delivery of the health care team
- 3 Respecting and responding to the leadership displayed by other providers in a health care setting or team
- 4 Resolving differences of opinion or conflicts quickly and without acrimony
- 5 Responding timely to requests for consultation
- 6 Adapting interventions to a collaborative setting and interdisciplinary teams

**DOMAIN III: Counseling and Education**

**Task 1 Develop a therapeutic relationship with persons served, families, and concerned others.**

**Knowledge of:**

- 1 Transference and countertransference
- 2 Power differential intrinsic to the therapeutic relationship
- 3 Factors that contribute to the successful establishment and maintenance of therapeutic relationships
- 4 Methods to measure engagement
- 5 Best practices in engagement
- 6 Culturally relevant approaches
- 7 Strategies for re-engagement
- 8 Indicators for treatment dropout

**Skill in:**

- 1 Maintaining professional boundaries with objectivity and empathic detachment
- 2 Recognizing and responding appropriately to transference and countertransference
- 3 Demonstrating compassion, empathy, respect, flexibility, and hope
- 4 Communicating with integrity and honesty
- 5 Enhancing motivation to promote and sustain change

**Task 2 Continually evaluate the safety and relapse potential of the person served and develop strategies to anticipate as well as respond to crises.**

**Knowledge of:**

- 1 Indicators of threat of harm to self or others
- 2 Bio/psycho/social stressors
- 3 Specific instruments to assess risk of harm to self and others
- 4 Indicators for symptom re-emergence for both mental and substance use disorders
- 5 Personal biases that may impact objectivity
- 6 Role of counselor including professional limitations in a crisis situation
- 7 Impact of trauma
- 8 Interaction between mental health, substance use, and other physical health conditions and the increased risk for symptom re-emergence
- 9 De-escalation techniques

**Skill in:**

- 1 Assessing acuity of symptoms and service intensity needs
- 2 Recognizing and responding to person-specific indicators
- 3 Administering and interpreting risk assessment instruments
- 4 Conveying empathy, respect, and hope to the person served during a crisis
- 5 Engaging the person served, their family, and concerned others
- 6 Addressing the unique risk factors of the person served when developing and implementing a prevention plan
- 7 Recognizing and responding to verbal and non-verbal cues in order to prevent crisis situations
- 8 Applying best practices in trauma informed care

**Task 3 Apply evidence-based, culturally competent counseling strategies and modalities to facilitate progress towards completion of treatment objectives.****Knowledge of:**

- 1 Integrated models of assessment, intervention, and recovery
- 2 Best practices in counseling theories and techniques
- 3 Bio/psycho/social needs and intrinsic motivations
- 4 Types of groups, their purposes, function, and parameters
- 5 Group dynamics and stages of group functioning
- 6 Influence of culture on treatment
- 7 Family dynamics and theories of family counseling
- 8 Personal biases that may impact objectivity
- 9 Professional limitations

**Skill in:**

- 1 Observing and responding to interactions between the person served, the family, and concerned others
- 2 Applying family counseling techniques
- 3 Establishing an environment of support and trust
- 4 Developing cohesiveness and identity among group members
- 5 Using group dynamics for individual and group growth
- 6 Terminating the counseling process
- 7 Determining relevant interventions appropriate to stage of treatment
- 8 Selecting and implementing appropriate counseling approaches
- 9 Making appropriate referrals

- 10 Matching integrative strategies and theoretical approaches to the strengths, needs, and goals of the person served
- 11 Using theories of change and strength based interviewing techniques

**Task 4 Document services provided and progress toward goals and objectives.**

**Knowledge of:**

- 1 Best practices in documentation
- 2 Best practices in clinical terminology

**Skill in:**

- 1 Writing objective, timely, clear, and concise records that comply with all regulations
- 2 Synthesizing, analyzing, and summarizing information from multiple resources for use in preparing client records

**Task 5 Educate the person served regarding the structure, expectations, and limitations of the counseling process.**

**Knowledge of:**

- 1 Counseling and therapeutic process specific to substance use and co-occurring disorders
- 2 Stages of treatment
- 3 Methods and techniques for enhancing client engagement
- 4 Feedback procedures (e.g., reflection, reframing, interpretation, clarification)
- 5 Limitations of the counseling process
- 6 Current research and emerging trends in treatment
- 7 Learning styles and educational techniques

**Skill in:**

- 1 Communicating
- 2 Responding therapeutically
- 3 Responding to ambivalence
- 4 Identifying and interpreting verbal and non-verbal behavior
- 5 Explaining the treatment process
- 6 Matching education strategies to the person served
- 7 Assessing effectiveness of education strategies and making adaptations

**Task 6 Utilize individual and group counseling strategies and modalities to match the interventions with the level of readiness of the person served to address substance use and/or mental health goals.**

**Knowledge of:**

- 1 Theories of group dynamics and development
- 2 Stage of change theories
- 3 Motivation enhancement techniques
- 4 Best practices in counseling
- 5 Assessment tools to measure the level of readiness and motivation

**Skill in:**

- 1 Facilitating a therapeutic environment
- 2 Interpreting information obtained from assessments
- 3 Communicating
- 4 Facilitating the change process
- 5 Identifying the readiness to change

- 6 Resolving ambivalence
- 7 Modifying ineffective techniques
- 8 Facilitating groups
- 9 Counseling effectively in an individual and group setting
- 10 Applying best practice counseling techniques
- 11 Applying trauma informed strategies
- 12 Adapting counseling strategies
- 13 Adjusting engagement techniques

**Task 7 Adapt counseling strategies to match the unique characteristics and choices of the person served.**

**Knowledge of:**

- 1 Interactions of substance use, mental, and physical health disorders
- 2 Diverse populations and how differences affect assessment and response to treatment
- 3 Information and resources regarding culture, lifestyles, gender, and special needs
- 4 Unique influences culture, lifestyles, gender, and special needs have on behavior
- 5 Culturally relevant counseling techniques
- 6 Personal biases and professional limitations
- 7 Current research and emerging trends

**Skill in:**

- 1 Using appropriate strategies for diverse populations
- 2 Communicating effectively with diverse populations
- 3 Creating a therapeutic environment for diverse populations
- 4 Incorporating current research and emerging trends in the counseling process
- 5 Identifying professional limitations and seeking professional growth
- 6 Monitoring and modulating transference and countertransference
- 7 Educating the person served on the interactions of substance use, mental, and physical health disorders

**Task 8 Educate the person served and concerned others about the biological and psychiatric effects of substance use and misuse.**

**Knowledge of:**

- 1 Substance use disorders as a primary disease, including symptomatology and pharmacology
- 2 Behavior patterns and progressive stages of substance use disorders
- 3 Interactions of substance use, mental, and physical health disorders including symptoms, stages, behavior patterns, and pharmacology
- 4 The effect of substance use and mental disorders on the family and concerned others
- 5 Drug interactions
- 6 Cross addictions
- 7 Trends in psychoactive substance use
- 8 Signs of symptom re-emergence
- 9 Criteria for evaluation of substance use disorders
- 10 Sexually transmitted diseases and their relation to substance use disorders



- 11 Compromise of body system functions as a result of substance use, including but not limited to, endocrine, immune, sexual, skeletal, neurological, muscular, respiratory, circulatory, and digestive
- 12 Incidence and prevalence of HIV/AIDS among substance users
- 13 Assets and liabilities of medical and pharmacological interventions
- 14 Learning theory and practices
- 15 Neurobiology of addiction and psychiatric conditions
- 16 Current research and emerging trends
- 17 Educational resources

**Skill in:**

- 1 Conveying respect
- 2 Communicating
- 3 Responding therapeutically
- 4 Responding to ambivalence
- 5 Identifying and interpreting verbal and non-verbal behavior
- 6 Matching education strategies with the person served
- 7 Assessing effectiveness of education strategies and making adaptations

**Task 9 Educate the person served and concerned others about pharmacotherapies for substance use and mental health disorders.**

**Knowledge of:**

- 1 Pharmacology as it relates to substance use and mental disorders
- 2 Psychological effects of substances use disorders
- 3 Withdrawal syndromes
- 4 Current literature and emerging trends on neurobiology
- 5 Current literature and emerging trends on pharmacotherapy
- 6 Drug interactions
- 7 Effects of psychoactive substances on children and adolescent development
- 8 The effect of substance use and mental disorders on the family and concerned others
- 9 Models of prevention, treatment, and recovery from substance use and mental disorders.
- 10 Acute and chronic impact of trauma on substance use, mental, and physical disorders
- 11 Potential side effects of medications
- 12 Personal biases
- 13 Interactions of substance use, mental, and physical health disorders including symptoms, stages, behavior patterns, and pharmacology
- 14 Benefits and limitations of pharmacotherapy
- 15 Counseling techniques used in conjunction with pharmacotherapy
- 16 Importance of counseling as part of pharmacotherapy
- 17 Professional limitations
- 18 Clinical indicators for referral

**Skill in:**

- 1 Conveying respect
- 2 Communicating
- 3 Responding therapeutically

- 4 Responding to ambivalence
- 5 Identifying and interpreting verbal and non-verbal behavior
- 6 Matching education strategies with the person served
- 7 Assessing effectiveness of education strategies and making adaptations
- 8 Discussing treatment options
- 9 Exploring biases of the person served

