

# WEST VIRGINIA CERTIFICATION BOARD FOR ADDICTION & PREVENTION PROFESSIONALS

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## ADC (ALCOHOL & DRUG COUNSELOR) CERTIFICATION MANUAL

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# **ADC (ALCOHOL & DRUG COUNSELOR) CERTIFICATION MANUAL**

## **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 the highest 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 (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 (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 alcohol & drug abuse credentials of all certifying bodies belonging to the International Certification Reciprocity Consortium.

## SECTION IV THE CERTIFICATION PROCESS

### 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 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

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

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, but send copies.

C. The Board will notify applicants of any deficiencies in their applications, and will notify applicants of their eligibility to take the written (CBT) test. The application, and requirements for certification, must be complete prior to taking the written 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 from the testing company. It is the applicant's responsibility to register for the CBT after receiving that email.

F. Applicants must take and pass the IC&RC written (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 date of application to pass the examination. He/she must reapply to continue in the process.

**Eligibility Period for Tests:** In order to be eligible to take the written 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 PROFESSIONAL ACTIVITIES OF THE ADDICTION COUNSELOR Core Functions and Global Criteria

The professional activities of the addiction counselor will, of necessity, cover a broad range of techniques and modalities appropriate for the infinite variety (age, sex, religion, ethnicity, education, socioeconomic status) of chemically dependent clients and their families. However, there is a set of functions common to all counselors regardless of practice settings, life experiences and educational background. These are called "Core Functions." Within those twelve Core Functions there are 46 "Global Criteria" which define the specific tasks associated with the Core Functions.

### CORE FUNCTIONS AND GLOBAL CRITERIA:

1) **SCREENING** - The process by which a client is determined appropriate and eligible for admission to a particular program.

#### **Global Criteria:**

1. Evaluate psychological, social and physiological signs and symptoms of alcohol and other drug use and abuse.
2. Determine the client's appropriateness for admission or referral.
3. Determine the client's eligibility for admission or referral.
4. Identify any co-existing conditions (medical, psychiatric, physical, etc.) that indicate need for additional professional assessment and/or services.
5. Adhere to applicable laws, regulations and agency policies governing alcohol and other drug abuse services.

2) **INTAKE** - The administrative and initial assessment procedures for admission to a program.

**Global Criteria:**

6. Complete required documents for admission to the program.
7. Complete required documents for program eligibility and appropriateness.
8. Obtain appropriately signed consents when soliciting from or providing information to outside sources to protect client confidentiality and rights.

3) **ORIENTATION:** Describing to the client the following: general nature and goals of the program; rules governing client conduct and infractions that can lead to disciplinary action or discharge from the program; in a non-residential program, the hours during which services are available; treatment costs to be borne by the client, if any; and client's rights.

**Global Criteria:**

9. Provide an overview to the client by describing program goals and objectives for client care.
10. Provide an overview to the client by describing program rules and client obligations and rights.
11. Provide an overview to the client of program operations.

4) **ASSESSMENT** - Those procedures by which a counselor/program identifies and evaluates an individual's strengths, weaknesses, problems and needs for the development of the treatment plan.

**Global Criteria:**

12. Gather relevant history from client including but not limited to alcohol and other drug abuse using appropriate interview techniques.
13. Identify methods and procedures for obtaining corroborative information from significant secondary sources regarding clients' alcohol and other drug abuse and psycho-social history.
14. Identify appropriate assessment tools.
15. Explain to the client the rationale for the use of assessment techniques in order to facilitate understanding.
16. Develop a diagnostic evaluation of the client's substance abuse and any co-existing conditions based on the results of all assessments in order to provide an integrated approach to treatment planning based on the client's strengths, weaknesses, and identified problems and needs.

5) **TREATMENT PLANNING** - Process by which the counselor and the client:

- identify and rank problems needing resolution;
- establish and agree upon immediate and long term goals, and:
- decide on the treatment methods and resources to be use.

**Global Criteria:**

17. Explain assessment results to client in an understandable manner
18. Identify and rank problems based on individual client needs in the written treatment plan.
19. Formulate agreed upon immediate and long-term goals using behavioral terms in the written treatment plan.
20. Identify the treatment methods and resources to be utilized as appropriate for the individual client.

6) **COUNSELING** (Individual, Group and Significant Others): The utilization of special skills to assist individuals, families or groups in achieving objectives through exploration of a problem and its ramifications; examination of attitudes and feelings; consideration of alternative solutions; and decision-making.

**Global Criteria:**

21. Select the counseling theory(ies) that apply(ies).
22. Apply technique(s) to assist the client, group, and/or family in exploring problems and ramifications.
23. Apply technique(s) to assist the client, group and/or family in examining the client's behavior, attitudes and/or feelings if appropriate in the treatment setting.
24. Individualize counseling in accordance with cultural, gender and lifestyle differences.
25. Interact with the client in an appropriate therapeutic manner.
26. Elicit solutions and decisions from the client.
27. Implement the treatment plan.

7) **CASE MANAGEMENT** - Activities which bring services, agencies, resources for people together within a planned framework of action toward the achievement of established goals. It may involve liaison activities and collateral contacts.

**Global Criteria:**

28. Coordinate services for client care.
29. Explain the rationale of case management activities to the client.

8) **CRISIS INTERVENTION** - Those services which respond to an alcohol and/or other drug abuser's needs during acute emotional and/or physical distress.

**Global Criteria:**

30. Recognize the elements of the client crisis.
31. Implement an immediate course of action appropriate to the crisis.
32. Enhance overall treatment by utilizing crisis events.

9) **CLIENT EDUCATION** - Provision of information to individuals and groups, concerning alcohol and other drug abuse and the available services and resources.

**Global Criteria:**

33. Present relevant alcohol and other drug use/abuse information to the client through formal and/or informal processes.
34. Present information about available alcohol and other drug services and resources.

10) **REFERRAL** - Identifying the needs of the client that cannot be met by the counselor or agency and assisting the client to utilize the support systems and community resources available.



**Global Criteria:**

- 35. Identify the need(s) and/or problem(s) that the agency and/or counselor cannot meet.
- 36. Explain the rationale for the referral to the client.
- 37. Match client needs and/or problems to appropriate resources.
- 38. Adhere to applicable laws, regulations and agency policies governing procedures related to the protection of the client's confidentiality.
- 39. Assist the client in utilizing the support systems and community resources available.

11) **REPORTS AND RECORD KEEPING** - Charting the results of the assessment and treatment plan; writing reports, progress notes, discharge summaries and other client-related data.

**Global Criteria:**

- 40. Prepare reports and relevant records integrating available information to facilitate the continuum of care.
- 41. Chart pertinent ongoing information pertaining to the client.
- 42. Utilize relevant information from written documents for client care.

12) **CONSULTATION** - Relating with counselors and other professionals in regard to client treatment (services) to assure comprehensive, quality care for the client.

**Global Criteria:**

- 43. Recognize issues that are beyond the counselor's base of knowledge and/or skill.
- 44. Consult with appropriate resources to ensure the provision of effective treatment services.
- 45. Adhere to applicable laws regulations and agency policies governing the disclosure of client-identifying data.
- 46. Explain the rationale for the consultation to the client, if appropriate.

**SECTION VI  
KNOWLEDGE AND SKILLS OF THE ADDICTIONS COUNSELOR**

In addition to the common set of twelve Core Functions and 46 Global Criteria that transcend counselor and setting differences, the most recent addiction counselor role delineation study, commissioned by IC&RC, systematically identified the major target areas, or performance domains, that make up the professional activities of the Addiction Counselor.

