

DEPARTMENT OF COMMUNITY PSYCHOLOGY,
COUNSELING & FAMILY THERAPY
720 Fourth Avenue South
St. Cloud, MN 56301-4498
tel 320.308.2160
fax 320.308.3216
www.stcloudstate.edu/ccp

Dear Student:

We are pleased to learn of your interest in the Addiction Counseling Major at St. Cloud State University. The program includes all of the course and internship requirements needed for the Minnesota license in Addiction Counseling and the Minnesota Board of Behavioral Health and Therapy (BBHT). The materials included with this letter reflect the undergraduate major in Addiction Counseling. If you are interested in the graduate certificate in Addictions, please contact the SCSU School of Graduate Studies at graduatestudies@stcloudstate.edu

To begin the admissions process, please forward the following material to department office:

1. **A personal letter of application:**
 - Include statements relating to your personal and educational goals, along with a brief review of your history.
 - Please include statements outlining your reasons for pursuing addictions counseling as your career goal.
2. **Three letters of recommendation are to be provided.**
 - You must use the attached recommendation form.
 - o These letters should be written by persons who can speak to your character and who are also in a position to speak to your probable chance to be successful in this field.
 - o These letters are to be mailed directly by the writer to the address below. **Email and Fax copies will not be accepted.**
 - St. Cloud State University reserves the right to contact your recommender.
3. **If you are alcoholic/chemically dependent, a written verification of your dry date is to be provided.**
4. **Completion of the application forms (Personal History) enclosed with this letter.**
5. **Completion of Academic History.**

Please have your letters of recommendation and your application materials mailed to:

Co-coordinator, Addiction Counseling
Community Psychology Department
St. Cloud State University
Education Building B-210
720 4th Avenue South
St. Cloud, MN 56301
ccp@stcloudstate.edu

St. Cloud State University values diversity of all kinds, including but not limited to race, religion and ethnicity (full statement at bulletin.stcloudstate.edu/ugb/genralinfo/nondiscrimination.asp).

TTY: 1-800-627-3529 SCSU is an affirmative action/equal opportunity educator and employer.

This material can be made available in an alternative format. Contact the department/agency listed above. A member of the Minnesota State Colleges and Universities system.

All of the materials listed above must be received by our office by March 1st (for Fall Admittance) and October 1st (for Spring Admittance). There are no admissions interviews or admittance during Summer semesters.

Following receipt of these materials (application and three letters of recommendation) a confirmation email will be sent.

After the application deadline, your application will be reviewed and a personal interview will be scheduled to determine your acceptance into the program.

- You will be notified in an email of the date, time, and location of your personal interview.
- These interviews are conducted two times per year — fall and spring.

If I can be of further assistance, please feel free to contact me at byungjin.kim@stcloudstate.edu.

Kind regards.

Sincerely,

Byung Jin Kim, Ph.D.
Professor

Updated 01/10/2022 BV

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Dear Recommendation Writer:

On behalf of St. Cloud State University and the Community Psychology Program, I would like to thank you for agreeing to write a letter of recommendation for a person who is seeking admission into the Addiction Counseling major. Please use the recommendation form you have been given.

Please note that all recommendations written after August 1, 1974 may be read by the program applicant if they make this request to a responsible authority, according to the provisions of Minnesota Statutes, Chapter 479.

We hope you will make every effort to write objective, meaningful recommendations in order to assist in the admissions decision. If you feel that you cannot write positively on behalf of the candidate or you are not qualified, please feel free to deny their request.

Please return your recommendations to our office as soon as possible.

Thank you.

Sincerely,

Byung Jin Kim, Ph.D.,
Professor

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**ADDICTION COUNSELING PROGRAM
RECOMMENDATION FORM**

ST. CLOUD STATE UNIVERSITY - ST. CLOUD, MN
Community Psychology

Name of Applicant: _____

When did this person work for you? Years: _____ to _____

How long and in what connection have you known the applicant?

Rating	Excellent	Very Good	Good	Fair	Poor	No Info (N/A)
Attitude & Maturity (Poise, self-confidence)						
Dependability & Reliability (Gets work done, needs little supervision)						
Integrity (Honesty, sense of ethics)						
Attitude towards work (Enthusiastic, good work ethic)						
Overall Potential for Professional Growth						
Predicted Performance in chosen field						

Rating	Excellent	Very Good	Good	Fair	Poor	No Info (N/A)
Oral Communication Skills (Can express thoughts well verbally)						
Writing Skills (Can express thoughts clearly in written form)						
Interpersonal Skills (Communicates well and works well with others)						
Problem Solving/Thinking Skills						
Leadership (Initiative, sense of responsibility)						
Responds well to Constructive Criticism						

Comments:

Name: _____ Signature: _____ Date: _____

Employer: _____ Position: _____

Address: _____ Phone: _____

Email: _____

EMPLOYER OR PERSONAL RECOMMENDATION

Return to: Co-coordinator, Addictions Counseling
EB - B210
St. Cloud State University
720 4th Ave. South
St. Cloud, MN 56301

Notes: **Email and Fax copies will not be accepted.**

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ADDICTION COUNSELING PROGRAM

Policy on Transfer Credits

No more than 32 transfer credits will be accepted into the major. All transfer students must complete CPSY 325, 327, 402, 437, 438, 439, 484, CPSY 445 and CPSY 446 Internship at St. Cloud State University under the direction of Community Psychology.

Policy on Requirements Prior to Internship

All coursework (except CPS Y 402 taken with the first internship) in the Addictions Counseling major must be completed with a minimum grade of "C" or equivalent prior to the internship experience.

Policy on Internship Application

Internship application, including signed internship contract and a copy of your current transcript must be submitted no later than mid-semester of the semester preceding the internship experience.

Policy on Admission to Program

A year of sobriety or abstinence from mood altering chemicals is required for admission to the program for persons who are alcoholic or chemically dependent. Written verification of the dry date will be required.

