

Arkansas Substance Abuse Certification Board
UALR-MidSOUTH
2801 S. University Ave.
Little Rock, AR 72204-1099

Application And Standards Manual

Arkansas Substance Abuse Certification Board
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Little Rock, AR 72204-1099
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About the Arkansas Substance Abuse

Certification Board

Mission Statement

It is the mission of the Arkansas Substance Abuse Certification Board (ASACB) to adopt standards for qualifying, evaluating and credentialing individuals as certified alcohol drug counselors (CADC), advanced certified alcohol drug counselors (ACADC), certified correctional substance abuse counselors (CCSAC), certified clinical supervisors (CCS), and certified criminal justice professionals (CCJP), in an effort to ensure that consumers receive the highest quality of care from competent addiction professionals.

Funding

The Arkansas Substance Abuse Certification Board is funded in part by the Arkansas Department of Human Services, Division of Behavioral Health, Alcohol and Drug Abuse Prevention. The ASACB office is located at UALR through an agreement between UALR MidSOUTH and the Board.

Composition of the Board

The Board shall consist of fifteen (15) voting members, all of whom shall be Certified Alcohol Drug Counselors (CADC) and / or Advanced Certified Alcohol Drug Counselors (ACADC) in good standing, and shall be elected as follows: Five (5) members nominated by the Arkansas Association of Alcoholism and Drug Abuse Counselors (AAADAC), and subject to approval by a majority of the Board. Five (5) members nominated by the Providers' Association, and subject to approval by a majority of the Board. Five (5) members nominated by the office of Alcohol and Drug Abuse Prevention (ADAP), and subject to approval by a majority of the Board.

Regular Board Meetings

The Board shall meet on the second Friday of each month, and shall conduct its business in accordance with the Articles of Incorporation, the bylaws, and the various state and federal statutes which apply to nonprofit corporations, whether specifically itemized in Board policies or not, and in accordance with the policy provisions contained herein. All board meetings are open to the public with the exception of executive sessions. All discussion pertaining to ethical violations will be conducted while in executive session. All Board members shall sign a blanket confidentiality statement to be kept on file in the ASACB office.

Notification and Implementation

All new and amended policy and procedures relevant to the Application

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and Standards manual will be submitted to the Board Administrator by the Arkansas Substance Abuse Certification Board Policy and Procedure chair, and will be posted on the ASACB web site in January of each year. The effective date of most policy and procedure changes will be April 15 of each year.

I. Registration Process

Thank you for registering with the Arkansas Substance Abuse Certification Board. The Board of Directors welcomes you to the addictions counseling profession and look forward to assisting you in your certification Endeavors. Please familiarize yourself with the guidelines and process for counselor certification as printed in this manual. Contact information for the ASACB is as follows:

Arkansas Substance Abuse Certification Board (ASACB)
University of Arkansas at Little Rock- MidSOUTH
2801 South University Avenue
Little Rock, AR 72204-1099
Phone (501) 569-3073 Fax (501) 569-3364
E-mail: msbarlow@midsouth.ualr.edu
Web Site: www.icrcaoda-arkansas.org

How To Get Started:

1. Turn to **Section VIII.**, and complete the first 4 documents (1) Registration Application, (2) Statement of Disclosure, (3) Release of Information, and (4) Code of Ethics Signature Page. Mail these documents to the ASACB office along with the \$50.00 registration fee. **The ASACB neither registers nor certifies persons convicted of a sexual offense. Sexual offenses include, but are not limited to, any sexual offense that results in a felony conviction; any conviction, whether a felony or misdemeanor, any crime of violence involving involuntary sexual acts, incest, any conviction involving the sexual abuse of minors, or any offense that requires the perpetrator to be registered as a sexual offender under Arkansas or federal law.**

2. Turn to **Section VIII.**, and complete the Arkansas State Police criminal background clearance form, get it notarized, attach a check payable to the Arkansas State Police for \$23.00, add a stamped envelope addressed to the ASACB, and mail to :

Arkansas State Police
1 State Police Plaza Drive
Little Rock, AR 72209

Upon receipt of these five (5) forms by the ASACB, you will be registered as a Counselor-in-Training (CIT). It is your responsibility to keep the ASACB informed of your current mailing address.

3. If you have a degree or transcript hours from a college or university,

contact the registrar and request that the transcript be sent directly to the ASACB office.

4. **Do not** submit any other documentation to the ASACB office until you submit your testing packet by **March 1** or **September 1** of your testing year.