**IC&RC DOMAINS:**

- Domain I: Screening, Assessment and Engagement
- Domain II: Treatment Planning, Collaboration and Referral
- Domain III: Counseling

## Domain IV: Professional and Ethical Responsibilities

The Role Delineation Panel next outlined the tasks performed by certified counselors within those four domains, and generated a list of skills and knowledge required to perform each task. Necessary linkage between the Core Functions and the knowledge and skills has been made. The West Virginia Certification Board for Addiction & 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 addiction counselor 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 written test are based on that material.

### SECTION VII

#### CRITERIA FOR CERTIFIED ALCOHOL AND DRUG COUNSELORS (ADC) CERTIFICATION

##### I. QUALIFYING EXPERIENCE

An ADC 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 Chemical and Behavioral Dependency as defined in Section IX: a minimum of three (3) years (6000 hours) of work experience specific to chemical and behavioral dependency is **required**. Time in excess of the three year minimum may be utilized to meet the total six year work experience requirement.
2. General Work Experience as defined in Section IX: general work experience up to a maximum of three years may be utilized to meet the six (6) year requirement of qualifying experience.
3. High school diploma or jurisdictional equivalent requires 6,000 hours (3 years) of supervised work experience specific to the ADC Job Analysis.
4. Associate's degree in a related field requires 5,000 hours (2.5 years) of supervised work experience specific to the ADC Job Analysis. An Associate's degree may be used in place of 1000 hours of work experience.
5. Bachelor's degree in a related field requires 4,000 hours (2 years) of supervised work experience specific to the ADC Job Analysis. A candidate holding a baccalaureate degree from an accredited university or college in a related field may be credited with 2000 hours of experience required in number one (1) above, "Work Experience specific to Addiction."
6. Master's degree or higher in a related field requires 2,000 hours (1 year) of supervised work experience specific to the ADC Job Analysis. A candidate holding a Master's Degree from an accredited university or college in a related field may be credited with 4000 hours of experience required in number one (1) above, "Work Experience specific to Addiction."

Accredited Degree Work: No college degree is required. As defined in Section IX, a maximum of four (4) years of college/university work in a related field may be utilized to satisfy the six (6) year requirement of qualifying experience. A maximum of four years will be credited toward work experience.

**II. RESIDENCY**

The applicant must live or work in WV at least 51% of the time.

**III. EDUCATION/TRAINING**

A high school diploma is required.

A minimum of 270 **contact** hours (300 contact hours after 10/1/17) of education, specific to the domains, as defined in Section IX must be documented. In some cases, these hours may replicate hours represented under accredited degree work. Accredited academic work is credited as follows: one college credit equals fifteen contact hours. (E.g.: a three credit college course is worth 45 contact hours.)

At least 70 of the 270 (300 contact hours after 10/1/17) hours must have addiction specific content as reflected in the title of workshop, presentation, or course.

At least 6 (six) of the 70 hours specific to addiction must be training in the area of ethics, specific to addiction counseling. 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.

**IV. SUPERVISED PRACTICAL EXPERIENCE**

Applicants must have completed a Supervised Practical Experience, specific to the Domains as defined in Section IX. This amount of supervision needed depends on how much education the applicant has. You must work under the supervision of an ADC-S, an AADC-S or an AADC for the SPE.

<b>AMOUNT OF EDUCATION</b>	<b>AMOUNT OF SUPERVISION REQUIRED</b>
High School Diploma or Jurisdictional Equivalent	300 Hours of Supervision Minimum 10 hours in each domain
Associate’s Degree in a Related Field	250 Hours of Supervision Minimum 10 hours in each domain
Bachelor’s Degree in a Related Field	200 Hours of Supervision Minimum 10 hours in each domain
Master’s Degree or Higher in a Related Field	100 Hours of Supervision Minimum 10 hours in each domain

**V. KNOWLEDGE BASE**

An ADC candidate must demonstrate competence in the core knowledge areas and each core function 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 written examination.

## **VI. SKILL BASE**

An ADC candidate must demonstrate competence in the Core Functions and Global Criteria, and the four Domains.

## **VII. PROFESSIONAL CODE OF ETHICS**

The applicant must subscribe to the Certification Board's code of ethics, adopted from the code of the National Association of Alcohol and Drug Abuse Counselors (NAADAC). See Appendix B.

## **SECTION IX DEFINITION OF TERMS**

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

### **QUALIFYING EXPERIENCE**

#### **WORK EXPERIENCE**

##### **1. Work Experience Specific to addiction.**

The phrase is used to mean experience (paid or voluntary), working directly with addicted clients and their family members. This experience may include both indirect and direct involvement in activities of the counseling Core Functions. Unsupervised work experience may not be utilized for the requirement. For the 6000 hour (3 year) addiction specific work experience, the supervisor must either have the AADC or ADC-S credentials, or have a license in a relevant field such as social work, counseling or psychology. A candidate holding a baccalaureate degree from an accredited university or college in a related field, 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 regionally accredited academic college or university class, which is part of, or leads to, the completion of an accredited degree in a related field is considered accredited degree work. 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 a related field. Such education must be supported by documentation in the form of an official transcript from the institution of higher learning. Institutions must be regionally accredited to be considered.

### **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 addiction

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 counselor Core Functions and four Domains. A certificate of attendance from the sponsoring agent, indicating the name of the applicant, 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.

### **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 AND SKILL BASE**

The Core Knowledge Base include 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 written examination of the applicant. The applicant must pass the IC&RC ADC Examination. The 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 computerized test. They are also attested to by supervisors. 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 and sign 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, which is counselor specific, is found in Appendix B. There is a written enforcement/appeals process if a professional is accused of violating it.

## SECTION X 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 [www.wvcbapp.org](http://www.wvcbapp.org) under the application 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. 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 specific ethics, 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 (CS), 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 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, complete all certification paperwork and take all tests in order to be re-credentialed.

## SECTION XI APPEALS PROCEDURES: CERTIFICATION BOARD DECISIONS REGARDING CERTIFICATION/RECERTIFICATION/TEST RESULTS

### **PURPOSE:**

The appeals 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.

### **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.

**WRITTEN COMPUTER BASED (CBT) TESTS:**

The CBT written 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

These tasks and knowledge areas are what the test is based on.

#### Domain I: Screening, Assessment, and Engagement

##### **Task 1: Demonstrate verbal and non-verbal communication to establish rapport and promote engagement.**

Knowledge of:

1. Best practices related to interviewing techniques
2. Self-awareness and therapeutic use of self
3. Stages of change
4. How culture affects communication

Skill in:

1. Building trust and establishing rapport with clients
2. Recognizing and understanding verbal and non-verbal behaviors
3. Using stages of change to promote engagement

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

Knowledge of:

1. Criteria for evaluation of substance use disorders
2. Significance of diagnostic reports from laboratory tests
3. Behavior, patterns, and progressive stages of substance use disorders
4. States of intoxication, stages of withdrawal, psychological and physical effects of psychoactive substances
5. Patterns and methods of misuse and abuse of prescribed and over-the-counter medications
6. Current commonly used substances
7. How blood alcohol content affects behavior
8. Professional ethics and confidentiality

Skill in:

1. Utilizing interview techniques
2. Gathering and assessing information and summarizing data
3. Assessing and determining the severity of client psychoactive substance use

##### **Task 3: Assess client's immediate needs by evaluating observed behavior and other relevant information including signs and symptoms of intoxication and withdrawal.**

Knowledge of:

1. Current commonly used substances
2. How blood alcohol content affects behavior
3. Legal limits of blood alcohol content
4. Effects and interactions of using substances
5. Withdrawal symptoms
6. Behavioral management of an impaired person
7. Emergency procedures associated with overdose and acute withdrawal symptoms

Skill in:

1. Recognizing signs and symptoms of intoxication and withdrawal
2. Using interview techniques
3. Assessing verbal and non-verbal behavior
4. Referring to appropriate medical personnel

**Task 4: Administer appropriate evidence-based screening and assessment instruments specific to clients to determine their strengths and needs.**