Policy on Relapse, Abuse of Chemicals, or Determination of Dependency

The determination of a relapse by persons who are alcoholic or chemically dependent, the abusive use of alcohol or other chemicals, and/or the existence of an evaluation that concludes a person has a chemical dependency problem during the matriculation through the program will cause the dismissal of the student for the program. Readmission to the program will include the requirement of a drug-free year. In any event, a minimum of two years of sober/clear time will be required prior to an internship assignment.

Policy on Use of Mood Altering Chemicals

Students are expected to maintain a responsible relationship with all mood-altering chemicals with no problematic use of chemicals that would negatively affect performance as a student or intern. Students are expected to abide by all laws regulating use of legal and illegal substances.

Appeals Policy

If a student is denied admissions into the program, denied an internship assignment, or dismissed from the program, he/she may appeal the decision. The following steps are to be followed:

1. Student who has been denied admission into the program, denied an internship assignment, or dismissed from the program, and wishes to appeal the decision shall present a written request for appeal to the program director within 2 weeks of notification of denial or dismissal.
2. The Program Director shall call a meeting of Appeals Committee as soon as possible following receipt of the written request for appeal. The committee will consist of the following members:
 - a. Three faculty members from the Community Psychology faculty
3. The student making the appeal and the involved persons responsible for the decision that is being appealed will appear before the Appeals Committee at separate times.
4. The Appeals Committee shall reach one of the following decisions:
 - (1) Recommend admission or continuation in the program.
 - (2) Recommend support of the decision to deny admission, internship, or removal from the program.
 - (3) Recommend review by the Dean of the School of Health and Human Services of the decision to deny admission, internship, or removal from the program.

Evaluation of Training Competence Policy

Successful completion of the AC Certificate Program requires completion of all courses with a grade of "C" or equivalent and satisfactory completion of internships.

Policy on Internship Assignment

The first semester of internship experience shall be completed with an in-patient chemical dependence treatment program. The second semester of internship experience may be more closely tied to individual student needs and desires, i.e., out-patient chemical dependence treatment, detoxification facilities, drug prevention programs. All sites must be approved before you will be allowed to register.

Policy on Dismissal

Reasons to discontinue a student in the Chemical Dependence Training Program include:

- (1) Violation of professional ethical standards
- (2) Demonstration of inability to perform to the standards designed by the program completion requirements.
- (3) Recorded demonstration of incompetence or consistent irresponsibility.
- (4) Any physical or mental health impairment, or use of mood altering substances that would impair your professional judgment and/or your ability to function in your role as an Addictions Counseling professional.
- (5) Background check that limits ability to successfully complete internship.

Policy on Minnesota Statue, Chapter 245A.04, Background check (Rule 11)

F

This legislation requires a background study of all persons who have direct contact with persons receiving services from programs licensed by the Department of Human Services.

At the time of the initial screening interview, prospective students will be informed of details of Rule 11. Rule 11 will not be used as a condition for admissions into the program. Students will be required to complete a Rule 11 check while enrolled in LDR 402, Professional Issues, if they plan to request an internship assignment. An appeal process is available through the Minnesota Department of Human Services for those who are disqualified.

NAADAC Code of Ethics

INTRODUCTION TO NAADAC/NCC AP ETHICAL STANDARDS

- i-1 NAADAC recognizes that its members, certified counselors, and other Service Providers live and work in many diverse communities. NAADAC has the responsibility to create a Code of Ethics that are relevant for ethical deliberation. The terms “Addiction Professionals” and “Providers” shall include and refer to NAADAC Members, certified or licensed counselors offering addiction-specific services, and other Service Provider along the continuum of care from prevention through recovery. “Client” shall include and refer to individuals, couples, partners, families, or groups depending on the setting.
- i-2 The NAADAC Code of Ethics was written to govern the conduct of its members and it is the accepted Standard of Conduct for Addiction Professionals certified by the National Certification Commission. The Code of Ethics reflects the ideals of NAADAC and its members. When an ethics complaint is filed with NAADAC, it is evaluated by consulting the NAADAC Code of Ethics. The NAADAC Code of Ethics is designed as a statement of the values of the profession and as a guide for making clinical decisions. This Code is also utilized by state certification boards and educational institutions to evaluate the behavior of Addiction Professionals and to guide the certification process.
- i-3 In addition to identifying specific ethical standards, NAADAC recommends consideration of the following when making ethical decisions:
1. Autonomy: To allow others the freedom to choose their own destiny
 2. Obedience: The responsibility to observe and obey legal and ethical directives
 3. Conscientious Refusal: The responsibility to refuse to carry out directives that are illegal and/or unethical
 4. Beneficence: To help others
 5. Gratitude: To pass along the good that we receive to others
 6. Competence: To possess the necessary skills and knowledge to treat the clientele in a chosen discipline and to remain current with treatment modalities, theories and techniques
 7. Justice: Fair and equal treatment, to treat others in a just manner
 8. Stewardship: To use available resources in a judicious and conscientious manner, to give back
 9. Honesty and Candor: Tell the truth in all dealing with clients, colleagues, business associates and the community
 10. Fidelity: To be true to your word, keeping promises and commitments
 11. Loyalty: The responsibility to not abandon those with whom you work
 12. Diligence: To work hard in the chosen profession, to be mindful, careful and thorough in the services delivered
 13. Discretion: Use of good judgment, honoring confidentiality and the privacy of others
 14. Self-improvement: To work on professional and personal growth to be the best you can be
 15. Non-maleficance: Do no harm to the interests of the client
 16. Restitution: When necessary, make amends to those who have been harmed or injured
 17. Self-interest: To protect yourself and your personal interests.

PRINCIPLE I: THE COUNSELING RELATIONSHIP

- I-1 **Client Welfare**
Addiction Professionals understand and accept their responsibility to ensure the safety and welfare of their client, and to act for the good of each client while exercising respect, sensitivity, and compassion. Providers shall treat each client with dignity, honor, and respect, and act in the best interest of each client.
- I-2 **Informed Consent**
Addiction Professionals understand the right of each client to be fully informed about treatment, and shall provide clients with information in clear and understandable language regarding the purposes, risks, limitations, and costs of treatment services, reasonable alternatives, their right to refuse services, and their

right to withdraw consent within time frames delineated in the consent. Providers have an obligation to review with their client - in writing and verbally - the rights and responsibilities of both Providers and clients. Providers shall have clients attest to their understanding of the parameters covered by the Informed Consent.