**Task 10** **Assist families and concerned others in understanding the symptoms of specific disorders, their interactive effects including the relationship between symptoms and stressors, co-occurring substance use and/or mental health disorders, and the use of strategies that sustain recovery and maintain healthy relationships.**

**Knowledge of:**

- 1 Diagnostic criteria
- 2 Effects of substance use, mental, and physical health disorders on the person served, the family, and concerned others
- 3 Drug interactions
- 4 Relationship between stressors and the risk of substance use and mental disorder symptom re-emergence
- 5 Community resources
- 6 Symptoms of co-occurring substance use and mental health disorders
- 7 Interactions of substance use, mental, and physical health disorders
- 8 Importance of medication compliance
- 9 Outcome data
- 10 Acute and chronic impact of trauma on substance use, mental, and physical disorders

**Skill in:**

- 1 Collecting outcome data
- 2 Engaging the family and concerned others in becoming a recovery support
- 3 Maintaining co-occurring treatment best practices throughout the entire treatment cycle
- 4 Conveying respect
- 5 Communicating
- 6 Responding therapeutically
- 7 Responding to ambivalence
- 8 Identifying and interpreting verbal and non-verbal behavior
- 9 Matching education strategies
- 10 Assessing effectiveness of education strategies and making adaptations

**Task 11** **Identify and adapt education strategies to the unique needs of the person served and concerned others.**

**Knowledge of:**

- 1 Education techniques
- 2 Learning styles
- 3 Cognitive development through the life span
- 4 Best practices in prevention strategies

**Skill in:**

- 1 Communicating

- 2 Conveying respect
- 3 Applying a variety of educational techniques
- 4 Matching education strategies to diverse populations
- 5 Assessing effectiveness of education strategies and making adaptations
- 6 Responding therapeutically
- 7 Responding to ambivalence
- 8 Overcoming resistance
- 9 Establishing and maintaining a productive education setting

**Task 12 Communicate needed subject matter in a clear, understandable, culturally, and developmentally appropriate manner.**

**Knowledge of:**

- 1 Communication styles, strategies, and supports that facilitate rapport with diverse populations
- 2 Factors in the treatment environment that support or inhibit collaborative relationships
- 3 Cognitive development through the life span

**Skill in:**

- 1 Engaging persons served and concerned others as collaborators
- 2 Demonstrating sensitivity and respect
- 3 Identifying and addressing intrapersonal attitudes, values, and beliefs that may impede the development of an inclusive collaborative relationship
- 4 Monitoring and adjusting environmental factors that may adversely impact the therapeutic milieu

**Task 13 Utilize outcome data to continually adapt counseling strategies and update treatment plan to maximize clinical effectiveness.**

**Knowledge of:**

- 1 Outcome measures
- 2 Screening instruments
- 3 Implications of symptom re-emergence on the counseling process
- 4 Various perspectives and needs of stakeholders involved in the treatment process
- 5 Best practices in counseling

**Skill in:**

- 1 Interpreting and utilizing outcome data
- 2 Collaborating with the person served on adjustments to the treatment plan
- 3 Adjusting strategies based on information obtained from concerned others in the treatment process
- 4 Documenting progress for ongoing review with the person served and concerned others

**Task 14 Educate the person served and support system about self-efficacy and empowerment.**

**Knowledge of:**

- 1 Personal rights and responsibilities
- 2 Pertinent laws and regulations
- 3 Strategies for negotiation and advocacy
- 4 Assertiveness training techniques
- 5 Barriers and discriminatory practices which may occur in the treatment and

- recovery process
- 6 Service systems and resources

**Skill in:**

- 1 Using role-playing techniques and assertiveness training
- 2 Supporting access to resources and navigating systems
- 3 Encouraging empowerment
- 4 Promoting confidence and self-efficacy
- 5 Accessing self-efficacy

**DOMAIN IV: Professional and Ethical Responsibilities**

**Task 1 Adhere to established professional codes of ethics and standards of practice.**

**Knowledge of:**

- 1 Differences between ethics, laws, and morals
- 2 Applicable professional codes of ethics pertaining to agency, discipline, and/or scope of practice
- 3 Rights of the person served
- 4 Consequences of violating applicable codes of ethics
- 5 Professional standards of practice
- 6 Cross-cultural competencies for mental health and substance use services
- 7 Overt and subtle forms of discrimination
- 8 Prevailing court precedent
- 9 Anti-discrimination guidelines

**Skill in:**

- 1 Translating applicable codes of ethics into professional behavior
- 2 Communicating clearly and concisely, both verbally and in writing
- 3 Assessing personal and system bias
- 4 Navigating difference between ethics, law, morality, and agency policies and procedures

**Task 2 Adhere to jurisdictionally specific rules and regulations regarding best practices in coordinating and/or providing co-occurring substance use, mental health, and health services.**

**Knowledge of:**

- 1 Mandatory reporting requirements
- 2 Applicable statutes, regulations, and agency policies
- 3 Applicable confidentiality regulations and consequences of non-compliance
- 4 Processes to address complaints and grievances
- 5 Anti-discrimination guidelines

**Skill in:**

- 1 Interpreting and integrating policies, procedures, and regulations
- 2 Adhering to confidentiality regulations
- 3 Communicating relevant statutes, regulations, complaints, and grievance procedures to the person served
- 4 Applying anti-discrimination guidelines
- 5 Complying with mandatory reporting requirements

**Task 3 Demonstrate cultural competence.**

**Knowledge of:**

- 1 Diverse populations and how differences affect assessment and response to treatment
- 2 Relationship between substance use and various cultures, values, and lifestyles
- 3 Feelings of the person served which stem from their particular culture and/or lifestyle
- 4 Counseling methods relevant to the needs of diverse groups
- 5 Dynamics of family systems in various cultures and lifestyles
- 6 Need to explore and identify cultural values
- 7 Advocacy needs specific to various cultures and lifestyles
- 8 Expectations and beliefs about treatment interventions that are influenced by culture
- 9 Anti-discrimination guidelines

**Skill in:**

- 1 Assessing and interpreting culturally specific behaviors and lifestyles
- 2 Conveying respect for cultural and lifestyle diversity in the therapeutic process
- 3 Acknowledging differences between the counselor and the person served and how they affect the treatment process
- 4 Adapting therapeutic strategies to the needs of the person served
- 5 Seeking supervision regarding cultural competence
- 6 Identifying professional imitations
- 7 Making appropriate referrals

**Task 4 Recognize personal biases, including feelings, concerns, and other issues to minimize impact of these variables in the counseling process.**

**Knowledge of:**

- 1 Personal and professional strengths and limitations
- 2 Importance of utilizing supervision
- 3 Various value systems

**Skill in:**

- 1 Identifying, evaluating, and managing boundary issues
- 2 Eliciting and utilizing feedback from supervisors, colleagues, and the person served
- 3 Monitoring and modulating transference and countertransference
- 4 Adjusting engagement to the therapeutic process
- 5 Making appropriate referrals

**Task 5 Continue professional development through education, self-evaluation, clinical supervision, and consultation.**

**Knowledge of:**

- 1 Methods for establishing professional development goals
- 2 Education, certification, credentialing requirements, and scope of practice restrictions
- 3 Current professional literature and resources on emerging substance use, mental health, and co-occurring treatment practices
- 4 Resources for education and training in evidence-based substance use, mental health, and integrated treatment practices
- 5 Supervision in the ongoing assessment of professional skills and development
- 6 Resources for clinical and administrative supervision and consultation
- 7 Function and need for clinical and administrative consultation and technical

assistance

**Skill in:**

- 1 Assessing professional development and training needs
- 2 Selecting and accessing training and educational opportunities
- 3 Critically interpreting professional literature
- 4 Applying practical and professional knowledge and experience
- 5 Recognizing professional capabilities and limitations in providing integrated treatment
- 6 Reviewing and consulting on clinical issues
- 7 Accepting and utilizing constructive criticism and positive feedback

**Task 6 Identify and evaluate the needs of the person served that are outside of the counselor's scope of practice and refer to other professionals as appropriate.**

**Knowledge of:**

- 1 Diversity of services provided within the community and necessary referral information
- 2 Services available to the person served, family, and concerned others as they affect treatment and the recovery process
- 3 Continuum of care
- 4 Ethical guidelines
- 5 Legal and regulatory parameters
- 6 Community resources, philosophies, and approaches
- 7 Consultation and referral confidentiality guidelines

**Skill in:**

- 1 Assessing the need for referral to outside services
- 2 Protecting and communicating client rights
- 3 Identifying appropriate resources for specific client needs
- 4 Collaborating with outside resources
- 5 Identifying professional and agency limitations
- 6 Identifying legitimacy and legality of requested information
- 7 Identifying clinical and medical indicators that are outside the scope of practice
- 8 Planning and facilitating referral
- 9 Discussing rationale for referral with the person served
- 10 Coordinating care

**Task 7 Understand and apply current, relevant research literature to improve the care of the person served and enhance the counselor's professional development.**

**Knowledge of:**

- 1 Research-based models and strategies
- 2 Peer reviewed research literature
- 3 Reputable literature sources