Knowledge of:

1. The variety of substance use disorder assessment instruments and their limitations and strengths
2. The administration and scoring procedures for substance use disorder instruments
3. Diagnostic criteria for evaluating substance use
4. Behavior patterns and progressive stages of substance use disorders
5. Screening, brief intervention, and referral to treatment (SBIRT)
6. The role of the client's culture, demographics, and cognitive functioning in the assessment process

Skill in:

1. Selecting and administering assessment instruments

**Task 5: Obtain relevant history and related information from the client and other pertinent sources to establish eligibility and appropriateness of services.**

Knowledge of:

1. Information and resources regarding cultures, sexual orientation, gender and special needs
2. The significance of diagnostic reports from laboratory tests
3. Signs and symptoms of co-occurring mental health disorders
4. Interview processes, including objectives and techniques
5. The use and method of feedback to the client
6. How a client's financial circumstances influence treatment options

Skill in:

1. Identifying and understanding non-verbal behaviors
2. Building trust and establishing rapport
3. Gathering and assessing information
4. Identifying discrepancies in information given by client and/or concerned others
5. Determining the importance of the relationship between the client and concerned others
6. Assessing the appropriateness of involving concerned others in the assessment process
7. Recognizing a need for more in-depth information from other professionals
8. Effective use of open- and closed ended questions and other interview techniques

**Task 6: Screen for physical needs, medical conditions, and co-occurring mental health disorders that might require additional assessment and referral.**

Knowledge of:

1. Appropriate screening and assessment tools
2. Screening and identification of issues outside the scope of practice of a substance abuse counselor that require referrals
3. Conditions commonly associated with substance use e.g. physical needs, medical conditions and co-occurring mental health disorders
4. Crisis Intervention

Skill in:

1. Applying the use of screening and assessment instruments
2. Using interview techniques
3. Collaborating with multiple disciplinary teams to determine course of action

**Task 7: Interpret results of screening and assessment and integrate all available information to formulate diagnostic impression, and determine an appropriate course of action.**

Knowledge of:

1. Criteria for diagnosis of substance use disorder

2. Behaviors indicative of other addictive disorders
3. Conditions commonly associated with substance use e.g. physical needs, medical conditions and co-occurring mental health disorders
4. The relationship between substance use and trauma
5. The various manifestations of client ambivalence related to readiness to change
6. Treatment options
7. Detoxification
8. Laboratory data related to substance use disorders

Skill in:

1. Identifying and understanding verbal and non-verbal behaviors
2. Prioritizing the information obtained from the client relative to the assessment
3. Organizing and summarizing client data and clinical impressions
4. Documenting information in a concise, clinically accurate and objective manner
5. Recognizing client needs
6. Communicating treatment options

**Task 8: Develop a written summary of the results of the screening and assessment to document and support the diagnostic impressions and treatment recommendations.**

Knowledge of:

1. Interpretation of results to integrate all available information, formulate diagnostic impressions, and determine an appropriate course of action
2. The elements of a bio psychosocial assessment
3. Appropriate recommendations for treatment planning
4. Diverse communication styles and systems
5. The various manifestations of client ambivalence relative to stages of change
6. Clinically appropriate documentation practices

Skill in:

1. Documenting information in a concise, clinically accurate and objective manner
2. Organizing and summarizing client data, reports from other professionals, and clinical impressions

## **Domain II: Treatment Planning, Collaboration, and Referral**

**Task 1: Formulate and discuss diagnostic assessment and recommendations with the client and concerned others to initiate an individualized treatment plan that incorporates client’s strengths, needs, abilities, and preferences.**

Knowledge of:

1. The purpose of the assessment and treatment planning process
2. Client ambivalence encountered during assessment process
3. Criteria for evaluating substance use disorders

Skill in:

1. Building trust and establishing rapport with the client
2. Eliciting feedback to assure understanding of information given
3. Communicating effectively
4. Presenting technical information in a manner appropriate to the client
5. Writing obtainable and measurable goals with the client

**Task 2: Use ongoing assessment and collaboration with the client and concerned others to review and modify the treatment plan to address treatment needs.**

Knowledge of:

1. How culture, demographics and other client characteristics affect response to treatment
2. Risk factors that relate to suicide, homicide, family violence, self-injury, and other harmful behaviors

3. Methods to respond to client in crisis
4. Circumstances which may necessitate a change in the course of treatment

Skill in:

1. Collaborating with client and, when appropriate, concerned others to negotiate adjustments to the treatment plan
2. Using client feedback to enhance treatment
3. Documenting any adjustments to the treatment plan

**Task 3: Match client needs with community resources to facilitate positive client outcomes.**

Knowledge of:

1. Community resources to meet client needs
2. Appropriate practices regarding case consultation
3. Appropriate practices for handling confidential client information

Skill in:

1. Assessing client's needs for referral
2. Identifying professional and agency limitations
3. Responding to client and/or family in crisis
4. Planning and facilitating referral
5. Developing and maintaining working relationships with other professionals

**Task 4: Discuss rationale for a referral with the client.**

Knowledge of:

1. Referral rationale for group, individual and family counseling
2. Methods of responding to a client and/or family in crisis
3. Professional scope of practice in substance use disorder counseling
4. Personal/professional strengths and limitations
5. Strengths and limitations of other service providers
6. Philosophies and approaches of outside community resources
7. Rationale, benefits, and modalities of other treatment providers
8. Level of care placement criteria

Skill in:

1. Communicating warmth, respect and acceptance of cultural and individual differences
2. Communicating (oral and written)
3. Collaborating with multidisciplinary team members
4. Coordinating care

**Task 5: Communicate with community resources regarding needs of the client.**

Knowledge of:

1. Consultation and referral within confidentiality guidelines
2. Oral/written communication
3. Agency's policies regarding case consultation
4. Services available to family and significant others especially as they affect access to treatment and the recovery process

Skill in:

1. Explaining the rationale for decisions affecting confidentiality
2. Making clear and concise oral/written case presentations
3. Gathering, organizing, and interpreting data for case consultation
4. Interpreting written reports of other professionals
5. Seeking and responding to information from other professionals relative to own knowledge of the case

6. Identifying and using sources of supervision and consultation
7. Establishing trust and rapport with colleagues
8. Identifying appropriateness of request for information from consultation source
9. Communicating with community resources

**Task 6: Advocate for the client in areas of identified needs to facilitate continuity of care.**

Knowledge of:

1. Skills and services provided by other professionals
2. How to maintain working relationships with other professionals
3. Oral/written communication
4. Follow-up process with referral sources
5. Advocacy techniques
6. Eligibility requirements for funding
7. Level of care placement criteria
8. Knowledge of symptoms of substance use disorders

Skill in:

1. Collaborating with outside resources and professionals
2. Preparing comprehensive and relevant documentation in a timely manner
3. Matching client's needs with resources
4. Making clear and concise oral/written case presentations
5. Gathering, organizing, and interpreting data for case consultation
6. Establishing trust and rapport with colleagues

**Task 7: Evaluate the effectiveness of case management activities to ensure quality service coordination.**

Knowledge of:

1. Skills and services provided by other professionals
2. How to maintain working relationships with other professionals
3. Utilization of consultation results
4. Understanding all aspects of the referral process
5. Understanding importance of service coordination
6. Documentation procedures for referral and follow-up
7. Individual differences (i.e., culture, ethnicity, race, age, gender, sexual orientation, HIV/AIDS status, religion) and how these differences affect all aspects of substance use disorder treatment

Skill in:

1. Communicating warmth, respect, and acceptance of cultural and individual differences
2. Effective verbal and written communication
3. Identifying and addressing personal and organizational limitations
4. Organizing and interpreting relevant information and data
5. Preparing comprehensive and relevant documentation in a timely manner
6. Applying organizational policies and procedures
7. Interpreting written reports of other professionals
8. Identifying and using sources of supervision and consultation
9. Conducting effective service coordination
10. Identifying possible conflicts of interest with outside resources