I-3 **Informed Consent**

Informed Consent shall include:

- a) explicit explanation as to the nature of all services to be provided and methodologies and theories typically utilized,
- b) purposes, goals, techniques, procedures, limitations, potential risks, and benefits of services,
- c) the addiction professional's qualifications, credentials, relevant experience, and approach to counseling,
- d) right to confidentiality and explanation of its limits including duty to warn,
- e) policies regarding continuation of services upon the incapacitation or death of the counselor,
- f) the role of technology, including boundaries around electronic transmissions with clients and social networking,
- g) implications of diagnosis and the intended use of tests and reports,
- h) fees and billing, nonpayment, policies for collecting nonpayment,
- i) specifics about clinical supervision and consultation,
- j) their right to refuse services, and
- k) their right to refuse to be treated by a person-in-training, without fear of retribution.

I-4 **Limits of Confidentiality**

Addiction Professionals clarify the nature of relationships with each party and the limits of confidentiality at the outset of services when agreeing to provide services to a person at the request or direction of a third party.

I-5 **Diversity**

Addiction Professionals shall respect the diversity of clients and seek training and supervision in areas in which they are at risk of imposing their values onto clients.

I-6 **Discrimination**

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

I-7 **Legal Competency**

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

I-8 **Mandated Clients**

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

- I-9 **Multiple Therapists**
Addiction Professionals shall obtain a signed Release of Information from a potential or actual client if the client is working with another behavioral health professional. The Release shall allow the Provider to strive to establish a collaborative professional relationship.
- I-10 **Boundaries**
Addiction Professionals shall consider the inherent risks and benefits associated with moving the boundaries of a counseling relationship beyond the standard parameters. Consultation and supervision shall be sought and documented.
- I-11 **Multiple/Dual Relationships**
Addiction Professionals shall make every effort to avoid multiple relationships with a client. When a dual relationship is unavoidable, the professional shall take extra care so that professional judgment is not impaired and there is no risk of client exploitation. Such relationships include, but are not limited to, members of the Provider’s immediate or extended family, business associates of the professional, or individuals who have a close personal relationship with the professional or the professional’s family. When extending these boundaries, Providers take appropriate professional precautions such as informed consent, consultation, supervision, and documentation to ensure that their judgment is not impaired and no harm occurs. Consultation and supervision shall be documented.
- I-12 **Prior Relationship**
Addiction Professionals recognize that there are inherent risks and benefits to accepting as a client someone with whom they have a prior relationship. This includes anyone with whom the Provider had a casual, distant, or past relationship. Prior to engaging in a counseling relationship with a person from a previous relationship, the Provider shall seek consultation or supervision. The burden is on the Provider to ensure that their judgment is not impaired and that exploitation is not occurring.
- I-13 **Previous Client**
Addiction Professionals considering initiating contact with or a relationship with a previous client shall seek documented consultation or supervision prior to its initiation.
- I-14 **Group**
Addiction Professionals shall clarify who “the client” is, when accepting and working with more than one person as “the client.” Provider shall clarify the relationship the Provider shall have with each person. In group counseling, Providers shall take reasonable precautions to protect the members from harm.
- I-15 **Financial Disclosure**
Addiction Professionals shall truthfully represent facts to all clients and third-party payers regarding services rendered, and the costs of those services.
- I-16 **Communication**
Addiction Professionals shall communicate information in ways that are developmentally and culturally appropriate. Providers offer clear understandable language when discussing issues related to informed consent. Cultural implications of informed consent are considered and documented by Provider.
- I-17 **Treatment Planning**
Addiction Professionals shall create treatment plans in collaboration with their client. Treatment plans shall be reviewed and revised on an ongoing and intentional basis to ensure their viability and validity.
- I-18 **Level of Care**
Addiction Professionals shall provide their client with the highest quality of care. Providers shall use ASAM or other relevant criteria to ensure that clients are appropriately and effectively served.

- I-19 **Documentation**
Addiction Professionals and other Service Providers shall create, maintain, protect, and store documentation required per federal and state laws and rules, and organizational policies.
- I-20 **Advocacy**
Addiction Professionals are called to advocate on behalf of clients at the individual, group, institutional, and societal levels. Providers have an obligation to speak out regarding barriers and obstacles that impede access to and/or growth and development of clients. When advocating for a specific client, Providers obtain written consent prior to engaging in advocacy efforts.
- I-21 **Referrals**
Addiction Professionals shall recognize that each client is entitled to the full extent of physical, social, psychological, spiritual, and emotional care required to meet their needs. Providers shall refer to culturally- and linguistically-appropriate resources when a client presents with any impairment that is beyond the scope of the Provider's education, training, skills, supervised expertise, and licensure.
- I-22 **Exploitation**
Addiction Professionals are aware of their influential positions with respect to clients, trainees, and research participants and shall not exploit the trust and dependency of any client, trainee, or research participant. Providers shall not engage in any activity that violates or diminishes the civil or legal rights of any client. Providers shall not use coercive treatment methods with any client, including threats, negative labels, or attempts to provoke shame or humiliation. Providers shall not impose their personal religious or political values on any client. Providers do not endorse conversion therapy.
- I-23 **Sexual Relationships**
Addiction Professionals shall not engage in any form of sexual or romantic relationship with any current or former client, nor accept as a client anyone with whom they have engaged in a romantic, sexual, social, or familial relationship. This prohibition includes in-person and electronic interactions and/or relationships. Addiction Professionals are prohibited from engaging in counseling relationships with friends or family members with whom they have an inability to remain objective.
- I-24 **Termination**
Addiction Professionals shall terminate services with clients when services are no longer required, no longer serve the client's needs, or the Provider is unable to remain objective. Counselors provide pre-termination counseling and offer appropriate referrals as needed. Providers may refer a client, with supervision or consultation, when in danger of harm by the client or by another person with whom the client has a relationship
- I-25 **Coverage**
Addiction Professionals shall make necessary coverage arrangements to accommodate interruptions such as vacations, illness, or unexpected situation.
- I-26 **Abandonment**
Addiction Professionals shall not abandon any client in treatment. Providers who anticipate termination or interruption of services to clients shall notify each client promptly and seek transfer, referral, or continuation of services in relation to each client's needs and preferences.
- I-27 **Fees**
Addiction Professionals shall ensure that all fees charged for services are fair, reasonable, and commensurate with the services provided and with due regard for clients' ability to pay.
- I-28 **Self-Referrals**
Addiction Professionals shall not refer clients to their private practice unless the policies, at the