**Skill in:**

- 1 Developing programs
- 2 Applying best practice materials
- 3 Gaining cooperation from agencies, staff, and professionals
- 4 Critically evaluating research literature
- 5 Advocating for implementation of best practices and emerging trends

**Task 8 Understand and utilize technological advances in service delivery.**

**Knowledge of:**

- 1 Electronic health record platforms
- 2 Confidentiality best practices in utilization of technology
- 3 Boundary issues related to social media
- 4 Emerging trends in technology
- 5 Technology's ability to improve treatment

**Skill in:**

- 1 Using technology to access, collect, summarize, and transmit data
- 2 Using an electronic health record to retrieve relevant information and to document care concisely
- 3 Using computer-based and web-based tools to screen, assess, and provide services to the person served
- 4 Employing telehealth applications to ensure access to appropriate care and delivery of health care
- 5 Communicating with the person served and concerned others using secure, online, mobile, and smart technology and devices

**Task 9 Protect the integrity of the profession and best interests of persons served by identifying, addressing, and advocating for impaired professionals.**

**Knowledge of:**

- 1 Professional codes of ethics and professional guidelines for competence
- 2 Services available for impaired professionals
- 3 Professional responsibilities related to reporting impaired professionals
- 4 Self-care obligations
- 5 Reporting obligations and procedures

**Skill in:**

- 1 Developing and maintaining professional boundaries
- 2 Applying intervention techniques
- 3 Consulting with a supervisor
- 4 Advocating for policy change
- 5 Advocating for impaired professional services

**Task 10 Protect the integrity of the profession and best interests of persons served by identifying and addressing unethical practices.**

**Knowledge of:**

- 1 Applicable professional codes of ethics pertaining to agency, discipline, and/or scope of practice
- 2 Rights and responsibilities of the person served
- 3 Role delineation between counselor, peer support, and sponsor
- 4 Consequences of violating codes of ethics
- 5 Mandatory reporting requirements
- 6 Reporting obligations and procedures

**Skill in:**

- 1 Translating professional codes of ethics into ethical and professional behavior
- 2 Developing and maintaining professional boundaries
- 3 Respecting the rights of the person served and encouraging responsibility
- 4 Modeling ethical behavior

- 5 Applying agency policies and procedures into practice
- 6 Navigating differences between ethics, law, morality, and agency policies and procedures
- 7 Addressing concerns about ethics in an objective, respectful, and direct manner
- 8 Seeking supervision

**Task 11 Uphold the rights of the person served to privacy and confidentiality according to jurisdictionally specific rules and regulations.**

**Knowledge of:**

- 1 Professional codes of ethics pertaining to agency, discipline, and/or scope of practice
- 2 Rights and responsibilities of the person served
- 3 Mandatory reporting requirements and procedures
- 4 Consequences of non-compliance
- 5 Processes to address complaints and grievances
- 6 Elements of documentation following an emergent, non-consented disclosure
- 7 Procedures following an unintentional breach of confidentiality
- 8 Best practices for handling confidential information

**Skill in:**

- 1 Interpreting and integrating policies, procedures, and regulations
- 2 Applying confidentiality regulations
- 3 Communicating relevant statutes, regulations, complaints, and grievance procedures to the person served
- 4 Complying with mandatory reporting requirements
- 5 Obtaining informed, written consent
- 6 Providing education on the importance and regulations regarding confidentiality and the rights of the person served

**Task 12 Obtain required written consent to release information from the person served and/or legal guardian.**

**Knowledge of:**

- 1 Current federal, state, local, and program regulations
- 2 Regulations regarding informed consent
- 3 Best practices for handling confidential information
- 4 Limitations of informed consent

**Skill in:**

- 1 Keeping timely, clear, complete, and concise records that comply with regulations
- 2 Explaining and assessing comprehension of confidentiality rights of the person served
- 3 Seeking consultation when there is a question regarding the ability to provide informed consent to the person served

**Task 13 Prepare timely, concise, clinically accurate, and objective reports and records.**

**Knowledge of:**

- 1 Essential elements of reports and records
- 2 Best practices in documentation
- 3 Best practices in clinical terminology

**Skill in:**

- 1 Writing objective, timely, clear, and concise records that comply with all



regulations

- 2 Synthesizing, analyzing, and summarizing information from multiple resources for use in preparing client records
- 3 Analyzing, synthesizing and summarizing information

**Task 14 Advocate for and assist the person served in navigating the service delivery system.**

**Knowledge of:**

- 1 Expected outcomes related to treatment service provisions
- 2 Protocols for information exchange with other service providers
- 3 Mechanisms to monitor treatment response and available alternatives
- 4 Follow-up strategies
- 5 Community resources
- 6 Agency resources
- 7 Barriers in the service delivery system
- 8 Professional responsibilities in service engagement

**Skill in:**

- 1 Monitoring and evaluating techniques to assess treatment outcome focused services
- 2 Communicating relevant information with other service providers in a timely fashion
- 3 Utilizing current information to facilitate access to additional services as needed
- 4 Developing an individualized follow-up strategy to ensure continuity of care whenever possible
- 5 Identifying risk factors
- 6 Conveying respect and empathy
- 7 Planning and facilitating referrals
- 8 Building relationships with other service providers

**Task 15 Provide all services in a trauma-informed manner.**

**Knowledge of:**

- 1 Impact and consequences of traumatic experiences on individuals, families, and communities
- 2 Trauma-informed treatment planning strategies that support recovery
- 3 Prevalence of trauma in persons with substance use and/or mental disorders
- 4 Trauma-related symptoms and behaviors originating from traumatic experiences
- 5 Types of trauma
- 6 Characteristics of trauma
- 7 Trauma-specific services
- 8 Trauma screening tools
- 9 Barriers and challenges to trauma informed screening and assessment
- 10 Biology and neurology of trauma
- 11 Strategies for preventing secondary traumatization
- 12 Signs and symptoms of compassion fatigue and vicarious trauma
- 13 Relationships between trauma, physical health conditions, substance use and mental disorders

**Skill in:**

- 1 Evaluating and initiating the use of appropriate trauma-related screening and assessment tools.

- 2 Screening universally for histories, experiences, and symptoms of trauma
- 3 Implementing interventions from a collaborative, strengths-based approach, appreciating the resilience of trauma survivors
- 4 Recognizing trauma regardless of its acknowledgment by the person served
- 5 Promoting trauma awareness and understanding
- 6 Seeking supervision
- 7 Reducing risks of traumatization
- 8 Enhancing protective factors
- 9 Applying risk reduction strategies

## APPENDIX B

### ETHICAL CODE OF CONDUCT

It is the policy of the West Virginia Certification Board for Addiction and Prevention Professionals to promote and safeguard the quality, effectiveness and competence of professional addiction professionals through the insistence of adherence to its Code of Ethics by all WVCBAPP certified professionals.

The ethics committee develops and recommends an ethical code of conduct for adoption by the Board of Directors. Currently, the Board has adopted the code of conduct adhered to by the National Association of Alcohol and Drug Abuse Counselors (NAADAC). The ethics committee has jurisdiction over all matters of violation and misconduct by addiction professionals in the state of West Virginia. It immediately and thoroughly investigates such charges and makes recommendations to the Board of Directors for appropriate action. Applicants must adhere to the Ethical Code of Conduct as stated below, and will be asked to attest to same at the time of each recertification.

#### ETHICAL CODE OF CONDUCT

NAADAC: The Association for Addiction Professionals

NCC AP: The National Certification Commission for Addiction Professionals

CODE OF ETHICS: **Approved 10.09.2016**

PRINCIPLES

CONTENTS

- Introduction to NAADAC/NCC AP Ethical Standards
- Principle I: The Counseling Relationship
- Principle II: Confidentiality and Privileged Communication
- Principle III: Professional Responsibilities and Workplace Standards
- Principle IV: Working in A Culturally-Diverse World
- Principle V: Assessment, Evaluation and Interpretation
- Principle VI: E-Therapy, E-Supervision and Social Media
- Principle VII: Supervision and Consultation
- Principle VIII: Resolving Ethical Concerns
- Principle IX: Publication and Communications

INTRODUCTION TO NAADAC/NCC AP ETHICAL STANDARDS

i-1

NAADAC recognizes that its members, certified counselors, and other Service Providers live and work in many diverse communities. NAADAC has the responsibility to create a Code of Ethics that are relevant for ethical deliberation. The terms “Addiction Professionals” and “Providers” shall include and refer to NAADAC Members, certified or licensed counselors offering addiction-specific services, and other Service Provider along the continuum of care from prevention through recovery. “Client” shall include and refer to individuals, couples, partners, families, or groups depending on the setting.

i-2

The NAADAC Code of Ethics was written to govern the conduct of its members and it is the accepted Standard of Conduct for Addiction Professionals certified by the National Certification Commission. The Code of Ethics reflects the ideals of NAADAC and its members. When an ethics complaint is filed with NAADAC, it is evaluated by consulting the NAADAC Code of Ethics. The NAADAC Code of Ethics is designed as a statement of the values of the profession and as a guide for making clinical decisions. This Code is also utilized by state certification boards and educational institutions to evaluate the behavior of Addiction Professionals and

to guide the certification process.

i-3

In addition to identifying specific ethical standards, NAADAC recommends consideration of the following when making ethical decisions:

1. Autonomy: To allow others the freedom to choose their own destiny
2. Obedience: The responsibility to observe and obey legal and ethical directives
3. Conscientious Refusal: The responsibility to refuse to carry out directives that are illegal and/or unethical
4. Beneficence: To help others
5. Gratitude: To pass along the good that we receive to others
6. Competence: To possess the necessary skills and knowledge to treat the clientele in a chosen discipline and to remain current with treatment modalities, theories and techniques
7. Justice: Fair and equal treatment, to treat others in a just manner
8. Stewardship: To use available resources in a judicious and conscientious manner, to give back
9. Honesty and Candor: Tell the truth in all dealing with clients, colleagues, business associates and the community
10. Fidelity: To be true to your word, keeping promises and commitments
11. Loyalty: The responsibility to not abandon those with whom you work
12. Diligence: To work hard in the chosen profession, to be mindful, careful and thorough in the services delivered
13. Discretion: Use of good judgment, honoring confidentiality and the privacy of others
14. Self-improvement: To work on professional and personal growth to be the best you can be
15. Non-maleficance: Do no harm to the interests of the client
16. Restitution: When necessary, make amends to those who have been harmed or injured
17. Self-interest: To protect yourself and your personal interests.