II. Functions and Competencies of the AODA Counselor

A. Introduction

The process of certification is made available to any person in Arkansas who voluntarily wishes to have his/her credentials objectively evaluated by the Arkansas Substance Abuse Certification Board (ASACB). The primary purposes of certification are to assure that professionals engaged in alcohol and drug counseling meet acceptable standards of quality in practice, and to provide a baseline for professional growth for persons desiring to work in the chemical addiction field. The certification process outlined in this document establishes a method whereby the highest professional standards of practice can be systematically maintained and updated. Establishing standards for certification is considered to be in the best interest of the client, the public, as well as the counselors.

In this process, the roles and functions of the AODA counselor represent individuals who have experience in AODA treatment services, have demonstrated appropriate skills, have performed appropriate tasks and have achieved the desired results with clients in treatment. For this reason, these standards are heavily weighted on the side of proven, effective experience and on-the-job education and training. The ASACB standards are founded largely upon competency-based methods of assessment and place the responsibility for demonstrating the necessary competencies, skills and knowledge upon the applicant. While academic degrees do make a valuable contribution to the substance abuse field, these standards are intended to extend beyond this knowledge base and assure quality in practice for all persons who work in the AODA treatment field.

The Arkansas Substance Abuse Certification Board is a member Board of the International Certification and Reciprocity Consortium / Alcohol and Other Drug Abuse (IC & RC/AODA) Inc. Their address is 298 S. Progress Avenue, Harrisburg, PA 17109. The IC & RC, Inc. is a membership organization for member board certification authorities. The organization promotes uniform professional standards with the commitment to provide high quality services to its clients, and is also committed to ongoing

professional growth of both counselors and member board certification bodies.

B. Functions of the AODA Counselor

1. To assist the client in gaining insight and motivation aimed at resolving problems related to the use of alcohol and/or drugs.
2. To assist the client in evaluating his/her usage of alcohol and/or drugs, and in recognizing the abuse or addiction.
3. To provide professional guidance, assistance and support to the client in his/her efforts to develop and/or maintain a responsible and functional lifestyle.
4. To recognize problems beyond the scope of the counselor's training, and to be willing to refer the client for other appropriate professional services.
5. To provide all of the above professional services as needed to clients spouse, family and employer.

The professional activities of the AODA counselor cover a broad range of techniques and modalities appropriate for a wide variety of factors; e.g. *age, sex, religious preference, ethnic background, sexual orientation, education, social and economic status* which affect chemical dependency clients. The tasks which the alcohol and drug counselor performs will generally fall into one or more of the following **core functions**.

- Screening
- Intake
- Orientation
- Assessment
- Treatment Planning
- Counseling
- Case Management
- Crisis Intervention
- Client, Family and Community Education
- Referral
- Report and Record Keeping
- Consultation

C. Competencies of the AODA Counselor

The following list of competencies is not intended to be an all-inclusive definition of the alcoholism and other drug counselor role for which the addiction professional is certified. It serves as a guide to the study of those

competencies considered essential to effective counseling. These competencies apply to persons whose major role is that of a clinician and to persons who are supervisors or administrators with responsibilities for other counselors, trainers or educators who regularly perform all core functions. In all cases, the role of alcoholism and other drug counselors is one of establishing a therapeutic relationship with the client, and one of assisting a client in recognizing how chemical dependency is interrelated with the 'living' problems being experienced. To achieve this goal, the certification process clearly defines core functions which are knowledge based, and skills in which a level of competence must be achieved and maintained. The Arkansas Substance Abuse Certification Board requires strict adherence to the Ethics Code and Committee Process for all certified Alcohol and Drug counselors, clinical supervisors, criminal justice professionals, correctional counselors and counselors-in-training (CIT).

The Twelve Core Functions

The Case Presentation Method (CPM) is based on Twelve Core Functions. Scores on the CPM oral exam are based upon the global criteria for each core function. The counselor must be able to demonstrate competency by achieving a passing score on the global criteria in order to be certified. Although the core functions may overlap, depending on the nature of the counselor's practice, each one represents a specific entity. A certification candidate must be able to give **specific** examples throughout the oral interview, rather than only supplying original definitions.

SCREENING: The process by which the client is determined **appropriate** and **eligible** for admission to a particular program.

Global criteria

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

Explanation

This function requires that the counselor consider a variety of factors

before deciding whether or not to admit the potential client for treatment. It is imperative that the counselor use appropriate diagnostic criteria to determine whether or not the applicant's alcohol or other drug use constitutes abuse. All counselors must be able to describe the criteria they use, and to demonstrate their competence by presenting specific Examples of how the use of alcohol and other drugs has led to a particular client becoming dysfunctional. The determination of a particular client's appropriateness for a program requires the counselor's judgment and skill, and is influenced by the program's environment and modality (i.e., inpatient, outpatient, residential, pharmacotherapy, detoxification, co-ed, day care). Important factors include the nature of the substance abuse, the physical condition of the client, outside supports/resources, previous treatment efforts, motivation, and philosophy of the program. The eligibility criteria are generally determined by the focus, target population, and funding requirements of the counselor's program or agency. Many of the criteria are easily ascertained. These may include the client's age, gender, place of residence, legal status, veteran status, income level, and the referral source. Only making an allusion to following agency policy is a minimally acceptable statement. If the applicant is found ineligible or inappropriate for this program, the counselor will be able to suggest an alternative.