organization at the source of the referral, allow for self-referrals. When self-referrals are not an option, clients shall be informed of other appropriate referral resources.

I-29 Commissions

Addiction Professionals shall not offer or accept any commissions, rebates, kickbacks, bonuses, or any form of remuneration for referral of a client for professional services, nor engage in fee splitting.

I-30 Enterprises

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

I-31 Withholding Records

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

I-32 Withholding Reports

Addiction Professionals shall not withhold reports to referral agencies regarding client treatment progress or completion solely because payment has not yet been received in full for services, particularly when those reports are to courts or probation officers who require such information for legal purposes. Reports may note that payment has not yet been made, or only partially made, for services rendered.

I-33 Disclosures re: Payments

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

I-34 Regardless of Compensation

Addiction Professionals shall provide the same level of professional skills and service to each client without regard to the compensation provided by a client or third party payer, and whether a client is paying full fee, a reduced fee, or has their fees waived.

I-35 Billing for Actual Services

Addiction Professionals shall charge each client only for services actually provided to a client regardless of any oral or written contract a client has made with the addiction professional or agency.

I-36 Financial Records

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

I-37 Suspension

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

I-38 Unpaid Balances

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

I-39 Bartering

Addiction Professionals can engage in bartering for professional services if: (1) the client requests it, (2) the relationship is not exploitative, (3) the professional relationship is not distorted, (4) federal and state laws and rules allow for bartering, and (5) a clear written contract is established with agreement on value of item(s) bartered for and number of sessions, prior to the onset of services. Providers consider the cultural

implications of bartering and discuss relevant concerns with clients. Agreements shall be delineated in a written contract. Providers shall seek supervision or consultation and document.

I-40 Gifts

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

I-41 Uninvited Solicitation

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

I-42 Virtual

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

PRINCIPLE II: CONFIDENTIALITY AND PRIVILEGED COMMUNICATION

II-1 Confidentiality

Addiction Professionals understand that confidentiality and anonymity are foundational to addiction treatment and embrace the duty of protecting the identity and privacy of each client as a primary obligation. Counselors communicate the parameters of confidentiality in a culturally-sensitive manner.

II-2 Documentation

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

II-3 Access

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

II-4 Sharing

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

IV-1 Knowledge

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

IV-2 Cultural Humility

Addiction services along the continuum of care are offered in diverse settings to diverse clients. Addiction Professionals shall demonstrate cultural humility. Providers shall maintain an interpersonal stance that is

other-oriented and accepting of the cultural identities of the other person (client, colleague, peer, employee, employer, volunteer, supervisor, supervisee, and others).

IV-3 Meanings

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

IV-4 Personal Beliefs

Addiction Professionals shall develop an understanding of their own personal, professional, and cultural values and beliefs. Providers shall recognize which personal and professional values may be in alignment with or conflict with the values and needs of the client. Providers shall not use cultural or values differences as a reason to engage in discrimination. Providers shall seek supervision and/or consultation to address areas of difference and to decrease bias, judgment, and microaggressions.

IV-5 Heritage

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

IV-6 Credibility

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

IV-7 Roles

Addiction professionals shall respect the roles of family members, social supports, and community structures, hierarchies, values and beliefs within the client's culture. Providers shall consider the impact of adverse social, environmental, and political factors in assessing concerns and designing interventions.

IV-8 Methodologies

Addiction Professionals shall use methodologies, skills, and practices that are evidence-based and outcome-driven for the populations being serviced. Providers will seek ongoing professional development opportunities to develop specialized knowledge and understanding of the groups they serve. Providers shall obtain the necessary knowledge and training to maintain humility and sensitivity when working with clients of diverse backgrounds.

IV-9 Advocacy

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

IV-10 Recruitment

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

IV-11 Linguistic Diversity

Addiction Professionals shall provide or advocate for the provision of professional services that meet the needs of clients with linguistic diversity. Providers shall provide or advocate for the provision of professional services that meet the needs of clients with diverse disabilities.

IV-12 Needs Driven

Addiction Professionals shall recognize that conventional counseling styles may not meet the needs of all clients. Providers shall open a dialogue with the client to determine the best manner in which to service the client. Providers shall seek supervision and consultation when working with individuals with specific culturally-driven needs.

PRINCIPLE V: ASSESSMENT, EVALUATION AND INTERPRETATION

V-1 Assessment

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

V-2 Validity - Reliability

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

V-3 Validity

Addiction Professionals shall consider the validity, reliability, psychometric limitations, and appropriateness of instruments when selecting assessments. Providers shall use data from several relevant assessment tools and/or instruments to form conclusions, diagnoses, and recommendations.

V-4 Explanation

Addiction Professionals shall explain to clients the nature and purposes of each assessment and the intended use of results, prior to administration of the assessment. Providers shall offer this explanation in terms and language that the client or other legally authorized person can understand.

V-5 Administration

Addiction Professionals shall provide an appropriate environment free from distractions for the administration of assessments. Providers shall ensure that technologically-administered assessments are functioning appropriately and providing accurate results.

V-6 Cultural Influences

Addiction Professionals recognize and understand that culture influences the manner in which clients' concerns are defined and experienced. Providers are aware of historical traumas and social prejudices in the misdiagnosis and pathologizing of specific individuals and groups. Providers shall develop awareness of prejudices and biases within self and others, and shall address such biases in themselves or others. Providers shall consider the client's cultural experiences when diagnosing and treatment planning for mental health and substance use disorders.

