

WEST VIRGINIA CERTIFICATION BOARD FOR ADDICTION and PREVENTION PROFESSIONALS

436 12th Street, Suite C
DUNBAR, WV 25064

(304) 768-2942

(304) 768-1562 FAX

www.wvcbapp.org

APPLICATION FOR RECERTIFICATION

Send original and one copy

PRINT YOUR NAME HERE

APPLICATION PROCEDURE

Although the WVCBAPP may attempt to distribute a reminder of recertification to eligible professionals as a courtesy, it is the **responsibility of the applicant to make timely application for recertification.** Please keep in mind that we cannot provide you with this courtesy reminder if we are not informed of changes in address or employment.

Applications for recertification must include the following items on this checklist:

- ____ 1. Completed recertification application form. This must be signed and dated and included with recertification documentation.

- ____ 2. Submission of signed and dated "affirmation of truth" form.

- ____ 3. Submission of signed and dated NAADAC Code of Ethics review

- ____ 4. Submission of approved contact hour documentation totaling at least 40 clock hours of continuing education units (ceu), with a minimum of 6 hours in addiction specific studies. The remaining hours can be in any combination of the following areas: addictions, counseling technique/theory, and/or behavioral sciences. These CEUs must be dated within the last two years of this submission.

- ____ 5. Submission of non-refundable recertification fee due for each credential held and any late penalty fees (if applicable).

Certification must be maintained by attending continuing education programs. Recertification is required every two years. Each certified counselor must obtain 40 hours of approved continuing education and must document it by completing this application at the end of the two-year recertification period. Please complete the following application and attach the Recertification Fee of \$150.00 (see page 4 for late fees and related policies.) **This fee is non-refundable, regardless of whether your application is approved or found incomplete or insufficient.**

Please remember to list **40** contact hours of **approved** continuing education, 6 of which must be “**addiction specific**,” as indicated by the title of the workshop or training event, or by other documentation of course content. These CEUs must be dated within the last two years of this submission.

**RECERTIFICATION APPLICATIONS MUST BE POSTMARKED BY AUGUST 30th
THE DEMOGRAPHIC DATA SHEET (PAGE 5) MUST BE COMPLETED**

ATTACH CERTIFICATES OF ATTENDANCE in order as they are listed on the documentation page.

HOW TO OBTAIN APPROVED STATUS FOR TRAINING

Approved Status may be sought prospectively or retrospectively (before or after the training occurs.) Certification Board approval for continuing education hours/events may be obtained in a variety of ways:

- A. Agencies may apply for and receive “Approved Provider Status”, and all training they offer are approved for a limited time, called “**the term**” of their provider status. Those agencies are listed on the website: wvcbapp.org. Make sure that any training you list on this recertification form, from agencies with Approved Provider Status, was provided **during the term listed**.
- B. The sponsoring agent: The individual, agency or institution sponsoring the training submits an application and fee to the Certification Board for a specific workshop or training event. The Board reviews the materials and, if appropriate, approves a set number of contact hours. The list of Sponsoring Agents can be found on the website: wvcbapp.org.
- 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.
- D. 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. Trainings approved in this manner are only approved for the individual submitting the approval application. Others wishing to claim credit for the same workshop must submit their own forms and fees.

When three or more individuals wish to claim the same training event, it makes fiscal

sense for them to ask the sponsoring agent or trainer to apply for approval. The cost is less and the workshop will be approved for all who attend.

Procedures and applications for these processes may be obtained from the Certification Board or on the website: wvcbapp.org. In addition to agencies and institutions that have applied for approved provider status, the following groups have been given Approved Provider Status ex officio: NAADAC; ICRC/AODA member boards; WV Department of Health, Division on Alcoholism and Drug Abuse; WV Association of Social Workers. Please note on the documentation page which trainings have been approved by NADAAC or other ICRC member board. The WVCBAPP may not have that information. For further clarification of questions about your re-certification, you may consult wvcbapp.org and review re-certification sections in the manuals on-line or contact the Board office for assistance.

AFFIRMATION OF TRUTH:

Please sign below to indicate that this application is truthful. Lying on this form is a violation of the Ethical Code of Conduct and may result in sanctions, suspensions or revocations of certification.

I affirm that the information contained in this application is true, and that I have attended all training and education listed. I adhere to the WVCBAPP Ethical Code of Conduct.

SIGNATURE

DATE

PRINT YOUR NAME HERE

NAADAC Code of Ethics

By signing below, I affirm that I have read the NAADAC Code of Ethics.

SIGNATURE

DATE

PRINT YOUR NAME HERE

Recertification Fee:
\$175 PER CREDENTIAL
\$250 for ADC-S or AADC-S
(Non- refundable)

LATE FEE:

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

INACTIVE STATUS:

Once a certified professional fails to submit the re-certification packet by August 30th of their recertification year, 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 Alcohol and Drug Counselor (ADC), Advanced Alcohol and Drug Counselor (AADC), Certified Criminal Justice Professional (CCJP) or Certified Prevention Specialist (CPS) and must notify his/her employer of the inactive status of the credential in question. Since the Certified Clinical Supervisor (CCS) credential requires that the individual holds an active ADC credential, one’s CCS 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, your 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.