Page 2 of 19

Source: White (1993)

#### PRINCIPLE I: THE COUNSELING RELATIONSHIP

I-1

##### Client Welfare

Addiction Professionals 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.

I-2

##### Informed Consent

Addiction Professionals 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.

I-3

##### 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,
- b. purposes, goals, techniques, procedures, limitations, potential risks, and benefits of services,
- c. the addiction professional's qualifications, credentials, relevant experience, and approach to counseling,
- d. right to confidentiality and explanation of its limits including duty to warn,
- e. policies regarding continuation of services upon the incapacitation or death of the counselor,

- f. the role of technology, including boundaries around electronic transmissions with clients and social networking,
- g. implications of diagnosis and the intended use of tests and reports,
- h. fees and billing, nonpayment, policies for collecting nonpayment,
- i. specifics about clinical supervision and consultation,
- j. their right to refuse services, and
- k. their right to refuse to be treated by a person-in-training, without fear of retribution.

I-4

#### Limits of Confidentiality

Addiction Professionals 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.

I-5

#### Diversity

Addiction Professionals 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.

I-6

#### Discrimination

Addiction Professionals 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.

I-7

#### Legal Competency

Addiction Professionals 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.

I-8

#### Mandated Clients

Addiction Professionals 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.

I-9

#### Multiple Therapists

Addiction Professionals 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.

I-10

#### Boundaries

Addiction Professionals 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.

Page 3 of 19

I-11

#### Multiple/Dual Relationships

Addiction Professionals 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.

I-12

#### Prior Relationship

Addiction Professionals 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.

I-13

#### Previous Client

Addiction Professionals considering initiating contact with or a relationship with a previous client shall seek documented consultation or supervision prior to its initiation.

I-14

#### Group

Addiction Professionals 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.

I-15

#### Financial Disclosure

Addiction Professionals shall truthfully represent facts to all clients and third-party payers regarding services rendered, and the costs of those services.

I-16

#### Communication

Addiction Professionals 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.

I-17

#### Treatment Planning

Addiction Professionals shall create treatment plans in collaboration with their client. Treatment plans shall be reviewed and revised on an ongoing and intentional basis to ensure their viability and validity.

I-18

#### Level of Care

Addiction Professionals shall provide their client with the highest quality of care. Providers shall use ASAM or other relevant criteria to ensure that clients are appropriately and effectively served.

I-19

#### Documentation

Addiction Professionals and other Service Providers shall create, maintain, protect, and store documentation required per federal and state laws and rules, and organizational policies.

I-20

#### Advocacy

Addiction Professionals 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.

I-21

#### Referrals

Addiction Professionals 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.

I-22

#### Exploitation

Addiction Professionals 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.

I-23

#### Sexual Relationships

Addiction Professionals 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, social, or familial relationship. This prohibition includes in-person and electronic interactions and/or relationships. Addiction Professionals are prohibited from engaging in counseling relationships with friends or family members with whom they have an inability to remain objective.

Page 4 of 19

I-24

#### Termination

Addiction Professionals 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

I-25

#### Coverage

Addiction Professionals shall make necessary coverage arrangements to accommodate interruptions such as vacations, illness, or unexpected situation.

I-26

#### Abandonment

Addiction Professionals 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.

I-27

#### Fees

Addiction Professionals 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.

I-28

#### Self-Referrals

Addiction Professionals shall not refer clients to their private practice unless the policies, at the organization at the source of the referral, allow for self-referrals. When self-referrals are not an option, clients shall be informed of other appropriate referral resources.

I-29

#### Commissions

Addiction Professionals 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.

I-30

#### Enterprises

Addiction Professionals shall not use relationships with clients to promote personal gain or profit of any type of commercial enterprise.

I-31

#### Withholding Records

Addiction Professionals shall not withhold records they possess that are needed for any client's treatment solely because payment has not been received for past services.

I-32

#### Withholding Reports

Addiction Professionals 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. Reports may note that payment has not yet been made, or only partially made, for services rendered.

I-33

#### Disclosures re: Payments

Addiction Professionals 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.

I-34

#### Regardless of Compensation

Addiction Professionals shall provide the same level of professional skills and service 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.

I-35

#### Billing for Actual Services

Addiction Professionals 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.

I-36

#### Financial Records

Addiction Professionals shall maintain accurate and timely clinical and financial records for each client.

I-37

#### Suspension

Addiction Professionals shall give reasonable and written notice to clients of impending suspension of services for nonpayment.

I-38

#### Unpaid Balances

Addiction Professionals 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, Addiction Professionals shall not reveal clinical information.

I-39

#### Bartering

Addiction Professionals can engage in bartering for professional services if: (1) the client requests it, (2) the relationship is not exploitative, (3) the professional relationship is not distorted, (4) federal and state laws and



rules allow for bartering, and (5) a clear written contract is established with agreement on value of item(s) bartered for and number of sessions, prior to the onset of services. Providers consider the cultural implications of bartering and discuss relevant concerns with clients. Agreements shall be delineated in a written contract. Providers shall seek supervision or consultation and document.

I-40

Gifts

Addiction Professionals recognize that clients may wish to show appreciation for services by offering gifts. Providers shall take into account the therapeutic relationship, the monetary value of the gift, the client's motivation for giving the gift, and the counselor's motivation for wanting to accept or decline the gift

Page 5 of 19

I-41

Uninvited Solicitation

Addiction Professionals shall not engage in uninvited solicitation of potential clients who are vulnerable to undue influence, manipulation, or coercion due to their circumstances.

I-42

Virtual

Addiction Professionals are prohibited from engaging in a personal or romantic virtual e-relationship with current clients.

## PRINCIPLE II: CONFIDENTIALITY AND PRIVILEGED COMMUNICATION

II-1

Confidentiality

Addiction Professionals 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.

Counselors communicate the parameters of confidentiality in a culturally-sensitive manner.

II-2

Documentation

Addiction Professionals 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, 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.

II-3

Access

Addiction Professionals shall notify client, during informed consent, about procedures specific to client access of records. Addiction Professionals shall provide a client reasonable access to documentation regarding the client upon his/her written request. Providers shall protect the confidentiality of any others 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 counseling records.

II-4

Sharing

Addiction Professionals shall encourage ongoing discussions with clients regarding how, when, and with whom information is to be shared.

II-5

Disclosure

Addiction Professionals 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. In situations where the disclosure is mandated or permitted by state and federal law, verbal authorization shall not be sufficient except for emergencies.

#### II-6

##### Privacy

Addiction Professionals 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.

#### II-7

##### Limits of Confidentiality

Addiction Professionals, 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.

#### II-8

##### Imminent Danger

Addiction Professionals 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.

Counselors seek supervision or consultation when unsure about the validity of an exception.

#### II-9

##### Courts

Addiction Professionals ordered to release confidential privileged information by a court shall obtain written, informed consent from the client, take steps to prohibit the disclosure, or have it limited as narrowly as possible because of potential harm to the client or counseling relationship

#### II-10

##### Essential Only

Addiction Professionals shall release only essential information when circumstances require the disclosure of confidential information.

#### II-11

##### Multidisciplinary Care

Addiction Professionals shall inform the client when the Provider is a participant in a multidisciplinary care team providing coordinated services to the client. The client shall be informed of the team's member credentials and duties, information being shared, and the purposes of sharing client information.

#### II-12

##### Locations

Addiction Professionals shall discuss confidential client information in locations where they are reasonably certain they can protect client privacy.

Page 6 of 19

#### II-13

##### Payers

Addiction Professionals shall obtain client authorization prior to disclosing any information to third party payers (i.e., Medicaid, Medicare, insurance payers, private payors).

#### II-14

##### Encryption

Addiction Professionals shall use encryption and precautions that ensure that information being transmitted electronically or other medium remains confidential.