V-7 Diagnosing

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

V-8 Results

Addiction Professionals shall consider the client's welfare, explicit understandings, and previous agreements in determining when and how to provide assessment results. Providers shall include accurate and appropriate interpretations of data when there is a release of individual or group assessment results.

V-9 Misusing Results

Addiction Professionals shall not misuse assessment results and interpretations. Providers shall respect the client's right to know the results, interpretations and diagnoses made and strive to provide results, interpretations, and diagnoses in a manner that is understandable and does not cause harm. Providers shall

adopt practices that prevent others from misusing the results and interpretations.

V-10 Not Normed

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

V-11 Referral

Addiction Professionals shall provide specific and relevant data about the client, when referring a client to a third party for assessment, to ensure that appropriate assessment instruments are used.

V-12 Security

Addiction Professionals shall maintain the integrity and security of tests and assessment data, thereby addressing legal and contractual obligations. Providers shall not appropriate, reproduce, or modify published assessments or parts thereof without written permission from the publisher.

V-13 Forensic

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

V-14 Forensic

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

V-15 Forensic

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

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

VI-1 Definition

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

VI-2 Competency

Addiction Professionals who choose to engage in the use of technology for e-therapy, distance counseling, and e-supervision shall pursue specialized knowledge and competency regarding the technical, ethical, and legal considerations specific to technology, social media, and distance counseling. Competency shall be

- demonstrated through means such as specialized certifications and additional course work and/or trainings.
- VI-3 **Informed Consent**
Addiction Professionals, who are offering an electronic platform for e-therapy, distance counseling/case management, e-supervision shall provide an Electronic/Technology Informed Consent. The electronic informed consent shall explain the right of each client and supervisee to be fully informed about services delivered through technological mediums, and shall provide each client/supervisee with information in clear and understandable language regarding the purposes, risks, limitations, and costs of treatment services, reasonable alternatives, their right to refuse service delivery through electronic means, and their right to withdraw consent at any time. Providers have an obligation to review with the client/supervisee – in writing and verbally – the rights and responsibilities of both Providers and clients/supervisees. Providers shall have the client/ supervisee attest to their understanding of the parameters covered by the Electronic/Technology Informed Consent.
- VI-4 **Informed Consent**
A thorough e-therapy informed consent shall be executed at the start of services. A technology-based informed consent discussion shall include:
- distance counseling credentials, physical location of practice, and contact information;
 - risks and benefits of engaging in the use of distance counseling, technology, and/or social media;
 - possibility of technology failure and alternate methods of service delivery;
 - anticipated response time;
 - emergency procedures to follow;
 - when the counselor is not available;
 - time zone differences;
 - cultural and/or language differences that may affect delivery of services; and
 - possible denial of insurance benefits; and social media policy.
- VI-5 **Verification**
Addiction Professionals who engage in the use of electronic platforms for the delivery of services shall take reasonable steps to verify the client’s/supervisee’s identity prior to engaging in the e-therapy relationship and throughout the therapeutic relationship. Verification can include, but is not limited to, picture ids, code words, numbers, graphics, or other nondescript identifiers.
- VI-6 **Licensing Laws**
Addiction Professionals shall comply with relevant licensing laws in the jurisdiction where the Provider/Clinical Supervisor is physically located when providing care and where the client/supervisee is located when receiving care. Emergency management protocols are entirely dependent upon where the client/supervisee receives services. Providers, during informed consent, shall notify their clients/supervisees of the legal rights and limitations governing the practice of counseling/supervision across state lines or international boundaries. Mandatory reporting and related ethical requirements such as duty to warn/notify are tied to the jurisdiction where the client/supervisee is receiving services.
- VI-7 **State & Federal Laws**
Addiction Professionals utilizing technology, social media, and distance counseling within their practice recognize that they are subject to state and federal laws and regulations governing the counselor’s practicing location. Providers utilizing technology, social media, and distance counseling within their practice recognize that they shall be subject to laws and regulations in the client’s/supervisee’s state of residency and shall be subject to laws and regulations in the state where the client/supervisee is located during the actual delivery of services.
- VI-8 **Non-Secured**
Addiction Professionals recognize that electronic means of communication are not secure, and shall inform clients, students, and supervisees that remote services using electronic means of delivery cannot be entirely secured or confidential. Providers who provide services via electronic technology shall fully inform each client, student, or supervisee of the limitations and risks regarding confidentiality associated with

electronical delivery, including the fact that electronic exchanges may become part of clinical, academic, or professional records. Efforts shall be made to ensure privacy so clinical discussions cannot be overheard by others outside of the room where the services are provided. Internet-based counseling shall be conducted on HIPAA-compliant servers. Therapy shall not occur using text-based or email-based delivery.

VI-9 Assess

Addiction Professionals shall assess and document the client's/supervisee's ability to benefit from and engage in e-therapy services. Providers shall consider the client's/supervisee's cognitive capacity and maturity, past and current diagnoses, communications skills, level of competence using technology, and access to the necessary technology. Providers shall consider geographical distance to nearest emergency medical facility, efficacy of client's support system, current medical and behavioral health status, current or past difficulties with substance abuse, and history of violence or self-injurious behavior.

VI-10 Access

Addiction Professionals shall inform clients that other individuals (i.e., colleagues, supervisors, staff, consultants, information technologists) might have authorized or unauthorized access to such records or transmissions. Providers use current encryption standards within their websites and for technology-based communications. Providers take reasonable precautions to ensure the confidentiality of information transmitted and stored through any electronic means.

VI-11 Multidisciplinary Care

Addiction Professionals shall acknowledge and discuss with the client that optimal clinical management of clients may depend on coordination of care between a multidisciplinary care team. Providers shall explain to clients that they may need to develop collaborative relationships with local community professionals, such as the client's local primary care provider and local emergency service providers, as this would be invaluable in case of emergencies.