INTAKE: The administrative and initial assessment procedures for admission to a program.

Global Criteria

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

Explanation

The intake usually becomes an extension of the screening when the decision to admit is formally made and documented. Much of the intake process includes the completion of various forms. Typically, the client and counselor fill out an admission or intake sheet, document the initial assessment, complete appropriate releases of information, collect financial data, sign consent for treatment and assign the primary counselor.

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

Global Criteria

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

Explanation

The orientation may be provided before, during and/or after the client's screening and intake. It can be conducted in an individual, group or family context. Portions of the orientation may include other personnel for certain specifics of the treatment such as medication.

ASSESSMENT: The procedures by which a counselor/ program identifies and evaluates an individual's strengths and weaknesses, including problems and needs, for the development of a treatment plan.

Global Criteria

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

Explanation

Although assessment is a continuing process, it is generally emphasized early in treatment. It usually results from a combination of focused interviews, testing and record reviews. The counselor evaluates major life areas, (i.e., physical health, vocational development, social adaptation, legal involvement and psychological functioning) and assesses the extent

to which alcohol or drug use has interfered with the client's functioning in each of these areas. The result of this assessment should suggest the focus of the treatment.

TREATMENT PLANNING: The process by which the counselor and the client identify and rank problems needing resolution, establish agreed upon immediate and long-term goals, and decide upon a treatment process and the resources to be utilized.

Global Criteria

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

Explanation

The treatment contract is based on the assessment and is a product of Negotiation between the client and the counselor to assure that the plan is tailored to the individualized needs. The language of the problem, goal and strategy statements should be specific, intelligible to the client, and expressed in behavioral terms. The statement of the problem concisely elaborates on a client need previously identified. The goal statements refer specifically to the identified problem and may include one objective or a set of objectives ultimately intended to resolve or mitigate the problem. The goals must be expressed in behavioral terms in order for the counselor and client to determine progress in treatment. Both immediate and long-term goals should be established. The plan or strategy is a specific activity that links the problem with the goal. It describes the services, who will perform them, when they will be provided, and at what frequency. Treatment planning is a dynamic process and the contracts must be regularly reviewed and modified as appropriate.

COUNSELING: Individual, Group and Significant Other. The utilization of specific skills to assist individuals, families or groups in achieving objectives through exploration of a problem and its ramifications, examination of attitudes and feelings, consideration of alternative solutions and decision making.

Global Criteria

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

Explanation

Counseling is basically a relationship in which the counselor helps the client mobilize resources to resolve his /her problem, and to modify attitudes and values. The counselor must be able to demonstrate a working knowledge of various counseling approaches. These methods may include Reality Therapy, Transactional Analysis, Strategic Family Therapy, Client Centered Therapy, etc. Furthermore, the counselor must be able to explain the rationale for using a specific approach for the particular client. For example, a behavioral approach might be suggested for clients who are resistant and manipulative or who have difficulty anticipating consequences and regulating impulses. On the other hand, a cognitive approach may be appropriate for a client who is depressed, yet insightful and articulate. Also the counselor should explain his/ her rationale for choosing a counseling approach in an individual, group or significant other context. Finally, the counselor should be able to explain why a counseling approach or context changed during treatment.

CASE MANAGEMENT: Activities which bring services, agencies, resources or people together within a planned framework of action toward the achievement of established goals.

Global Criteria

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

Explanation

Case Management is the coordination of a multiple services plan. Case management decisions must be explained to the client. By the time many alcohol and other drug abusers enter treatment they tend to

manifest dysfunction in a variety of areas. For example, a heroin addict may have hepatitis, lack job skills, and have a pending criminal charge. In this case, the counselor might monitor his medical treatment, make a referral to a vocational rehabilitation program and communicate with representatives of the criminal justice system. The client may also be receiving other treatment services such as family therapy and pharmacotherapy, within the same agency. These activities must be integrated into the treatment plan, and communication must be maintained with the appropriate personnel.