#### II-15

#### Deceased

Addiction Professionals shall protect the confidentiality of deceased clients by upholding legal mandates and documented preferences of the client.

#### II-16

##### All Parties

Addiction Professionals, who provide group, family, or couples therapy, 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.

#### II-17

##### Minors and Others

Addiction Professionals shall protect the confidentiality of any information received regarding counseling minor clients 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.

#### II-18

##### Storage and Disposal

Addiction Professionals 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.

#### II-19

##### Video Recording

Addiction Professionals 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.

#### II-20

##### Recording

##### e-therapy

Addiction Professionals 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.

#### II-21

##### Federal Regulations Stamp

Addiction Professionals 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.

#### II-22

##### Transfer Records

Unless exceptions to confidentiality exist, Addiction Professionals 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. Addiction 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.

#### II-23

##### Written Permission

Addiction Professionals 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.

#### II-24

##### Multidisciplinary Care

Addiction Professionals, 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.

#### II-25

##### Diseases

Addiction Professionals adhere to relevant federal and state laws concerning the disclosure of a client's communicable and life-threatening disease status.

#### II-26

##### Storage and Disposal

Addiction Professionals 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.

#### II-27

##### Temporary Assistance

Addiction Professionals, 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.

#### II-28

##### Termination

Addiction Professionals 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.

#### II-29

##### Consultation

Addiction Professionals 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. Addiction

#### Page 7 of 19

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.

### PRINCIPLE III: PROFESSIONAL RESPONSIBILITIES AND WORKPLACE STANDARDS

#### III-1

##### Responsibility

Addiction Professionals shall abide by the NAADAC Code of Ethics. Addiction Professionals have a responsibility to read, understand and follow the NAADAC Code of Ethics and adhere to applicable laws and regulations.

#### III-2

##### Integrity

Addiction Professionals 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.

#### III-3

##### Discrimination

Addiction Professionals 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.

#### III-4

##### Nondiscriminatory

Addiction Professionals 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.

#### III-5

##### Fraud

Addiction Professionals shall not participate in, condone, or be associated with any form of dishonesty, fraud, or deceit.

#### III-6

##### Violation

Addiction Professionals shall not engage in any criminal activity. Addiction Professionals and Service Providers shall be in violation of this Code and subject to appropriate sanctions, up to and including permanent revocation of their NAADAC membership and NCC AP certification, if they:

1. Fail to disclose conviction of any felony.
2. Fail to disclose conviction of any misdemeanor related to their qualifications or functions as an Addiction Professional.
3. Engage in conduct which could lead to conviction of a felony or misdemeanor related to their qualifications or functions as an Addiction Professional.
4. Are expelled from or disciplined by other professional organizations.
5. Have their licenses or certificates suspended or revoked, or are otherwise disciplined by regulatory bodies.
6. Continue to practice addiction counseling while impaired to do so due to physical or mental causes
7. Continue to practice addiction counseling while impaired abuse of alcohol or other drugs.
8. Continue to identify themselves as a certified or licensed addiction professional after being denied certification or licensure, or allowing their certification or license to lapse
9. Fail to cooperate with the NAADAC or NCC AP Ethics Committees at any point from the inception of an ethics complaint through the completion of all procedures regarding that complaint.

#### III-7

##### Harassment

Addiction Professionals shall not engage in or condone any form of harassment, including sexual harassment.

#### III-8

##### Membership

Addiction Professionals intentionally differentiate between current, active memberships and former or inactive memberships with NAADAC and other professional associations.

#### III-9

##### Credentials

Addiction Professionals shall claim and present only those educational degrees and specialized certifications that they have earned from the appropriate institutions or organizations. Providers shall not imply Master's level competence until their Master's degree is awarded. Providers shall not imply doctoral-level competence until their doctoral title or degree is awarded. The accreditations of a specific institution of higher learning or degree program shall be accurately represented.

#### III-10

##### Credentials

Addiction Professionals shall claim and promote only those licenses and certifications that are current and in good standing.

#### III-11

#### Accuracy of Representation

Addiction Professionals shall ensure that their credentials and affiliations are identified accurately. Providers shall correct all references to their credentials and affiliations that are false, deceptive,

Page 8 of 19

or misleading. Addiction Professionals shall advocate for accuracy in statements made by self or others about the addiction profession.

III-12

#### Misrepresentation

Addiction Professionals shall not misrepresent professional qualifications, education, experience, memberships or affiliations. Providers shall accept employment on the basis of existing competencies or explicit intent to acquire the necessary competence.

III-13

#### Scope of Practice

Addiction Professionals shall provide services within their scope of practice and competency, and shall offer services that are science-based, evidence-based, and outcome-driven. Providers shall engage in counseling practices that are grounded in rigorous research methodologies. Providers shall maintain adequate knowledge of and adhere to applicable professional standards of practice.

III-14

#### Boundaries of Competence

Addiction 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.

III-15

#### Proficiency

Addiction Professionals shall seek and develop proficiency through relevant education, training, skills, and supervised experience prior to independently delivering specialty services. Providers engage in supervised experience and seek consultation to ensure the validity of their work and protect clients from harm when developing skills in new specialty areas.

III-16

#### Educational Achievement

Addiction Professionals recognize that the highest levels of educational achievement are necessary to provide the level of service clients deserve. Providers embrace the need for formal and specialized education as a vital component of professional development, competency, and integrity. Providers pursue knowledge of new developments within the addiction and behavioral health professions and increase competency through formal education, training, and supervised experience.

III-17

#### Continuing Education

Addiction Professionals 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.

III-18

#### Self-Monitoring

Addiction Professionals 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.

III-19

#### Scientific

Addiction Professionals 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 not use techniques, procedures, or modalities that have substantial evidence suggesting harm, even when these services are requested.

#### III-20

##### Innovation

Addiction Professionals 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 treatment options and risks to a client.

#### III-21

##### Multicultural Competency

Addiction Professionals 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

#### III-22

##### Multidisciplinary Care

Addiction Professionals 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 for persons in recovery.

#### III-23

##### Medical Professionals

Addiction Professionals shall recognize the need for the use of mood altering chemicals in limited medical situations, and will work to educate medical professionals to limit, monitor, and closely supervise the administration of such chemicals when their use is necessary.

#### III-24

##### Collaborative Care

Addiction Professionals shall collaborate with other health care professionals in providing a supportive environment for any client who receives prescribed medication.

#### III-25

##### Multidisciplinary Care

Collaborative multidisciplinary care teams are focused on increasing the client's functionality and wellness. Addiction 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

Page 9 of 19

team, Providers shall pursue and document supervision and/or consultation to address their concerns consistent with client well-being.

#### III-26

##### Collegial

Addiction Professionals 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.

#### III-27

##### Collaborative Care

Addiction 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 in counseling with another professional, except with the knowledge and documented approval of the other professionals or following termination of services with the other professionals.

#### III-28

##### Qualified

Addiction professionals shall work to prevent the practice of addictions counseling by unqualified and unauthorized persons, and shall not employ individuals who do not have appropriate and requisite education, training, licensure and/or certification in addictions.

#### III-29

##### Advocacy

Providers shall be advocates for their clients in those settings where the client is unable to advocate for themselves.

#### III-30

##### Advocacy

Addiction Professionals are aware of society's prejudice and stigma towards people with substance use disorders, and willingly engage in the legislative process, educational institutions, and public forums to educate people about addictive disorders and advocate for opportunities and choices for our clients.

#### III-31

##### Advocacy

Addiction Professionals shall advocate for changes in public policy and legislation to improve opportunities and choices for all persons whose lives are impaired by substance use disorders.

#### III-32

##### Advocacy

Addiction Professionals shall inform the public of the impact of substance use disorders through active participation in civic affairs and community organizations. Providers shall act to guarantee that all persons, especially the disadvantaged, have access to the opportunities, resources, and services required to treat and manage their disorders. Providers shall educate the public about substance use disorders, while working to dispel negative myths, stereotypes, and misconceptions about substance use disorders and the people who have them.

#### III-33

##### Present Knowledge

Addiction Professionals shall respect the limits of present knowledge in public statements concerning addictions treatment, and shall report that knowledge accurately and without distortion or misrepresentation to the public and to other professionals and organizations.

#### III-34

##### Organizational vs. Private

Addiction Professionals 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 addiction profession.

#### III-35

##### Public Comments NAADAC

Addiction Professionals shall make no public comments disparaging NAADAC or the addictions profession. The term "public comments" shall include, but is not limited to, any and all forms of oral, written, and electronic communication which may be accessible to anyone who is or is not a NAADAC member.

#### III-36

##### Public Comments SUDs

Addiction Professionals shall make no public comments disparaging persons who have substance use disorders. The term "public comments" shall include, but is not limited to, all forms of oral, written, and electronic communication which may be accessible to anyone who is not a NAADAC member.



### III-37

#### Public Comments Legislative

Addiction Professionals shall make no public comments disparaging the legislative process, or any person involved in the legislative process. The term “public comments” shall include, but is not limited to, all forms of oral, written, and electronic communication which may be accessible to anyone who is not a NAADAC member.

### III-38

#### Development

Addiction Professionals actively participate in local, state and national associations that promote professional development.