**Task 8: Develop a plan with the client to strengthen ongoing recovery outside of primary treatment.**

Knowledge of:

1. Recovery process and relapse dynamics
2. Techniques to interrupt the relapse process
3. Residual effects of substance use as it affects the relapse process

4. External factors (e.g., peers, family, the environment, support groups) that influence recovery and relapse
5. Developmental stages of recovery
6. How to develop an individualized recovery plan that meets the unique needs of the client
7. Integrated service delivery within the continuum of care
8. Confidentiality best practices and administrative rules
9. Treatment planning and discharge criteria
10. Available self-directed support

Skill in:

1. Educating the client and concerned others about the recovery and relapse process
2. Recognizing client manifestations of the relapse process
3. Assessing a client's risk factors for relapse
4. Educating the client in understanding their individual relapse signs and symptoms
5. Assisting the client in intervening in the relapse process
6. Assessing community resources to support recovery
7. Guiding the client through the developmental stages of recovery
8. Collaborating with the client in developing and writing a recovery plan
9. Creating, maintaining, and monitoring effective follow-up with the client
10. Preparing client and concerned others in separation issues inherent in the referral and aftercare process
11. Recognizing addiction substitution
12. Obtaining, updating, and reviewing data related to the client
13. Explaining to the client impressions of progress and problems in the treatment process
14. Providing comprehensive and individualized discharge planning and referral services
15. Feedback procedures (e.g., reflection, reframing, interpretation, clarification)

#### **Task 9: Document treatment progress, outcomes, and continuing care plans.**

Knowledge of:

1. Informed consent and limitations of confidentiality
2. Specific rules of the treatment provider related to continuum of care and record keeping formats
3. Basic formats for written documentation in objective/medical charting
4. Components of treatment or continuing care plans according to best practices
5. Documentation standards in clinical record

Skill in:

1. Providing timely record keeping
2. Preparing clear, complete and concise written communication
3. Reporting in observable and measurable terms

#### **Task 10: Utilize multiple pathways of recovery in treatment planning and referral.**

Knowledge of:

1. Benefits and limitations of the 12 Steps and 12 Traditions
2. Benefits and limitations of other recovery support approaches
3. Benefits and limitations of harm reduction based models of recovery
4. Ways in which medical consultation and treatment may enhance the recovery process

Skill in:

1. Providing unbiased information regarding treatment approaches and assist the client in choosing the best alternative
2. Explaining difficult or contradicting concepts to clients in language that helps them understand differences in approaches to recovery
3. Collaborating with other professionals to maximize support for the recovery process

## **Domain III: Counseling**

### **Task 1: Develop a therapeutic relationship with clients, families, and concerned others to facilitate transition into the recovery process.**

Knowledge of:

1. Methods and techniques for client engagement
2. Counseling approaches (e.g., empathy, active listening, authenticity, appropriate self-disclosure)
3. Appropriate use of boundaries
4. Positive reinforcement (e.g., identifying client strengths, instilling hope, identifying client potential)
5. Transference and countertransference

Skill in:

1. Using reinforcing and affirming behaviors
2. Staying consistent in the professional role
3. Demonstrating a non-judgmental attitude
4. Identifying and interpreting verbal and non-verbal behaviors
5. Asking open-ended questions
6. Responding therapeutically
7. Determining relevant therapeutic approaches appropriate to stages of recovery
8. Responding appropriately to ambivalence
9. Identifying and managing transference and countertransference
10. The termination process, techniques, and effects

### **Task 2: Provide information to the client regarding the structure, expectations, and purpose of the counseling process.**

Knowledge of:

1. Counseling and therapeutic process specific to substance use
2. Stages of treatment
3. Methods and techniques for enhancing client engagement
4. Recovery-oriented behavior
5. Feedback procedures (e.g., reflection, reframing, interpretation, clarification)

Skill in:

1. Communicating effectively
2. Responding therapeutically
3. Responding appropriately to ambivalence
4. Identifying and interpreting verbal and non-verbal behavior
5. Explaining the treatment process

### **Task 3: Continually evaluate the client's safety, relapse potential, and the need for crisis intervention.**

Knowledge of:

1. Recovery and relapse process
2. Risk factors associated with relapse
3. Feedback procedures
4. Various forms of reinforcement
5. Defense mechanisms and appropriate counseling approaches
6. Recovery -oriented systems of care (ROSC)
7. Services provided in the community and necessary referral information
8. Crisis Intervention
9. Non-life/life-threatening crises situations and impact on recovery

Skill in:

1. Obtaining, updating, reviewing, and synthesizing data related to the client

2. Communicating clearly and concisely
3. Utilizing counseling techniques
4. Building trust and establishing rapport through various counseling techniques
5. Maintaining a non-judgmental attitude
6. Assessing risk potential and responding appropriately
7. Utilizing crisis intervention techniques and documenting results
8. Utilizing crisis situations to facilitate the recovery process

**Task 4: Apply evidence-based, culturally competent counseling strategies and modalities to facilitate progress towards completion of treatment objectives.**

Knowledge of:

1. Appropriate counseling techniques for client needs
2. Various psychosocial needs and intrinsic motivations
3. Different types of groups, their purposes, function, and parameters
4. Various facilitator roles and techniques
5. Group dynamics and stages of group functioning
6. How differences among various populations (e.g., cultural, ethnicity, race, age, gender, sexual orientation) affect response to treatment
7. How peer influence and the community environment encourages or discourages substance use disorders
8. Family dynamics and theories of family counseling
9. Client resistance strategies and the modalities to assist the client

Skill in:

1. Observing and responding to family interaction
2. Applying different family counseling techniques
3. Assisting family members to differentiate between individual needs and family needs in the treatment process
4. Orienting clients for group counseling
5. Managing membership issues (e.g., turnover, dropout, adding new members)
6. Establishing an environment to support trust among group members
7. Developing cohesiveness and identity among group members
8. Using group dynamics for individual and group growth
9. Guiding group process appropriate to the developmental stage of the group
10. Terminating the counseling process with the group or an individual member
11. Determining relevant strategies appropriate to different therapeutic stages
12. Selecting and implementing appropriate counseling approaches

**Task 5: Assist families and concerned others in understanding substance use disorders and engage them in the recovery process.**

Knowledge of:

1. Substance use disorder as a primary disease, including symptomatology and pharmacology
2. Behavior patterns and progressive stages of substance use disorder
3. How substance abuse disorders affect society and the family of the substance user
4. Adverse effect of combining various types of psychoactive drugs, as well as over-the-counter medications
5. The potential for cross and multiple dependencies
6. The dynamics of relapse
7. Effect of substance abuse on various body systems (e.g., endocrine, immune, reproductive system, skeletal, neurological, muscular, respiratory, circulatory, digestive)
8. Patterns and methods of misuse and abuse of prescribed and over-the-counter medications
9. Learning styles and teaching methods
10. Family dynamics and roles



Skill in:

1. Communicating effectively
2. Conveying respect for personal differences
3. Evaluating the reception of the information provided
4. Time management and organizing information

**Task 6: Document counseling activity and progress towards treatment goals and objectives.**

Knowledge of:

1. Oral/written communication
2. Acceptable documentation standards
3. Record keeping requirements
4. Skills and services provided by other professionals

Skills in:

1. Making clear and concise oral/written case presentations
2. Gathering and organizing data for case consultation
3. Identifying and using sources of supervision and consultation

**Task 7: Provide information on issues of identity, ethnic background, age, sexual orientation, and gender as it relates to substance use, prevention and recovery.**

Knowledge of:

1. A variety of cultures
2. Personal biases
3. Diagnoses of substance use disorders, treatment issues, support group and prevention strategies