VI-12 Local Resources

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

VI-13 Boundaries

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

VI-14 Capability

Addiction Professionals shall take reasonable steps to determine whether the client/supervisee physically, intellectually, emotionally, linguistically and functionally capable of using e-therapy platforms and whether e-therapy/e-supervision is appropriate for the needs of the client/supervisee. Providers and clients/supervisees shall agree on the means of e-therapy/ e-supervision to be used and the steps to be taken in case of a technology failure. Providers verify that clients/supervisees understand the purpose and operation of technology applications and follow up with clients/supervisees to correct potential concerns, discover appropriate use, and assess subsequent steps.

VI-15 Missing Cues

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

VI-16 Records

Addiction Professionals understand the inherent dangers of electronic health records. Providers are responsible for ensuring that cloud storage sites in use are HIPAA compliant. Providers inform clients/supervisees of the benefits and risks of maintaining records in a cloud-based file management system, and discuss the fact that nothing that is electronically saved on a Cloud is confidential and secure. Cloud-based file management shall be encrypted, secured, and HIPAA-compliant. Providers shall use encryption programs when storing or transmitting client information to protect confidentiality.

VI-17 Records

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

VI-18 Links

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

VI-19 Friends

Addiction Professionals shall not accept clients' "friend" requests on social networking sites or email (from Facebook, My Space, etc.), and shall immediately delete all personal and email accounts to which they have granted client access and create new accounts. When Providers choose to maintain a professional and personal presence for social media use, separate professional and personal web pages and profiles are created that clearly distinguish between the professional and personal virtual presence.

VI-20 Social Media

Addiction Professionals shall clearly explain to their clients/supervisees, as part of informed consent, the benefits, inherent risks including lack of confidentiality, and necessary boundaries surrounding the use of social media. Providers shall clearly explain their policies and procedures specific to the use of social media in a clinical relationship. Providers shall respect the client's/supervisee's rights to privacy on social media and shall not investigate the client/supervisee without prior consent.

PRINCIPLE VII: SUPERVISION AND CONSULTATION

VII-1 Responsibility

Addiction Professionals who teach and provide clinical supervision accept the responsibility of enhancing professional development of students and supervisees by providing accurate and current information, timely feedback and evaluations, and constructive consultation.

VII-2 Training

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

VII-3 Code of Ethics

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

VII-4 Informed Consent

Informed consent shall be an integral part of creating and developing the supervisory relationship. The Supervision Contract shall include, but shall not be limited to the following items:

- Definition of clinical supervision
- Scope of practice of the clinical supervisor
- Format and scheduling of supervision
- Confidentiality of client information
- Methods of supervision (approaches used)
- Types (individual, group, in-person observation, e-supervision, audio and video tapes)
- Expectations and responsibilities of each person
- Accountability and evaluation
- Documentation and file audits
- Fees and no-show policies
- Conflict resolution
- Client notification – supervisee shall inform clients that they are in supervision and the parameters of supervision
- Duration and termination of the supervisory relationship
- All parties shall adhere to all applicable regulatory and state and Federal rules and laws
- All parties shall adhere to NAADAC Code of Ethics
- Expectations regarding liability insurance
- Notification of expectation regarding a clinical emergency or duty to warn event with a client
- Notification of expectation regarding a grievance, sanction, or lawsuit filed against the supervisee

VII-5 Informed Consent

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

VII-6 Clinical Crisis

Clinical Supervisors shall communicate to the supervisee, during supervision informed consent, procedures for handling client/clinical crises. Supervisors shall also communicate and document alternate procedures in the event the supervisee is unable to establish contact with the supervisor during a client/clinical crisis.

VII-7 Due Process

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

VII-8 Multiculturalism

Clinical Supervisors shall address the role of multiculturalism in the supervisory relationship between supervisor and supervisee. Supervisors shall offer didactic learning content and experiential opportunities related to multiculturalism and cultural humility throughout their programs.

VII-9 Diversity

Clinical Supervisors shall recognize and value the diverse talents and abilities that supervisees bring to their training experience.

VII-10 Boundaries

Clinical Supervisors shall intentionally develop respectful and relevant professional relationships and shall maintain appropriate boundaries with supervisees in all venues. Supervisors shall be accurate and honest in

their assessments of supervisees.

VII-11 Boundaries

Clinical Supervisors shall clearly define and maintain ethical professional, personal, and social boundaries with their supervisees. Supervisors shall not enter into a romantic/sexual/non-professional relationship with current supervisees, whether in-person or electronically.

VII-12 Monitor

Clinical Supervisors shall monitor the services provided by supervisees. Supervisors shall monitor client welfare. Supervisors shall monitor supervisee performance and professional development. Supervisors shall instruct and guide supervisees as they prepare to serve a diverse client population. Supervisors shall read, know, understand, adhere to, and promote the NAADAC Code of Ethics.

VII-13 Assessment

Clinical Supervisors shall take reasonable measures to ensure the proper use of assessment techniques by persons under their supervision.

VII 14 Treatment

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

VII-15 Impairment

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

VII-16 Clients

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

VII-17 Disclosures

Supervisees shall obtain and document clinical supervision or consultation prior to disclosing personal addiction and recovery information with a client. Supervisees shall only make disclosures to a client for the benefit of the client and their work, and disclosures shall not be made to benefit the supervisee.

VII-18 Observations

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

VII-19 Gatekeepers

Clinical Supervisors shall be aware of their responsibilities as the addiction profession's gatekeepers. Supervisors shall, through ongoing evaluation, monitor supervisee limitations that might impede performance. Supervisors shall assist supervisees in securing timely corrective assistance, including referral of the supervisee to therapy when needed. Supervisors may recommend corrective action or dismissal from training programs, applied counseling settings, and state or voluntary professional

credentialing processes when the supervisee is unable to demonstrate that they can provide competent professional services. Supervisors shall obtain supervision-of-supervision and/or consultation, and shall document their decisions to dismiss or refer the supervisee for assistance.