### III-39

#### Policy

Addiction Professionals shall support the formulation, development, enactment, and implementation of public policy and legislation concerning the addiction profession and our clients.

### III-40

#### Parity

Addiction Professionals shall work for parity in insurance coverage for substance use disorders as primary medical disorders.

### III-41

#### Impairment

Addiction Professionals 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 clinical judgment. Providers 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

Page 10 of 19

professionally impaired. Providers shall abide by statutory mandates specific to professional impairment when addressing one’s own impairment.

### III-42

#### Impairment

Addiction Professionals shall offer and provide assistance and consultation as needed to peers, coworkers, and supervisors who are demonstrating professional impairment, and intervene to prevent harm to clients. Providers shall abide by statutory mandates specific to reporting the professional impairment of peers, coworkers, and supervisors.

### III-43

#### Referrals

Addiction Professionals shall not refer clients, or recruit colleagues or supervisors, from their places of employment or professional affiliation to their private practice 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.

### III-44

#### Termination

Addiction Professionals shall create a written plan, policy or Professional Will for addressing situations involving the Provider’s incapacitation, termination of practice, retirement, or death.

### III-45

#### Representation

Addiction Professionals and Organizations offering education, trainings, seminars, and workshops shall accurately and honestly represent their NAADAC-approved education provider status. Providers and organizations shall meet all requirements put forth by NAADAC if they intend to promote active provider

status.

III-46

#### Promotion

Addiction Professionals shall ensure that promotions and advertisements concerning their workshops, trainings, seminars, and products that they have developed for use in the delivery of services are accurate and provide ample information so consumers can make informed choices. Addiction Professionals shall not use their counseling, teaching, training or supervisory relationships to deceptively or unduly promote their products or training events.

III-47

#### Testimonials

Addiction Professionals 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.

III-48

#### Reports

Addiction Professionals 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.).

III-49

#### Advice

Addiction Professionals shall take reasonable precautions, when offering advice or 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. The advice or comments shall be consistent with the NAADAC Code of Ethics.

III-50

#### Dual Relationship

When Addiction Professionals are required by law, institutional policy, or extraordinary circumstances to serve in more than one role in judicial or administrative proceedings, they shall clarify role expectations and the parameters of confidentiality with their colleagues.

III-51

#### Illegal Practices

When Addiction Professionals become aware of inappropriate, illegal, discriminatory, and/or unethical policies, procedures and practices at their agency, organization, or practice, 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.

III-52

#### Supervision

Addiction Professionals, 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.

III-53

#### Supervision

Addiction Professionals offering supervisory or consultation services shall have an obligation to review with the consultee/supervisee, in writing and verbally, the rights and responsibilities of both the Supervisory/Consultant

and supervisee/consultee. Providers shall inform all parties involved about the purpose of the services to be provided, costs, risks and benefits, and the limits of confidentiality.

### III-54

#### Credit

Addiction Professionals shall give appropriate credit to the authors or creators of all materials used in their course of their work. Providers shall not plagiarize another person's work.

Page 11 of 19

## PRINCIPLE IV: WORKING IN A CULTURALLY DIVERSE WORLD

### IV-1

#### Knowledge

Addiction Professionals shall be knowledgeable and aware of cultural, individual, societal, and role differences amongst the clients they serve. Providers shall offer services that demonstrate appropriate respect for the fundamental rights, dignity and worth of all clients.

### IV-2

#### Cultural Humility

Addiction services along the continuum of care are offered in diverse settings to diverse clients. Addiction Professionals shall demonstrate cultural humility. 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).

### IV-3

#### Meanings

Addiction Professionals shall recognize and be sensitive to the diverse cultural meanings associated with confidentiality and privacy. Providers shall be open to and respect differing opinions regarding disclosure of information.

### IV-4

#### Personal Beliefs

Addiction Professionals 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.

### IV-5

#### Heritage

Addiction Professionals practicing cultural humility shall be open to the values, norms, and cultural heritage of their clients and shall not impose his or her values/beliefs on the client.

### IV-6

#### Credibility

Addiction Professionals practicing cultural humility shall be credible, capable, and trustworthy. Providers shall use a cultural humility framework to consider diversity of values, interactional styles, and cultural expectations.

### IV-7

#### Roles

Addiction professionals 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.

### IV-8

#### Methodologies

Addiction Professionals 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.

IV-9

Advocacy

Addiction Professionals advocate for the needs of the diverse populations they serve.

IV-10

Recruitment

Addiction Professionals support and advocate for the recruitment and retention of Professionals and other Service Providers who represent diverse cultural groups.

IV-11

Linguistic Diversity

Addiction Professionals 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.

IV-12

Needs Driven

Addiction Professionals 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.

#### PRINCIPLE V: ASSESSMENT, EVALUATION AND INTERPRETATION

V-1

Assessment

Addiction Professionals shall use assessments appropriately within the counseling process. The clients' personal and cultural contexts are taken into consideration when assessing and evaluating a client. Providers shall develop and use appropriate mental health, substance use disorder, and other relevant assessments.

V-2

Validity - Reliability

Addiction Professionals shall utilize only those 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. Counselors 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. Counselors take reasonable measures to ensure the proper use of assessment techniques by persons under their supervision.

V-3

Validity

Addiction Professionals shall consider the validity, reliability, psychometric limitations, and appropriateness of instruments when selecting assessments. Providers shall use data from

Page 12 of 19

several relevant assessment tools and/or instruments to form conclusions, diagnoses, and recommendations.

V-4

Explanation

Addiction Professionals 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.

V-5

Administration

Addiction Professionals 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.

V-6

#### Cultural Influences

Addiction 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. Providers shall consider the client's cultural experiences when diagnosing and treatment planning for mental health and substance use disorders.

V-7

#### Diagnosing

Addiction Professionals shall provide proper diagnosis of mental health and substance use disorders, within their scope and licensure. Assessment techniques used to determine client placement for care shall be carefully selected and appropriately used.

V-8

#### Results

Addiction 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.

V-9

#### Misusing Results

Addiction 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.

V-10

#### Not Normed

Addiction Professionals shall select and use, with caution, assessment tools and techniques normed on populations other than that of the client. Providers shall seek supervision or consultation when using assessment tools that are not normed to the client's cultural identities.

V-11

#### Referral

Addiction Professionals 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.

V-12

#### Security

Addiction 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.

V-13

#### Forensic

Addiction Professionals conducting an evaluation shall inform the client, verbally and in writing, that the current relationship is for the purposes of evaluation. The evaluation is not therapeutic. Entities or individuals who will receive the evaluation report are identified, prior to conducting the evaluation. Providers performing forensic evaluations shall obtain written consent from those being evaluated or from their legal representative unless a court orders evaluations to be conducted without the written consent of the individuals being evaluated. Informed written consent shall be obtained from a parent or guardian prior to evaluation, when the child or adult lacks the capacity to give voluntary consent.

V-14

#### Forensic

Addiction Professionals conducting forensic evaluations shall provide verifiable objective findings based on the data gathered during the assessment/evaluation process and review of records. Providers form unbiased professional opinions based on the data gathered and analysis during the assessment processes.

V-15

Forensic

Addiction Professionals shall not evaluate, for forensic purposes, current or former clients, spouses or partners of current or former clients, or the clients' family members. Providers shall not provide counseling to the individuals they are evaluating. Providers shall avoid potentially harmful personal or professional relationships with the family members, romantic partners, and close friends of individuals they are evaluating.

#### PRINCIPLE VI: E-THERAPY, E-SUPERVISION, AND SOCIAL MEDIA

VI-1

Definition

"E-Therapy" and "E-Supervision" shall refer to the provision of services by an Addiction Professional using technology, electronic devices, and HIPAA-compliant resources. Electronic

Page 13 of 19

platforms shall include and are not limited to: land-based and mobile communication devices, fax machines, webcams, computers, laptops and tablets. E-therapy and e-supervision shall include and are not limited to: tele-therapy, real-time video-based therapy and services, emails, texting, chatting, and cloud storage. Providers and Clinical 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-therapy and e-supervision is safe and as confidential as possible.

VI-2

Competency

Addiction Professionals who choose to engage in the use of technology for e-therapy, distance counseling, and e-supervision shall pursue specialized knowledge and competency regarding the technical, ethical, and legal considerations specific to technology, social media, and distance counseling. Competency shall be demonstrated through means such as specialized certifications and additional course work and/or trainings.

VI-3

Informed Consent

Addiction Professionals, who are offering an electronic platform for e-therapy, distance counseling/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.

VI-4

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 counseling credentials, physical location of practice, and contact information;
- risks and benefits of engaging in the use of distance counseling, technology, and/or social media;
- possibility of technology failure and alternate methods of service delivery;
- anticipated response time;
- emergency procedures to follow;
- when the counselor is 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.

#### VI-5

##### Verification

Addiction Professionals 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-therapy relationship and throughout the therapeutic relationship. Verification can include, but is not limited to, picture ids, code words, numbers, graphics, or other nondescript identifiers.

#### VI-6

##### Licensing Laws

Addiction Professionals 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 counseling/supervision 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.

#### VI-7

##### State & Federal Laws

Addiction Professionals 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.