Skill in:

1. Communicating effectively
2. Conveying respect for individual needs

**Task 8: Provide information about the disease of addiction and the related health and psychosocial consequences.**

Knowledge of:

1. Health and high-risk behaviors associated with substance use, including transmission and prevention of HIV/AIDS, tuberculosis, sexually transmitted infections, hepatitis, and other infectious diseases
2. Health consequences of substance use and its relationship to other chronic disease such as diabetes, heart disease, cirrhosis and other effects of chemical substances on the body
3. Life skills, including but not limited to, stress management, relaxation, communication, assertiveness, and refusal skills
4. Emotional, cognitive, and behavioral aspects of substance use
5. Sociological and environmental effect of substance use
6. Continuum of care and resources available to develop an understanding of prevention, intervention, treatment, and recovery

Skill in:

1. Educating the client, family, and concerned others about the disease of addiction and the related health and psychosocial consequences
2. Effective oral and written communication
3. Adapting education style to the specific needs of the client

**Domain IV: Professional and Ethical Responsibilities**

**Task 1: Adhere to established professional codes of ethics and standards of practice to uphold client rights while promoting best interests of the client and profession.**

Knowledge of:

1. Applicable professional codes of ethics
2. Professional standards of practice
3. Client rights
4. Consequences of violating codes of ethics, confidentiality laws, and client rights
5. Jurisdictional specific rules and regulations regarding best practices
6. Grievance processes
7. Agency policies and procedures
8. Confidentiality and privacy laws

Skill in:

1. Applying professional codes of ethics to professional practice

**Task 4: Identify and evaluate client needs that are outside of the counselor's ethical scope of practice and refer to other professionals as appropriate.**

Knowledge of:

1. Physical disorders that may complicate treatment of substance use disorders
2. The relationship between psychoactive substance use and trauma
3. The relationship between psychoactive substance use and other mental and emotional disorders
4. Crisis situations that need an immediate response
5. The diversity of services provided within the community and necessary referral information
6. Services available to family and concerned others as they affect treatment and the recovery process
7. The continuum of care
8. Potential conflicts of interest

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 personal and agency limitations
6. Identify legitimacy and legality of requested information

**Task 5: Uphold client's rights to privacy and confidentiality according to best practices in preparation and handling of records.**

Knowledge of:

1. Best practices for handling confidential client information
2. Essential components of client records and their uses
3. Regulations governing storage and destruction of records
4. Electronic health record utilization

Skill in:

1. Communicating effectively and sharing of client records within the rules and regulations of confidentiality
2. Applying appropriate laws and regulations for the handling of confidential information

**Task 6: Obtain written consent to release information from the client and/or legal guardian, according to best practices.**

Knowledge of:

1. Best practices for handling confidential client information
2. Essential components of client records and their uses

Skill in:

1. Applying appropriate laws and regulations for the handling of confidential information

**Task 7: Prepare concise, clinically accurate, and objective reports and records.**

Knowledge of:

1. Significance of presenting symptoms
2. Related physical and behavioral health concerns that could affect treatment
3. Client progress
4. Critical incidents and crisis intervention
5. Factors effecting prognosis development
6. Appropriate and relevant recommendations

Skill in:

1. Summarizing and synthesizing relevant client information
2. Reporting in observable and measurable terms
3. Timely record keeping

**Task 7: Prepare concise, clinically accurate, and objective reports and records.**

Knowledge of:

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2. Related physical and behavioral health concerns that could affect treatment
3. Client progress
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5. Factors effecting prognosis development
6. Appropriate and relevant recommendations

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1. Summarizing and synthesizing relevant client information
2. Reporting in observable and measurable terms
3. Timely record keeping

## **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 (FROM THE NAADAC CODE)

The Revised Code of Ethics is divided under major headings and standards. The sections utilized are:

## I. The Counseling Relationship

## II. Evaluation, Assessment and Interpretation of Client Data

## III. Confidentiality/Privileged Communication and Privacy

## IV. Professional Responsibility

## V. Working in a Culturally Diverse World

## VI. Workplace Standards

## VII. Supervision and Consultation

## VIII. Resolving Ethical Issues

## IX. Communication and Published Works

## X. Policy and Political Involvement

### **I. The Counseling Relationship**

It is the responsibility of the addiction professional to safeguard the integrity of the counseling relationship and to ensure that the client is provided with services that are most beneficial. The client will be provided access to effective treatment and referral giving consideration to individual educational, legal and financial resources needs. Addiction professionals also recognize their responsibility to the larger society and any specific legal obligations that may, on limited occasions, supersede loyalty to clients. The addiction professional shall provide the client and/or guardian with accurate and complete information regarding the extent of the potential professional relationship. In all areas of function, the addiction professional is likely to encounter individuals who are vulnerable and exploitable. In such relationships he/she seeks to nurture and support the development of a relationship of equals rather than to take unfair advantage. In personal relationships, the addiction professional seeks to foster self-sufficiency and healthy self-esteem in others. In relationships with clients he/she provides only that level and length of care that is necessary and acceptable.

#### **Standard 1: Client Welfare**

The addiction professional understands that the ability to do good is based on an underlying concern for the well being of others. The addiction professional will act for the good of others and exercise respect, sensitivity and insight. The addiction professional understands that the primary professional responsibility and loyalty is to the welfare of his or her clients, and will work for the client irrespective of who actually pays his/her fees.

1. The addiction professional understands and supports actions that will assist clients to a better quality of life, greater freedom and true independence.

2. The addiction professional will support clients in accomplishing what they can readily do for themselves.

Likewise, the addiction professional will not insist on pursuing treatment goals without incorporating what the client perceives as good and necessary.

3. The addiction professional understands that suffering is unique to a specific individual and not of some generalized or abstract suffering, such as might be found in the understanding of the disorder. On that basis, the action taken to relieve suffering must be uniquely suited to the suffering individual and not simply some

universal prescription.

4. Services will be provided without regard to the compensation provided by the client or by a third party and shall render equally appropriate services to individuals whether they are paying a reduced fee or a full fee or are waived from fees.

## **Standard 2: Client Self Determination**

The addiction professional understands and respects the fundamental human right of all individuals to self-determination and to make decisions that they consider in their own best interest. In that regard, the counselor will be open and clear about the nature, extent, probable effectiveness and cost of those services to allow each individual to make an informed decision about his or her care. The addiction professional works toward increased competence in all areas of professional functioning; recognizing that at the heart of all roles is an ethical commitment contributing greatly to the well-being and happiness of others. He/she is especially mindful of the need for faithful competence in those relationships that are termed fiduciary - relationships of special trust in which the clients generally do not have the resources to adequately judge competence.

The addiction professional will provide the client and/or guardian with accurate and complete information regarding the extent of the potential professional relationship, including the Code of Ethics and documentation regarding professional loyalties and responsibilities.

Addiction professionals will provide accurate information about the efficacy of treatment and referral options available to the client.

The addiction professional will terminate work with a client when services are no longer required or no longer serve the client's best interest.

The addiction professional will take reasonable steps to avoid abandoning clients who are in need of services. Referral will be made only after careful consideration of all factors to minimize adverse effects.

The addiction professional recognizes that there are clients with whom he/she cannot work effectively. In such cases, arrangements for consultation, co-therapy or referral are made.

The addiction professional may terminate services to a client for nonpayment if the financial contractual arrangements have been made clear to the client and if the client does not pose an imminent danger to self or others. The addiction professional will document discussion of the consequences of nonpayment with the client. When an addiction professional must refuse to accept the client due to inability to pay for services, ethical standards support the addiction professional in attempting to identify other care options. Funding constraints might interfere with this standard.