VII-20 Education

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

VII-21 Education

Educators and site supervisors shall provide education and training in an ethical manner, adhering to the NAADAC Code of Ethics, regardless of the teaching platform, which shall include but shall not be limited to traditional, hybrid, and/or online. Educators and site supervisors shall serve as professional role models demonstrating appropriate behaviors.

VII-22 Current

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

VII-23 Evaluation

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

VII-24 Dual Relationships

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

VII-25 Dual Relationships

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

VII-26 e-supervision

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

VII-27 Harassment

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

VII-28 Distance

Clinical Supervisors shall discuss with the supervisee and document issues unique to the use of distance supervision as necessary.

VII-29 Termination

Clinical Supervisors shall discuss policies and procedures for terminating a supervisory relationship in the supervision informed consent.

VII-30 Counseling

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

VII-31 Endorsement

Clinical Supervisors shall recommend the supervisee for completion of an academic or training program, employment, certification and/or licensure only when the supervisee demonstrates qualification for such endorsement. Clinical Supervisors shall not endorse any supervisees who the Supervisor believes to be impaired or who demonstrates they are unable to provide appropriate clinical services.

PRINCIPLE VIII: RESOLVING ETHICAL CONCERNS

VIII-1 Code of Ethics

Addiction professionals shall adhere to and uphold the NAADAC Code of Ethics and shall be knowledgeable regarding established policies and procedures for handling concerns related to unethical behavior, at both the state and national levels. Addiction professionals shall hold other providers to the same ethical and legal standards and shall be willing to take appropriate action to ensure that these standards shall be upheld. Providers shall resolve ethical dilemmas with direct and open communication among all parties involved and shall obtain supervision and/or consultation when necessary. Providers shall incorporate ethical practice into their daily professional work. Providers shall engage in ongoing professional development regarding ethical and legal issues in counseling. Providers shall be aware that client welfare and trust depend on a high level of professional conduct.

VIII-2 Endorsement

Addiction professionals shall abide by and endorse the NAADAC Code of Ethics and other applicable ethics codes from professional organizations or certification and licensure bodies of which they are members. Providers shall not be able to use lack of knowledge or misunderstanding of an ethical responsibility as a defense against a complaint of unethical conduct.

VIII-3 Decision Making Model

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

VIII-4 Jurisdiction

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

VIII-5 Investigations

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

VIII-6 Participation

Addiction professionals shall be required to cooperate with the implementation of the NAADAC Code of Ethics, and to participate in, and abide by, any and all disciplinary actions and rulings based on the Code. Failure to participate or cooperate shall be a violation of the NAADAC Code of Ethics.

VIII-7 Cooperation

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

VIII-8 Agency Conflict

Addiction professionals shall seek and document supervision and/or consultation in the event that ethical responsibilities conflict with agency policies and procedures, state and/or federal laws, regulations, and/or other governing legal authority. Supervision and/or consultation shall be obtained and documented to determine the next best steps.

VIII-9 Crossroads

Addiction professionals may find themselves with a dilemma when the demands of an organization where the provider is affiliated poses a conflict with the NAADAC Code of Ethics. Providers shall determine the nature of the conflict and shall discuss the conflict with their supervisor or other relevant person, and shall express their commitment to the NAADAC Code of Ethics. Providers shall attempt to work through the appropriate channels to address their concern.

VIII-10 Violations without Harm

Addiction professionals who become aware of evidence to suggest that another provider is violating or has violated an ethical standard where no harm has occurred shall attempt to resolve the issue informally with the other provider, if feasible, provided such action does not violate confidentiality rights that may be involved.

VIII-11 Violations with Harm

Addiction professionals shall report unethical conduct or unprofessional modes of practice of which they become aware where the potential for harm exists, or actual harm has occurred, to the appropriate certifying or licensing authorities, state or federal regulatory bodies, and NAADAC. Providers shall obtain supervision/consultation prior to filing a complaint, and document recommendations and the decision regarding filing or not filing a complaint.

VIII-12 Non-Respondent

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

VIII-13 Consultation

Addiction professionals shall obtain and document consultation and direction from supervisors, consultants or the NAADAC Ethics Committee when uncertain about whether a particular situation or course of action may be in violation of the NAADAC Code of Ethics. Providers shall consult with persons who are

knowledgeable about ethical behaviors, the NAADAC Code of Ethics, and legal requirements specific to the situation.

VIII-14 Retaliation

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

PRINCIPLE IX: RESEARCH AND PUBLICATION

IX-1 Research

Research and publication shall be encouraged as a means for addiction professionals to contribute to the knowledge base and skills within the addictions and behavioral health professions. Research shall be conducted and published to contribute to the evidence-based and outcome-driven practices that guide the profession. Research and publication shall provide an understanding of what practices lead to health, wellness, and functionality. Researchers and addiction professionals shall be inclusive by minimizing bias and respecting diversity when designing, executing, analyzing, and publishing their research.

IX-2 Participation

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

IX-3 Consistent

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

IX-4 Confidentiality

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

IX-5 Independent

Researchers, who are conducting independent research without governance by an institutional review board, shall be bound by the same ethical principles and Federal and state laws pertaining to the review of their plan, design, conduct, and reporting of research.

IX-6 Protect

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

IX-7 Welfare

Researchers shall be responsible for their participants' welfare. Researchers shall exercise reasonable precautions throughout the study to avoid causing physical, intellectual, emotional, or social harm to participants. Researchers shall take reasonable measures to honor all commitments made to research participants.

IX-8 Informed Consent

Researchers shall defer to an Institutional Review Board or Human Subjects Committee to ensure that Informed Consent is obtained, research protocols are followed, participants are free of coercion,

confidentiality is maintained, and deceptive practices are avoided, except when deception is essential to research protocol and approved by the Board or Committee.

IX-9 Accurate

Researchers shall commit to the highest standards of scholarship, shall present accurate information, shall disclose potential conflicts of interest, and shall make every effort to prevent the distortion or misuse of their clinical and research findings.