#### VI-8

##### Non-Secured

Addiction Professionals 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 electronic delivery, including the fact that electronic

#### Page 14 of 19

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 counseling shall be conducted on HIPAA-compliant servers. Therapy shall not occur using text-based or email-based delivery.

#### VI-9

##### Assess

Addiction Professionals shall assess and document the client's/supervisee's ability to benefit from and engage in e-therapy 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.

#### VI-10

##### Access

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.

#### VI-11

##### Multidisciplinary Care

Addiction Professionals 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.

#### VI-12

##### Local Resources

Addiction Professionals shall be familiar with local in-person mental health resources should the Provider exercise clinical judgment to make a referral for additional substance abuse, mental health, or other appropriate services.

#### VI-13

##### Boundaries

Addiction Professionals shall appreciate the necessity of maintaining a professional relationship with their clients/supervisees. Providers shall discuss, establish and maintain professional therapeutic boundaries with clients/supervisees regarding the appropriate use and application of technology, and the limitations of its use within the counseling/supervisory relationship.

#### VI-14

##### Capability

Addiction Professionals shall take reasonable steps to determine whether the client/supervisee physically, intellectually, emotionally, linguistically and functionally capable of using e-therapy platforms and whether e-therapy/e-supervision is appropriate for the needs of the client/supervisee. Providers and clients/supervisees shall agree on the means of e-therapy/ 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.

#### VI-15

##### Missing Cues

Addiction Professionals shall acknowledge the difference between face-to-face and electronic communication (nonverbal and verbal cues) and how these could influence the counseling/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.

#### VI-16

##### Records

Addiction Professionals 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.

#### VI-17

##### Records

Addiction Professionals shall maintain electronic records in accordance with relevant state and federal laws and statutes. Providers shall inform clients on how records will be maintained electronically and/or physically. This includes, but is not limited to, the type of encryption and security used to store the records and the length of



time storage of records is maintained.

VI-18

Links

Addiction Professionals who provide e-therapy services and/or maintain a professional website shall provide electronic links to relevant licensure and certification boards and professional membership organizations (i.e., NAADAC) to protect the client's/supervisee's rights and address ethical concerns.

VI-19

Friends

Addiction Professionals shall not accept clients' "friend" requests on social networking sites or email (from Facebook, My Space, etc.), and shall immediately delete all personal and email

Page 15 of 19

accounts to which they have granted client access and create new accounts. 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.

VI-20

Social Media

Addiction Professionals 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 the client/supervisee without prior consent.

## PRINCIPLE VII: SUPERVISION AND CONSULTATION

VII-1

Responsibility

Addiction Professionals 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.

VII-2

Training

Addiction Professionals shall complete training specific to clinical supervision prior to offering or providing clinical supervision to students or other professionals.

VII-3

Code of Ethics

Supervisors and supervisees, including interns and students, shall be responsible for knowing and following the NAADAC Code of Ethics.

VII-4

Informed Consent

Informed consent is an integral part of setting up a supervisory relationship. Supervisory informed consent shall include discussion regarding client privacy and confidentiality, etc. Terms of supervisory relationship and fees shall be negotiated by supervisor and supervisee, and shall be documented in the supervisory contract.

VII-5

Informed Consent

Supervisees shall provide clients with a written professional disclosure statement. Supervisees shall inform clients about how the supervision process influences the limits of confidentiality. Supervisees shall inform clients about who shall have access to their clinical records, and when and how these records will be stored, transmitted, or otherwise reviewed.

VII-6

Informed Consent

Clinical 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.

VII-7

Policies

Clinical Supervisors shall inform supervisees of policies and procedures to which supervisors shall adhere. Supervisors shall inform supervisees regarding the mechanisms for due process appeal of supervisor actions.

VII-8

Multiculturalism

Clinical Supervisors shall be cognizant of and address the role of multiculturalism in the supervisory relationship between supervisor and supervisee.

VII-9

Multiculturalism

Educators and site supervisors shall offer didactic learning content and experiential opportunities related to multiculturalism and cultural humility throughout their programs.

VII-10

Diversity

Educators and site supervisors shall make every attempt to recruit and retain a diverse faculty and staff.

Educators and site supervisors shall make every attempt to recruit and retain a diverse student body, demonstrating their commitment to serve a diverse community. Educators and site supervisors shall recognize and value the diverse talents and abilities that students bring to their training experience.

VII-11

Diversity

Educators and site supervisors shall provide appropriate accommodations that meet the needs of their diverse student body and support well-being and academic performance.

VII-12

Boundaries

Clinical Supervisors 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.

VII-13

Boundaries

Clinical Supervisors 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.

VII-14

Confidentiality

Clinical Supervisors 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.

VII-15

Monitor

Clinical Supervisors shall monitor the services provided by supervisees. Supervisors shall monitor client welfare. Supervisors shall monitor supervisee performance and professional development.

Page 16 of 19

Supervisors shall empower and support supervisees as they prepare to serve a diverse client population. Supervisors shall have an ethical and moral responsibility to understand, adhere to, and promote the NAADAC Code of Ethics.

VII-16

#### Treatment

Educators and site supervisors shall assume the primary obligation of assisting students to acquire ethics, knowledge, and skills necessary to treat substance use and addictive behavioral disorders

#### VII-17

##### Impairment

Supervisees, including interns and students, shall monitor themselves for signs physical, psychological, and/or emotional impairment. Supervisees, including interns and students, shall seek supervision and refrain from providing professional services while impaired. Supervisees, interns and students shall notify their institutional program of the impairment and shall seek appropriate guidance and assistance.

#### VII-18

##### Clients

Supervisees, interns and students, shall disclose to clients their status as students and supervisees, and shall provide an explanation as to how their status affects the limits of confidentiality. Supervisees, interns and students shall disclose to clients contact information for the Clinical Supervisor. Informed consent is obtained in writing, and includes the client's right to refuse to be treated by a person-in-training.

#### VII-19

##### Disclosures

Supervisees, interns and students shall seek and document clinical supervision prior to disclosing personal information to a client.

#### VII-20

##### Observations

Clinical Supervisors shall provide and document regular supervision sessions with the supervisee. Supervisors shall regularly observe the supervisee in session using live observations or audio or video tapes. Supervisors shall provide ongoing feedback regarding the supervisee's performance with clients and within the agency. Supervisors shall regularly schedule sessions to formally evaluate and direct the supervisee.

#### VII-21

##### Gatekeepers

Clinical Supervisors are aware of their responsibilities as gatekeepers. Through ongoing evaluation, Supervisors shall track supervisee limitations that might impede performance. Supervisors shall assist supervisees in securing timely corrective assistance as needed, including referral of supervisee to therapy when needed. Supervisors may recommend corrective action or dismissal from training programs, applied counseling settings, and state or voluntary professional credentialing processes when a supervisee is unable to demonstrate that they can provide competent professional services. Supervisors shall seek supervision-of-supervision and/or consultation and document their decisions to dismiss or refer supervisees for assistance.

#### VII-22

##### Education

Educators and site supervisors shall ensure that their educational and training programs are designed to provide appropriate knowledge and experiences related to addictions that meet the requirements for degrees, licensure, certification, and other program goals.

#### VII-23

##### Education

Educators and site supervisors shall provide education and training in an ethical manner, adhering to the NAADAC Code of Ethics, regardless of the platform (traditional, hybrid, and/or online). Educators and site supervisors shall serve as professional roles models demonstrating appropriate behaviors.

#### VII-24

##### Current

Educators and site supervisors shall ensure that program content and instruction are based on the most current knowledge and information available in the profession. Educators and site supervisors shall promote the use of modalities and techniques that have an empirical or scientific foundation.

#### VII-25

##### Evaluation

Educators and site supervisors shall ensure that students' performances are evaluated in a fair and respectful manner and on the basis of clearly stated criteria.

#### VII-26

##### Dual Relationships

Educators and site supervisors shall avoid dual relationships and/or nonacademic relationships with students, interns, and supervisees.

#### VII-27

##### Dual Relationships

Clinical Supervisors shall not actively supervise relatives, romantic or sexual partners, nor personal friends, nor develop romantic, sexual, or personal relationships with students or supervisees. Consultation with a third party will be obtained prior to engaging in a dual supervisory relationship.

#### VII-28

##### e-supervision

Clinical Supervisors, using technology in supervision (e-supervision), shall be competent in the use of specific technologies. Supervisors shall dialogue with the supervisee about the risks and benefits of using e-supervision. Supervisors shall determine how to utilize specific protections (i.e., encryption) necessary for protecting the confidentiality of information transmitted through any electronic means. Supervisors and supervisees shall recognize that confidentiality is not guaranteed when using technology as a communication and delivery platform.

#### VII-29

##### Harassment

Clinical Supervisors shall not condone or participate in sexual harassment or exploitation of current or previous supervisees.

Page 17 of 19

#### VII-30

##### Distance

Issues unique to the use of distance supervision shall be included in the documentation as necessary.

#### VII-31

##### Termination

Policies and procedures for terminating a supervisory relationship shall be disclosed in the supervision informed consent.

#### VII-32

##### Counseling

Clinical Supervisors shall not provide counseling services to supervisees. Supervisors shall assist supervisee by providing referrals to appropriate services upon request.