The addiction professional will refer a client to an appropriate resource when the client's mental, spiritual, physical or chemical impairment status is beyond the scope of the addiction professional's expertise. The addiction professional will foster self-sufficiency and healthy self-esteem in others. In relationships with clients, students, employees and supervisors, he/she strives to develop full creative potential and mature, independent functioning.

**Informed Consent:** The addiction professional understands the client's right to be informed about treatment. Informed consent information will be presented in clear and understandable language that informs the client or guardian of the purpose of the services, risks related to the services, limits of services due to requirements from a third party payer, relevant costs, reasonable alternatives and the client's right to refuse or withdraw consent within the time frames covered by the consent. When serving coerced clients, the addiction professional will provide information about the nature and extent of services, treatment options and the extent to which the client has the right to refuse services. When services are provided via technology such as computer, telephone or web-based counseling, clients are fully informed of the limitations and risks associated with these services. Client questions will be addressed within a reasonable time frame.

Clients will be provided with full disclosure including the guarantee of confidentiality if and when they are to receive services by a supervised person in training. The consent to treat will outline the boundaries of the client-supervisee relationship, the supervisee's training status and confidentiality issues. Clients will have the option

of choosing not to engage in services provided by a trainee as determined by agency policies. Any disclosure forms will provide information about grievance procedures.

### **Standard 3: Dual Relationships**

The addiction professional understands that the goal of treatment services is to nurture and support the development of a relationship of equals of individuals to ensure protection and fairness of all parties.

Addiction professionals will provide services to clients only in the context of a professional setting. In rural settings and in small communities, dual relationships are evaluated carefully and avoided as much as possible. Because a relationship begins with a power differential, the addiction professional will not exploit relationships with current or former clients, current or former supervisees or colleagues for personal gain, including social or business relationships.

The addiction professional avoids situations that might appear to be or could be interpreted as a conflict of interest. Gifts from clients, other treatment organizations or the providers of materials or services used in the addiction professional's practice will not be accepted, except when refusal of such gift would cause irreparable harm to the client relationship. Gifts of value over \$25 will not be accepted under any circumstances.

The addiction professional will not engage in professional relationships or commitments that conflict with family members, friends, close associates or others whose welfare might be jeopardized by such a dual relationship.

The addiction professional will not, under any circumstances, engage in sexual behavior with current or former clients.

The addiction professional will not accept as clients anyone with whom they have engaged in romantic or sexual relationships.

The addiction professional makes no request of clients that does not directly pertain to treatment (giving testimonials about the program or participating in interviews with reporters or students).

The addiction professional recognizes that there are situations in which dual relationships are difficult to avoid. Rural areas, small communities and other situations necessitate discussion of the counseling relationship and take steps to distinguish the counseling relationship from other interactions.

When the addiction professional works for an agency such as department of corrections, military, an HMO or as an employee of the client's employer, the obligations to external individuals and organizations are disclosed prior to delivering any services.

The addiction professional recognizes the challenges resulting from increased role of the criminal justice system in making referrals for addiction treatment. Consequently he/she strives to remove coercive elements of such referrals as quickly as possible to encourage engagement in the treatment and recovery process.

The addiction professional encourages self-sufficiency among clients in making daily choices related to the recovery process and self-care.

The addiction professional shall avoid any action that might appear to impose on others' acceptance of their religious/spiritual, political or other personal beliefs while also encouraging and supporting participation in recovery support groups.

### **Standard 4: Group Standards**

Much of the work conducted with substance use disorder clients is performed in group settings. Addiction professionals shall take steps to provide the required services while providing clients physical, emotional, spiritual and psychological health and safety.

Confidentiality standards are established for each counseling group by involving the addiction professional and the clients in setting confidentiality guidelines.

To the extent possible, addiction professionals will match clients to a group in which other clients have similar needs and goals.

## **Standard 5: Preventing Harm**

The addiction professional understands that every decision and action has ethical implication leading either to benefit or harm, and will carefully consider whether decisions or actions have the potential to produce harm of a physical, psychological, financial, legal or spiritual nature before implementing them. The addiction professional recognizes that even in a life well lived, harm may be done to others by thoughtless words and actions. If he/she becomes aware that any word or action has done harm to anyone, he/she readily admits it and does what is possible to repair or ameliorate the harm except where doing so might cause greater harm.

The addiction professional counselor will refrain from using any methods that could be considered coercive such as threats, negative labeling and attempts to provoke shame or humiliation.

The addiction professional develops treatment plans as a negotiation with the client, soliciting the client's input about the identified issues/needs, the goals of treatment and the means of reaching treatment goals.

The addiction professional will make no requests of clients that are not necessary as part of the agreed treatment plan. At the beginning of each session, the client will be informed of the intent of the session. Collaborative effort between the client and the addiction professional will be maintained as much as possible.

The addiction professional will terminate the counseling or consulting relationship when it is reasonably clear that the client is not benefiting from the exchange.

The addiction professional understands the obligation to protect individuals, institutions and the profession from harm that might be done by others. Consequently there is awareness when the conduct of another individual is an actual or likely source of harm to clients, colleagues, institutions or the profession. The addiction professional will assume an ethical obligation to report such conduct to competent authorities.

The addiction professional defers to review by a human subjects committee (Institutional Review Board) to ensure that research protocol is free of coercion and that the informed consent process is followed.

Confidentiality and deceptive practices are avoided except when such procedures are essential to the research protocol and are approved by the designated review board or committee.

When research is conducted, the addiction professional is careful to ensure that compensation to subjects is not as great or attractive as to distort the client's ability to make free decisions about participation.

## **II. Evaluation, Assessment and Interpretation of Client Data**

The addiction professional uses assessment instruments as one component of the counseling/treatment process taking into account the client's personal and cultural background. The assessment process promotes the well-being of individual clients or groups. Addiction professionals base their recommendations/reports on approved evaluation instruments and procedures. The designated assessment instruments are ones for which reliability has been verified by research.

### **Standard 1: Scope of Competency**

The addiction professional uses only those assessment instruments for which they have been adequately trained to administer and interpret.

### **Standard 2: Informed Consent**

Addiction professionals obtain informed consent documentation prior to conducting the assessment except when such assessment is mandated by governmental or judicial entities and such mandate eliminates the requirement for informed consent.

When the services of an interpreter are required, addiction professionals must obtain informed consent documents and verification of confidentiality from the interpreter and client. Addiction professionals shall respect the client's right to know the results of assessments and the basis for conclusions and recommendations. Explanation of assessment results is provided to the client and/or guardian unless the reasons for the assessment preclude such disclosure or if it is deemed that such disclosure will cause harm to the client.

**Standard 3: Screening**

The formal process of identifying individuals with particular issues/needs or those who are at risk for developing problems in certain areas is conducted as a preliminary procedure to determine whether or not further assessment is warranted at that time.

**Standard 4: Basis for Assessment**

Assessment tools are utilized to gain needed insight in the formulation of the most appropriate treatment plan. Assessment instruments are utilized with the goal of gaining an understanding of the extent of a person's issues/needs and the extent of addictive behaviors.

**Standard 5: Release of Assessment Results**

Addiction professionals shall consider the examinee's welfare, explicit understanding of the assessment process and prior agreements in determining where and when to report assessment results. The information shared shall include accurate and appropriate interpretations when individual or group assessment results are reported to another entity.

**Standard 6: Release of Data to Qualified Professionals**

Information related to assessments is released to other professionals only with a signed release of information form or such a release from the client's legal representative. Such information is released only to persons recognized as qualified to interpret the data.

**Standard 7: Diagnosis of Mental Health Disorders**

Diagnosis of mental health disorders shall be performed only by an authorized mental health professional licensed or certified to conduct mental health assessments or by a licensed or certified addictions counselor who has completed graduate level specific education on diagnosis of mental health disorders.

**Standard 8: Unsupervised Assessments**

Unless the assessment instrument being used is designed, intended and validated for self-administration and/or scoring, Addiction professional administered tests will be chosen and scored following the recommended methodology.