RECERTIFICATION APPLICATION
Demographic Data

DATE: _____ SOCIAL SECURITY NUMBER: _____

NAME: _____
 LAST MIDDLE FIRST Maiden or Nickname

PREFERRED ADDRESS: _____
 STREET, P.O. BOX APT. NUMBER/SUITE

 CITY STATE ZIP CODE

ALTERNATE ADDRESS: _____
 STREET, P.O. BOX APT. NUMBER/SUITE

 CITY STATE ZIP CODE

BUSINESS NAME OR AGENCY: _____

WORK PHONE: _____ FAX NUMBER: _____

COUNTY: _____ E-MAIL: _____

HOME PHONE: _____ MOBILE #: _____

GENDER: () FEMALE () MALE BIRTH DATE: _____

RACE: _____ ARE YOU IN PRIVATE PRACTICE? () YES () NO
(OPTIONAL. USED FOR STATISTICAL PURPOSES ONLY)

HIGHEST ACADEMIC DEGREE: _____ FIELD OF STUDY: _____

LICENSES: () SOCIAL WORK () COUNSELING () MEDICINE
 () PSYCHOLOGY () NURSING
 () OTHER _____

FIRST YEAR OF EMPLOYMENT IN THE ADDICTION FIELD: _____

- | | |
|---|---|
| WHICH CREDENTIAL(S) ARE YOU RECERTIFYING? | WHICH CREDENTIAL(S) DO YOU HOLD? |
| () Alcohol and Drug Counselor (ADC) | () Alcohol and Drug Counselor (ADC) |
| () Alcohol and Drug Counselor w/Supervisor (ADC-S) | () Alcohol and Drug Counselor w/Supervisor (ADC-S) |
| () Advanced Alcohol and Drug Counselor (AADC) | () Advanced Alcohol and Drug Counselor (AADC) |
| () Advanced Alcohol and Drug Counselor w/Supervisor (AADC-S) | () Advanced Alcohol and Drug Counselor w/Supervisor (AADC-S) |
| () Certified Criminal Justice Professional (CCJP) | () Certified Criminal Justice Professional (CCJP) |
| () Certified Prevention Specialist (CPS) | () Certified Prevention Specialist (CPS) |

What is your certificate number? _____

APPROVED CONTACT HOUR DOCUMENTATION

Only trainings that have been approved by the West Virginia Certification Board for Addiction and Prevention Professionals will be credited toward recertification. On the grid below, document your attendance at a minimum of 40 hours of approved training/education which took place within two years of submission of this recertification application. If you have applied for and received individual approval status for any training event, attach a copy of the letter of approval. **One contact hour of training consists of 60 minutes of instruction. LIST 6 HOURS OF ADDICTION-SPECIFIC TRAINING FIRST. For ADC-S and AADC-S [Certified Clinical Supervisor (CCS)] LIST 6 HOURS OF SUPERVISION SPECIFIC TRAINING.**

TITLE/TOPIC	DATE(S)	SPONSOR	CONTACT HOURS
<u>1.Addiction Specific</u>			
<u>1A. Supervision Specific</u> For ADC-S and AADC-S (Certified Clinical Supervisor)			
<u>1B. Ethic CEUs</u>			
2.			
3.			
4.			
5.			
6.			
7.			
8.			

FOR BOARD USE ONLY:

TOTAL HOURS VERIFIED: _____

Code of Ethics Principles

NAADAC Code of Ethics

“We counselors have a lot of power! As authorities on this terrible disease of addiction, let us be careful to never use power for petty or vindictive ends. To never thoughtlessly reject a client. We can affirm our client’s sense of value, or we can damage them with a casual joke or comment at their expense. We can help them to respect themselves, or we can tear down their self-esteem by treating them disrespectfully and unimportant. We have the power to do great good or great harm. Today, let me remember my power and take care to use it wisely.”

– Anonymous

Taken from May 24, Help for the Helpers, Hazelton Foundation Publishers, 1989

Introduction to NAADAC Ethical Standards

Ethics are generally regarded as the standards that govern the conduct of a person. Smith and Hodges define ethics as a “human reflecting self-consciously on the act of being a moral being.” This implies a process of self-reflection and awareness of how to behave as a moral being. Some definitions are dictated by law, individual belief systems, religion or a mixture of all three.