IX-10 Students

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

IX-11 Clients

Researchers may conduct research involving clients. Researchers shall provide an informed consent process allowing clients to freely choose, without intimidation or coercion, whether to participate in the research activities. Researchers shall take necessary precautions to protect clients from adverse consequences if they choose to decline or withdraw from participation.

IX-12 Consents

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

IX-13 Explanation

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

IX-14 Outcomes

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

IX-15 Transfer Plan

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

IX-16 Diversity

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

IX-17 Verification

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

IX-18 Data Availability

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

- IX-19 **Errors**
Researchers shall correct errors found in their published research, using a correction erratum or through other appropriate publication avenues.
- IX-20 **Publication**
Addiction professionals who author books, journal articles, or other materials which are published or distributed shall not plagiarize or fail to cite persons for whom credit for original ideas or work is due. Providers shall acknowledge and give recognition, in presentations and publications, to previous work on the topic by self and others.
- IX-21 **Theft**
Addiction professionals shall regard as theft the use of copyrighted materials without permission from the author, or payment of royalties.
- IX-22 **e-publishing**
Addiction professionals shall be aware that entering data on the internet, social media sites, or professional media sites shall constitute publishing.
- IX-23 **Advertising**
Addiction professionals who author books or other materials distributed by an agency or organization shall take reasonable precautions to ensure that the organization promotes and advertises the materials accurately and factually.
- IX-24 **Credit**
Addiction professionals shall assign publication credit to those who have contributed to a publication in proportion to their contributions and in accordance with customary professional publication practices.
- IX-25 **Student Material**
Addiction professionals shall seek a student's permission and list the student as lead author on manuscripts or professional presentations, in any medium, that are substantially based on a student's course papers, projects, dissertations, or theses. The student shall reserve the right to withhold permission.
- IX-26 **Submissions**
Addiction professionals and researchers shall submit manuscripts for consideration to one journal or publication at a time. Providers and researchers shall obtain permission from the original publisher prior to submitting manuscripts that shall be published in whole or in substantial part in one journal or published work by another publisher.
- IX-27 **Proprietary**
Addiction professionals who review material submitted for publication, research, or other scholarly purposes shall respect the confidentiality and proprietary rights of those who submitted it. Providers who serve as reviewers shall only review materials that are within their scope of competency and shall review materials without professional or personal bias.

ADDICTIONS COUNSELING MAJOR

<u>Required Core</u>		<u>Course Title</u>
PSY 115	3	Introduction to Psychology
CPSY 101	3	Applying Psychology
CPSY 102	1	Applying Psychology Lab
STAT 219	3	Statistics for the Social Sciences
CPSY 437	3	Foundations of Addictions
CPSY 262	3	Human Growth and Development
CPSY 323	3	Intro to Counseling Theories
CPSY 324	1	Counseling Theories Lab
CPSY 325	3	Helping Skills
CPSY 327	3	Group Process
CPSY 280	3	Brain and Behavior
CPSY 438	3	Multicultural Considerations in Addictions
CPSY 484	3	Intro to Psychopharmacology
CPSY 402*	3	Professional Issues in Addiction
CPSY 419	3	Professional and Scientific Ethics
CPSY 428	3	Psychodynamics of Family Relationships
CPSY 439	3	Diagnosis, Intervention, and Treatment of Addiction
CPSY 376	3	Research Methods
CPSY 445	12	Addictions Internship
<u>CPSY 445</u>	<u>12</u>	Addictions Internship

Total 74 credits

* Taken with or prior to first semester internship.

These courses are required for the Addictions Counseling Major Program.

Note: Some classes are offered only once per year. CPSY 101, 102, and 323 are prerequisites for CPSY 325. CPSY 325 is a prerequisite for CPSY 327. CPSY 437 is a prerequisite for CPSY 439 and CPSY 402.

7. Volunteer History:

Agency

Years Experience

Dates

8. Leisure Activities: _____

9. Present Educational Goals, Degree(s): _____

10. If you are a non-chemically dependent person, characterize your present use of mood altering chemicals including beverage alcohol.

11. If you are chemically dependent, please answer the following questions: (if you are not chemically dependent go to #16).

A. What is your dry date? _____

B. Has your sober/straight time been continuous? _____

C. Have you been through chemical dependence treatment? _____

If yes, list dates and locations. Also indicate if you completed treatment satisfactorily:

D. What was/were your drug(s) of choice? Amounts? Frequency?

12. Please provide names, addresses, and phone numbers of two persons who can verify your dry date.

May we contact them?

Yes _____

No _____

13. Are you involved in a 12-step (AA, Alanon, ACOA) recovery program? _____

If yes, please respond to the following items:

A. How many years have you been attending meetings? _____

B. What is your pattern of attendance? _____

C. Describe your relationship with your sponsor. _____

D. Have you sponsored other persons? _____ If so, how many? _____

14. Describe your activities as a sponsor: _____

15. Describe your use of over-the-counter and prescription medications for the past two years:

16. Have you been involved with outpatient therapy or counseling over the past two years?

_____ If so, please elaborate on these situations and outcomes:

17. Is there a history of alcoholism/chemical dependence in your family? _____

If yes, please elaborate on each dependent family member:

18. Have any family members been involved in a 12-step (AA, Alanon, ACOA) recovery program? _____ If yes, please elaborate on each family member's involvement.

19. Please list names, addresses, and phone numbers of persons you have selected to write letters of recommendation:

May we contact them? Yes _____ No _____

20. Please describe why the field of addictions counseling is of interest to you:

21. What are your career goals?

22. What are your strengths and weaknesses?

Strengths:

Weaknesses:

23. In the space below, describe the significant life events that have contributed to who you are today.

I do hereby attest that to the best of my ability, the information contained in the Addictions Counseling Program Application form is truthful and accurate. I have read and understand how this information is to be used and stored, who has access to the information and how to delete this information from my personal file. By my signature, I give consent for a members serving on the Application and Internship Screening Committees and the Appeals Committee to view materials in my personal file as part of the Application, Internship and Appeals Processes.

Signature

Date

I waive / do not waive my right to read my recommendation letters.

Signature

Date