**Standard 9: Assessment Security**

Addiction professionals maintain the integrity and security of tests and other assessment procedures consistent with legal and contractual obligations.

**Standard 10: Outdated Assessment Results**

Addiction professionals avoid reliance on outdated or obsolete assessment instruments. Professionals will seek out and engage in timely training and/or education on the administration, scoring and reporting of data obtained through assessment and testing procedures. Intake data and other documentation obtained from clients to be used in recommending treatment level and in treatment planning are reviewed and approved by an authorized mental health professional or a licensed or qualified addiction professional with specific education on assessment and testing.

**Standard 11: Cultural Sensitivity Diagnosis**

Addiction professionals recognize that cultural background and socioeconomic status impact the manner in which client issues/needs are defined. These factors are carefully considered when making a clinical diagnosis. Assessment procedures are chosen carefully to ensure appropriate assessment of specific client populations. During assessment the addiction professional shall take appropriate steps to evaluate the assessment results.



while considering the culture and ethnicity of the persons being evaluated.

### **Standard 12: Social Prejudice**

Addiction professionals recognize the presence of social prejudices in the diagnosis of substance use disorders and are aware of the long term impact of recording such diagnoses. Addiction professionals refrain from making and/or reporting a diagnosis if they think it would cause harm to the client or others.

### **III. Confidentiality/Privileged Communication and Privacy**

Addiction professionals shall provide information to clients regarding confidentiality and any reasons for releasing information in adherence with confidentiality laws. When providing services to families, couples or groups, the limits and exceptions to confidentiality must be reviewed and a written document describing confidentiality must be provided to each person. Once private information is obtained by the addiction professional, standards of confidentiality apply. Confidential information is disclosed when appropriate with valid consent from a client or guardian. Every effort is made to protect the confidentiality of client information, except in very specific cases or situations.

The addiction professional will inform each client of the exceptions to confidentiality and only make a disclosure to prevent or minimize harm to another person or group, to prevent abuse of protected persons, when a legal court order is presented, for purpose of research, audit, internal agency communication or in a medical emergency. In each situation, only the information essential to satisfy the reason for the disclosure is provided. The addiction professional will do everything possible to safeguard the privacy and confidentiality of client information, except where the client has given specific, written, informed and limited consent or when the client poses a risk of harm to themselves or others.

The addiction professional will inform the client of his/her confidentiality rights in writing as a part of informing the client of any areas likely to affect the client's confidentiality.

The addiction professional will explain the impact of electronic records and use of electronic devices to transmit confidential information via fax, email or other electronic means. When client information is transmitted electronically, the addiction professional will, as much as possible, utilize secure, dedicated telephone lines or encryption programs to ensure confidentiality.

Clients are to be notified when a disclosure is made, to whom the disclosure was made and for what purposes. The addiction professional will inform the client and obtain the client's agreement in areas likely to affect the client's participation including the recording of an interview, the use of interview material for training purposes and/or observation of an interview by another person.

The addiction professional will inform the client(s) of the limits of confidentiality prior to recording an interview or prior to using information from a session for training purposes.

### **IV. Professional Responsibility**

The addiction professional espouses objectivity and integrity and maintains the highest standards in the services provided. The addiction professional recognizes that effectiveness in his/her profession is based on the ability to be worthy of trust. The professional has taken time to reflect on the ethical implications of clinical decisions and behavior using competent authority as a guide. Further, the addiction professional recognizes that those who assume the role of assisting others to live a more responsible life take on the ethical responsibility of living a life that is more than ordinarily responsible. The addiction professional recognizes that even in a life well-lived, harm might be done to others by words and actions. When he/she becomes aware that any work or action has done harm, he/she admits the error and does what is possible to repair or ameliorate the harm except when to do so would cause greater harm. Professionals recognize the many ways in which they influence clients and others within the community and take this fact into consideration as they make decisions in their personal conduct.

### **Standard 1: Counselor Attributes**

Addiction professionals will maintain respect for institutional policies and management functions of the agencies and institutions within which the services are being performed, but will take initiative toward improving such policies when it will better serve the interest of the client.

The addiction professional, as an educator, has a primary obligation to help others acquire knowledge and skills in treating the disease of substance use disorders.

The addiction professional, as an advocate for his or her clients, understands that he/she has an obligation to support legislation and public policy that recognizes treatment as the first intervention of choice for non-violent substance-related offenses.

The addiction professional practices honesty and congruency in all aspects of practice including accurate billing for services, accurate accounting of expenses, faithful and accurate reporting of interactions with clients and accurate reporting of professional activities.

The addiction professional recognizes that much of the property in the substance use disorder profession is intellectual in nature. In this regard, the addiction professional is careful to give appropriate credit for the ideas, concepts and publications of others when speaking or writing as a professional and as an individual.

The addiction professional is aware that conflicts can arise among the duties and rights that are applied to various relationships and commitments of his/her life. Priorities are set among those relationships and family, friends and associates are informed to the priorities established in order to balance these relationships and the duties flowing from them.

When work involves addressing the needs of potentially violent clients, the addiction professional will ensure that adequate safeguards are in place to protect clients and staff from harm.

Addiction professionals shall continually seek out new and effective approaches to enhance their professional abilities including continuing education research, and participation in activities with professionals in other disciplines.

Addiction professionals have a commitment to lifelong learning and continued education and skills to better serve clients and the community.

The addiction professional respects the differing perspectives that might arise from professional training and experience other than his/her own. In this regard, common ground is sought rather than striving for ascendance of one opinion over another.

Addiction professionals, whether they profess to be in recovery or not, must be cognizant of ways in which their use of psychoactive chemicals in public or in private might adversely affect the opinion of the public at large, the recovery community, other members of the addiction professional community or, most particularly, vulnerable individuals seeking treatment for their own problematic use of psychoactive chemicals. Addiction professionals who profess to be in recovery will avoid impairment in their professional or personal lives due to psychoactive chemicals. If impairment occurs, they are expected to immediately report their impairment, to take immediate action to discontinue professional practice and to take immediate steps to address their impairment through professional assistance. (See Standard 2, item 3 below).

## **Standard 2: Legal and Ethical Standards**

Addiction professionals will uphold the legal and ethical standards of the profession by being fully cognizant of all federal laws and laws that govern practice of substance use disorder counseling in their respective state.

Furthermore, addiction professionals will strive to uphold not just the letter of the law and the Code, but will espouse aspirational ethical standards such as autonomy, beneficence, non-maleficence, justice, fidelity and veracity.

Addiction professionals will honestly represent their professional qualifications, affiliations, credentials and experience.

Any services provided shall be identified and described accurately with no unsubstantiated claims for the efficacy of the services. Substance use disorders are to be described in terms of information that has been verified by scientific inquiry.

The addiction professional strives for a better understanding of substance use disorders and refuses to accept supposition and prejudice as if it were the truth.

The impact of impairment on professional performance is recognized; addiction professionals will seek appropriate treatment for him/herself or for a colleague. Addiction professionals support the work of peer assistance programs to assist in the recovery of colleagues or themselves.

The addiction professional will ensure that products or services associated with or provided by the member by means of teaching, demonstration, publications or other types of media meet the ethical standards of this code. The addiction professional who is in recovery will maintain a support system outside the work setting to enhance his/her own well-being and personal growth as well as promoting continued work in the professional setting.

The addiction professional will maintain appropriate property, life and malpractice insurance policies that serve to protect personal and agency assets.

### **Standard 3: Records and Data**

The addiction professional maintains records of professional services rendered, research conducted, interactions with other individuals, agencies, legal and medical entities regarding professional responsibilities to clients and to the profession as a whole.