#### VII-33

##### Endorsement

Clinical Supervisors shall recommend supervisees for completion of an academic or training program, employment, certification and/or licensure when the supervisee demonstrates qualification for such endorsement.

Clinical Supervisors shall not endorse supervisees believed to be impaired. Clinical Supervisors shall not endorse supervisees who were unable to provide appropriate clinical services.

#### PRINCIPLE VIII: RESOLVING ETHICAL CONCERNS

##### VIII-1

##### Code of Ethics

Addiction Professionals shall adhere to and uphold the NAADAC Code of Ethics, and shall be knowledgeable regarding established policies and procedures for handling concerns related to unethical behavior, at both the

state and national levels. Providers strive to resolve ethical dilemmas with direct and open communication among all parties involved and seek supervision and/or consultation when necessary. Providers incorporate ethical practice into their daily professional work. Providers engage in ongoing professional development regarding ethical and legal issues in counseling. Providers are professionals who act ethically and legally. Providers are aware that client welfare and trust depend on a high level of professional conduct. Addiction Professionals hold other providers to the same ethical and legal standards and are willing to take appropriate action to ensure that these standards are upheld.

#### VIII-2

##### Understanding

Addiction Professionals shall understand and endorse the NAADAC 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.

#### VIII-3

##### Decision Making Model

Addiction Professionals 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.

#### VIII-4

##### Jurisdiction

The NAADAC and NCC AP Ethics Committees shall have jurisdiction over all complaints filed against any person holding or applying for NAADAC membership or NCC AP certification.

#### VIII-5

##### Investigations

The NAADAC and NCC AP Ethics Committees shall have authority to conduct investigations, issue rulings, and invoke disciplinary action in any instance of alleged misconduct by an addiction professional.

#### VIII-6

##### Participation

Addiction Professionals shall be required to cooperate with the implementation of the NAADAC Code of Ethics, 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 NAADAC Code of Ethics.

#### VIII-7

##### Cooperation

Addiction Professionals shall assist in the process of enforcing the NAADAC Code of Ethics. Providers shall cooperate with investigations, proceedings, and requirements of the NAADAC and NCC AP Ethics Committees, ethics committees of other professional associations, and/or licensing and certification boards having jurisdiction over those charged with a violation.

#### VIII-8

##### Agency Conflict

Addiction Professionals 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. Supervision and/or consultation shall be used to determine the next best steps.

#### VIII-9

##### Crossroads

Addiction Professionals may find themselves at a crossroads when the demands of an organization where the Provider is affiliated poses a conflict with the NAADAC Code of Ethics. 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 NAADAC Code of Ethics. Providers shall attempt to work through the appropriate channels to address the concern.

#### VIII-10

When there is evidence to suggest that another provider is violating or has violated an ethical standard and harm has not occurred, Addiction Professionals shall attempt to first resolve the

Page 18 of 19

#### Violations without Harm

issue informally with the other provider if feasible, provided such action does not violate confidentiality rights that may be involved.

#### VIII-11

#### Violations with Harm

Addiction Professionals shall report unethical conduct or unprofessional modes of practice - leading to harm - which they become aware of to the appropriate certifying or licensing authorities, state or federal regulatory bodies, and/or NAADAC. Providers shall seek supervision/consultation prior to the report. Providers shall document supervision/consultation and report if made.

#### VIII-12

#### Non-Respondent

Members of the NAADAC or NCC AP Ethics Committees, Hearing Panels, Boards of Directors, Membership Committees, Officers, or Staff shall not be named as a respondent under these policies and procedures as a result of any decision, action, or exercise of discretion arising directly from their conduct or involvement in carrying out adjudication responsibilities.

#### VIII-13

#### Consultation

Addiction Professionals shall seek consultation and direction from supervisors, consultants or the NAADAC Ethics Committee when uncertain about whether a particular situation or course of action may be in violation of the NAADAC Code of Ethics. Providers consult with persons who are knowledgeable about ethics, the NAADAC Code of Ethics, and legal requirements specific to the situation.

#### VIII-14

#### Retaliation

Addiction Professionals shall not initiate, participate in, or encourage the filing of an ethics or grievance complaint as a means of retaliation against another person. Providers shall not intentionally disregard or ignore the facts of the situation.

### PRINCIPLE IX: RESEARCH AND PUBLICATION

#### IX-1

#### Research

Research and publication shall be encouraged as a means 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 Addiction Professionals make every effort to be inclusive by minimizing bias and respecting diversity when designing, executing, analyzing, and publishing their research.

#### IX-2

#### Participation

Addiction Professionals support the efforts of researchers by participating in research whenever possible.

#### IX-3

#### Consistent

Researchers plan, design, conduct, and report research in a manner that is consistent with relevant ethical principles, federal and state laws, internal review board expectations, institutional regulations, and scientific

standards governing research.

IX-4

Confidentiality

Researchers are responsible for understanding and adhering to state, federal, agency, or institutional policies or applicable guidelines regarding confidentiality in their research practices. Information obtained about participants during the course of research is confidential.

IX-5

Independent

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.

IX-6

Protect

Researchers shall seek supervision and/or consultation and observe necessary safeguards to protect the rights of research participants, especially when the research plan, design and implementation deviates from standard or acceptable practices.

IX-7

Welfare

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. Researchers take reasonable measures to honor all commitments made to research participants.

IX-8

Informed Consent

Researchers shall defer to an Institutional Review Board or Human Subjects Committee to ensure that Informed Consent is obtained, research protocols are followed, participants are free of coercion, confidentiality is maintained, and deceptive practices are avoided, except when deception is essential to research protocol and approved by the Board or Committee.

IX-9

Accurate

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 clinical and research findings.

IX-10

Students

Researchers shall disclose to students and/or supervisee who wish to participate in their research activities that participation in the research will not affect their academic standing or supervisory relationship.

IX-11

Clients

Researchers may conduct research involving clients. Researchers shall provide an informed consent process allowing clients to freely, without intimidation or coercion, choose whether to

Page 19 of 19

participate in the research activities. Researchers shall take necessary precautions to protect clients from adverse consequences if they choose to decline or withdraw from participation.

IX-12

Consents

Researchers shall provide appropriate explanations regarding the research and obtain applicable consents from a guardian or legally authorized representative prior to working with a research participant who is not capable of giving informed consent.

IX-13

#### Explanation

Once data collection is completed, Researchers shall provide participants with a full explanation regarding the nature of the research in order to remove any misconceptions participants might have regarding the study. Researchers shall engage in reasonable actions to avoid causing harm. Scientific or human values may justify delaying or withholding information. Researchers shall seek and document supervision and/or consultation prior to delaying or withholding information from a participant.

#### IX-14

##### Outcomes

Upon completion of data collection and analysis, Researchers shall inform sponsors, institutions, and publication entities regarding the research procedures and outcomes. Researchers shall ensure that the appropriate entities are given pertinent information and acknowledgment.

#### IX-15

##### Transfer Plan

Researchers shall create a written, accessible plan for the transfer of research data to an identified colleague in the event of their incapacitation, retirement, or death.

#### IX-16

##### Diversity

Researchers shall report research findings accurately and without distortion, manipulation, or misrepresentation of data. Researchers shall describe the extent to which results are applicable to diverse populations.

#### IX-17

##### Verification

Researchers shall not withhold data, from which their research conclusions were drawn, from competent professionals seeking to verify substantive claims through reanalysis. Researchers are obligated to make available sufficient original research information to qualified professionals who wish to replicate or extend the study.

#### IX-18

##### Data Availability

Researchers, who supply data, aid in research by another researcher, report research results, or make original data available, shall intentionally disguise the identity of participants in the absence of written authorization from the participants allowing release of their identity.

#### IX-19

##### Errors

Researchers shall take reasonable steps to correct significant errors found in their published research, using a correction erratum or through other appropriate publication avenues.

#### IX-20

##### Publication

Addiction Professionals 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.

#### IX-21

##### Theft

Addiction Professionals shall regard as theft the use of copyrighted materials without permission from the author or payment of royalties.

#### IX-22

##### e-publishing

Addiction Professionals shall recognize that entering data on the internet, social media sites, or professional media sites constitutes publishing.

#### IX-23



#### Advertising

Addiction Professionals who author books or other materials distributed by an agency or organization shall take reasonable precautions to ensure that the organization promotes and advertises the materials accurately and factually.

#### IX-24

#### Credit

Addiction Professionals 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.

#### IX-25

#### Student Material

Addiction Professionals shall seek a student's permission and list the student as lead author on manuscripts or professional presentations, in any medium, that are substantially based on a student's course papers, projects, dissertations, or theses. The student reserves the right to withhold permission.

#### IX-26

#### Submissions

Addiction Professionals and Researchers shall submit manuscripts for consideration to one journal or publication at a time. Providers and researchers shall obtain permission from the original publisher prior to submitting manuscripts that are published in whole or in substantial part in one journal or published work to another publisher.

#### IX-27

#### Proprietary

Addiction Professionals who review material submitted for publication, research, or other scholarly purposes shall respect the confidentiality and proprietary rights of those who submitted it. Providers who serve as reviewers shall make every effort to only review materials that are within their scope of competency and to review materials without professional or personal bias