NAADAC recognizes that its members and certified counselors live and work in many diverse communities. NAADAC has established a set of ethical best-practices that apply to universal ethical deliberation. Further, NAADAC recognizes and encourages the notion that personal and professional ethics cannot be dealt with as separate domains. NAADAC members, addiction professionals and/or licensed/certified treatment providers (subsequently referred to as addiction professionals) recognize that the ability to do well is based on an underlying concern for the well-being of others. This concern emerges from recognition that we are all stakeholders in each other's lives – the well-being of each is intimately bound to the well-being of all; that when the happiness of some is purchased by the unhappiness of others, the stage is set for the misery of all. Addiction professionals must act in such a way that they would have no embarrassment if their behavior became a matter of public knowledge and would have no difficulty defending their actions before any competent authority.

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

In addition to identifying specific ethical standards, White (1993) suggested consideration of the following when making ethical decisions: •

Autonomy: To allow others the freedom to choose their own destiny

- Obedience: The responsibility to observe and obey legal and ethical directives
- Conscientious Refusal: The responsibility to refuse to carry out directives that are illegal and/or unethical
- Beneficence: To help others
- Gratitude: To pass along the good that we receive to others
- Competence: To possess the necessary skills and knowledge to treat the clientele in a chosen

discipline and to remain current with treatment modalities, theories and techniques

- Justice: Fair and equal treatment, to treat others in a just manner
- Stewardship: To use available resources in a judicious and conscientious manner, to give back
- Honesty and Candor: Tell the truth in all dealing with clients, colleagues, business associates and the community
- Fidelity: To be true to your word, keeping promises and commitments
- Loyalty: The responsibility to not abandon those with whom you work
- Diligence: To work hard in the chosen profession, to be mindful, careful and thorough in the services delivered
- Discretion: Use of good judgment, honoring confidentiality and the privacy of others
- Self-improvement: To work on professional and personal growth to be the best you can be
- Non-maleficence: Do no harm to the interests of the client
- Restitution: When necessary, make amends to those who have been harmed or injured
- Self-interest: To protect yourself and your personal interests

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.

1. 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.
2. Addiction professionals will provide accurate information about the efficacy of treatment and referral options available to the client.
3. The addiction professional will terminate work with a client when services are no longer required or no longer serve the client's best interest.
4. 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.
5. 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.
6. 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.

7. 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.
8. 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.
9. 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.
10. 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.
11. 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.

1. 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.
2. 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.

3. 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.
4. The addiction professional will not, under any circumstances, engage in sexual behavior with current or former clients.
5. The addiction professional will not accept as clients anyone with whom they have engaged in romantic or sexual relationships.
6. 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).
7. 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.
8. 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.
9. 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.
10. The addiction professional encourages self-sufficiency among clients in making daily choices related to the recovery process and self-care.
11. 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..

1. Confidentiality standards are established for each counseling group by involving the addiction professional and the clients in setting confidentiality guidelines.
2. 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.

1. 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.
2. 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.
3. 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.
4. The addiction professional will terminate the counseling or consulting relationship when it is reasonably clear that the client is not benefiting from the exchange.
5. 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.
6. 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.
7. 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.

1. 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.
2. 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.
3. 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.
4. 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.
5. Clients are to be notified when a disclosure is made, to whom the disclosure was made and for what purposes.
6. 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.

7. 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

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

7. 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.
8. 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.
9. 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.
10. 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.

1. Addiction professionals will honestly represent their professional qualifications, affiliations, credentials and experience.
2. 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.
3. 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.
4. 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.
5. 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.

6. 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.
7. 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.

1. 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.
2. Client records are maintained and disposed of in accordance with law and in a manner that meets the current ethical standards.
3. 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.
4. 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.
5. Electronic records shall be maintained in a manner that assures consistent service and confidentiality to clients.
6. Steps shall be taken to ensure confidentiality of all electronic data and transmission of data to other entities.
7. 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.

1. 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.
2. The addiction professional shall cooperate with duly constituted professional ethics committees and promptly supply necessary information unless constrained by the demands of confidentiality.

3. 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.

1. 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.
2. 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.

1. 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.
2. 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.

1. The addiction professional seeks appropriate supervision/consultation to ensure conformance with workplace standards.
2. 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.
3. 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.

1. 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.
2. 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.
3. 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.
4. Sexual, romantic or personal relationships with current supervisees are prohibited.
5. Supervision of relatives, romantic partners or friends is prohibited.
6. Supervision meetings are conducted at specific regular intervals and documentation of each meeting is maintained.
7. Supervisors are responsible for incorporating the principles of informed consent into the supervision relationship.
8. 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.
9. 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.

1. 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.

2. 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.
3. 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.
4. 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.

1. 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.
2. The addiction professional recognizes contributions of other persons to their written documents.
3. When a document is based on cooperative work, all contributors are recognized in documents or during a presentation.
4. 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.

1. 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.
2. 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.
3. 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.

This resource was designed to provide an ethics code and ethical standards that will be used by counseling professionals. These principles of ethical conduct outline the importance of having ethical standards and the importance of adhering to those standards. These principles can help professionals face ethical dilemmas in their practice and explore ways to avoid them.