The addiction professional creates, maintains, disseminates, stores, retains and disposes of records related to research, practice, payment for services, payment of debts and other work in accordance with legal standards and in a manner that permits/satisfies the ethics standards established. Documents will include data relating to the date, time and place of client contact, the services provided, referrals made, disclosures of confidential information, consultation regarding the client, notation of supervision meetings and the outcome of every service provided.

Client records are maintained and disposed of in accordance with law and in a manner that meets the current ethical standards.

Records of client interactions including group and individual counseling services are maintained in a document separate from documents recording financial transactions such as client payments, third party payments and gifts or donations.

Records shall be kept in a locked file cabinet or room that is not easily accessed by professionals other than those performing essential services in the care of clients or the operation of agency.

Electronic records shall be maintained in a manner that assures consistent service and confidentiality to clients. Steps shall be taken to ensure confidentiality of all electronic data and transmission of data to other entities.

Notes kept by the addiction professional that assist the professional in making appropriate decisions regarding client care but are not relevant to client services shall be maintained in separate, locked locations.

### **Standard 4: Interprofessional Relationships**

The addiction professional shall treat colleagues with respect, courtesy, fairness and good faith and shall afford the same to other professionals.

Addiction professionals shall refrain from offering professional services to a client in counseling with another professional except with the knowledge of the other professional or after the termination of the client's relationship with the other professional.

The addiction professional shall cooperate with duly constituted professional ethics committees and promptly supply necessary information unless constrained by the demands of confidentiality.

The addiction professional shall not in any way exploit relationships with supervisees, employees, students, research participants or volunteers.

## **V. Working in a Culturally Diverse World**

Addiction professionals, understand the significance of the role that ethnicity and culture plays in an

individual's perceptions and how he or she lives in the world. Addiction professionals shall remain aware that many individuals have disabilities which may or may not be obvious. Some disabilities are invisible and unless described might not appear to inhibit expected social, work and health care interactions. Included in the invisible disabled category are those persons who are hearing impaired, have a learning disability, have a history of brain or physical injuries and those affected by chronic illness. Persons having such limitations might be younger than age 65. Part of the intake and assessment must then include a question about any additional factor that must be considered when working with the client.

Addiction professionals do not discriminate either in their professional or personal lives against other persons with respect to race, ethnicity, national origin, color, gender, sexual orientation, veteran status, gender identity or expression, age, marital status, political beliefs, religion, immigration status and mental or physical challenges.

Accommodations are made as needed for clients who are physically, mentally, educationally challenged or are experiencing emotional difficulties or speak a different language than the clinician.

## **VI. Workplace Standards**

The addiction professional recognizes that the profession is founded on national standards of competency which promote the best interests of society, the client, the individual addiction professional and the profession as a whole. The addiction professional recognizes the need for ongoing education as a component of professional competency and development.

The addiction professional recognizes boundaries and limitations of their own competencies and does not offer services or use techniques outside of their own professional competencies.

Addiction professionals recognize the impact of impairment on professional performance and shall be willing to seek appropriate treatment for oneself or for a colleague.

### **Working Environment**

Addiction professionals work to maintain a working/therapeutic environment in which clients, colleagues and employees can be safe. The working environment should be kept in good condition through maintenance, meeting sanitation needs and addressing structural defects.

The addiction professional seeks appropriate supervision/consultation to ensure conformance with workplace standards.

The clerical staff members of the treatment agency hired and supervised by addiction professionals are competent, educated in confidentiality standards and respectful of clients seeking services.

Private work areas that ensure confidentiality will be maintained.

## **VII. Supervision and Consultation**

Addiction professionals who supervise others accept the obligation to facilitate further professional development of these individuals by providing accurate and current information, timely evaluations and constructive consultation. Counseling supervisors are aware of the power differential in their relationships with supervisees and take precautions to maintain ethical standards. In relationships with students, employees and supervisees he/she strives to develop full creative potential and mature independent functioning.

Addiction professionals must take steps to ensure appropriate resources are available when providing consultation to others. Consulting counselors use clear and understandable language to inform all parties involved of the purpose and expectations related to consultation.

Addiction professionals who provide supervision to employees, trainees and other counselors must have completed education and training specific to clinical and/or administrative supervision. The addiction professional who supervises counselors in training shall ensure that counselors in training adhere to policies regarding client care.

Addiction professionals serving as supervisors shall clearly define and maintain ethical professional, personal and social relationships with those they supervise. If other professional roles must be assumed, standards must

be established to minimize potential conflicts.

Sexual, romantic or personal relationships with current supervisees are prohibited. Supervision of relatives, romantic partners or friends is prohibited.

Supervision meetings are conducted at specific regular intervals and documentation of each meeting is maintained.

Supervisors are responsible for incorporating the principles of informed consent into the supervision relationship.

Addiction professionals who serve as supervisors shall establish and communicate to supervisees the procedures for contacting them, or in their absence alternative on-call supervisors.

Supervising addiction professionals will assist those they supervise in identifying counter-transference and transference issues. When the supervisee is in need of counseling to address issues related to professional work or personal challenges, appropriate referrals shall be provided.

## **VIII. Resolving Ethical Issues**

The addiction professional shall behave in accordance with legal, ethical and moral standards for his or her work. To this end, professionals will attempt to resolve ethical dilemmas with direct and open communication among all parties involved and seek supervision and/or consultation as appropriate.

When ethical responsibilities conflict with law, regulations or other governing legal authority, addiction professionals should take steps to resolve the issue through consultation and supervision.

When addiction professionals have knowledge that another counselor might be acting in an unethical manner, they are obligated to take appropriate action based, as appropriate, on the standards of this code of ethics, their state ethics committee and the National Certification Commission.

When an ethical dilemma involving a person not following the ethical standards cannot be resolved informally, the matter shall be referred to the state ethics committee and the National Certification Commission.

Addiction professionals will cooperate with investigations, proceedings and requirements of ethics committees.

## **IX. Communication and Published Works**

The addiction professional who submits for publication or prepares handouts for clients, students or for general distribution shall be aware of and adhere to copyright laws.

The addiction professional honestly respects the limits of present knowledge in public statements related to alcohol and drug abuse. Statements of fact will be based on what has been empirically validated as fact. Other opinions, speculations and conjectures related to the addictive process shall be represented as less than scientifically validated.

The addiction professional recognizes contributions of other persons to their written documents.

When a document is based on cooperative work, all contributors are recognized in documents or during a presentation.

The addiction professional who reviews material submitted for publication, research or other scholarly purposes must respect the confidentiality and proprietary rights of the authors.

## **X. Policy and Political Involvement**

### **Standard 1: Societal Obligations**

The addiction professional is strongly encouraged to the best of his/her ability, actively engage the legislative processes, educational institutions and the general public to change public policy and legislation to make possible opportunities and choice of service for all human beings of any ethnic or social background whose lives are impaired by alcoholism and drug abuse.

The addiction professional understands that laws and regulations exist for the good ordering of society and for the restraint of harm and evil and will follow them, while reserving the right to commit civil disobedience.

The one exception to this principle is a law or regulation that is clearly unjust, where compliance leads to

greater harm than breaking a law.

The addiction professional understands that the determination that a law or regulation is unjust is not a matter of preference or opinion but a matter of rational investigation, deliberation and dispute, and will willingly accept that there may be a penalty for justified civil disobedience.

### **Standard 2: Public Participation**

The addiction professional is strongly encouraged to actively participate in community activities designed to shape policies and institutions that impact on substance use disorders. Addiction professionals will provide appropriate professional services in public emergencies to the greatest extent possible.

### **Standard 3: Social and Political Action**

The addiction professional is strongly encouraged to understand that personal and professional commitments and relationships create a network of rights and corresponding duties and will work to safeguard the natural and consensual rights of each individual within their community. The addiction professional, understands that social and political actions and opinions are an individual's right and will not work to impose their social or political views on individuals with whom they have a professional relationship.