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

Global Criteria

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

Explanation

A crisis is a decisive, crucial event in the course of treatment that threatens to compromise or destroy the rehabilitation effort. These crises may be directly or indirectly related to alcohol or drug use (i.e., overdose or relapse). The latter might include the death of a significant other, separation / divorce, arrest, suicidal gestures, a psychotic episode, or outside pressure to terminate treatment. If no specific crisis is presented in the Written Case, the counselor should rely on and describe a past experience with a client. Describe the overall picture—before, during and after the crisis. It is imperative that the counselor be able to identify the crises when they surface, attempt to mitigate or resolve the immediate problem, and to use negative events to enhance the treatment efforts, if possible.

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

Global Criteria

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

Explanation

Client education is provided in a variety of ways. In certain inpatient and residential programs, for example, a sequence of formal classes may be conducted using a didactic format with reading materials and films. On the other hand, an outpatient counselor may provide relevant information to the client individually or informally. In addition to alcohol and drug information, client education may include a description of self-help groups and other resources that are available to the client and their families. The applicant must be competent in providing specific examples of the type of education provided to the client and the relevance to the case.

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

Global Criteria

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

Explanation

In order to be competent in this function, the counselor must be familiar with community resources, both alcohol and drug and others, and should be aware of the limitations of each service and if the limitations could adversely impact the client. In addition, the counselor must be able to demonstrate a working knowledge of the referral process, including the confidentiality requirement and outcomes of the referral. Referral is obviously closely related to case management when integrated into the initial and ongoing treatment plan. It also includes, however, aftercare or discharge planning referrals that take into account the continuum of care.

REPORT AND RECORD KEEPING: Charting the results of the assessment and treatment plan, writing reports, progress notes, discharge summaries, and other client-related data.

Global Criteria

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

Explanation

The report and record keeping function is important. It benefits the counselor by documenting the client's progress in achieving his/her goals. It facilitates adequate communication between co-workers. It assists the counselor's supervisor in services to the client at a later date. It can enhance the accountability of the program to its licensing / funding sources. Ultimately, if performed properly, it enhances the client's entire treatment experience. The applicant must prove personal action in regard to the report and record keeping function.

CONSULTATION WITH OTHER PROFESSIONALS REGARDING

CLIENT TREATMENT AND SERVICES: Relating with in-house staff or outside professionals to assure comprehensive, quality care for the client.

Global Criteria

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

Explanation

Consultations are meetings for discussion, decision-making and planning. The most common consultation is the regular in-house staffing in which client's cases are reviewed with other members of the treatment team. Consultations may also be conducted in individual sessions with the supervisor, other counselors, psychologists, physicians, probation officers, and other service providers connected to the client's case.

Knowledge Base

A. Human Behavior

Understand the dynamics of psychological functioning, social

adaptation, physical health and vocational development; understand attitudes, values and lifestyles of various cultures and special populations; understand how alcohol and drug use relates to human behavior, attitudes, values and life styles; understand the relationship between human behavior, cultural influences, societal norms and laws, and alcohol and/or other drug abuse; understand human sexuality, sexual dysfunction, sexual orientation and the importance of these factors.

B. Signs and Symptoms of Alcohol and Drug Abuse including Pharmacological Factors

Understand the categories of mood-altering drugs including alcohol and their side effects; understand the effects of alcohol and other drug use, misuse and abuse in relationship to individual body chemistry, pregnancy, sex, setting, dose, drug combinations and routes of administration, tolerance and withdrawal symptoms; understand the complication resulting from the use of more than one mood altering drug, including cross tolerance, synergism, antagonism, potentiation and multiple psychological dependence; understand the alcohol and other drug-related psychological, physical and medical problems which may exist (fetal alcohol syndrome, organic brain syndrome, drug-induced psychosis, etc.), and the signs and symptoms indicating a need for other medical, psychological and social assessment; understand the components of the withdrawal syndrome and mechanisms of psychological and physiological dependence; understand the criteria for evaluation of dependence including the different developmental stages, signs, and symptoms, as well as behavior patterns of the alcohol and other drug dependent persons during the progression through treatment and rehabilitation; understand recognized pharmaceutical reference materials (Physicians Desk Reference, American Medical Association Drug Evaluations and/or Goodman and Gillaman's Pharmacological Basis of Therapeutics)

C. Counseling Approaches, Philosophies, Methods and Objectives

Understand different approaches to counseling, including the philosophies, methods and objectives of each approach; understand the practical application of these approaches to counseling [individual, significant other spouse, family, employer] and group counseling; understand the implications of counseling approaches to clients from various ethnic, cultural, economic backgrounds, and special populations; understand the philosophy, policies and practice of appropriate voluntary self-help groups; understand techniques of evaluating therapy progress and outcome of treatment.

Continuum of Care

Understand the mechanism involved in coordinating a client's total treatment; understand the service (prevention, intervention, aftercare, self-help groups, etc.) available to the client and the community, including the limitations of each service; understand the social services (financial, marriage, sexual counseling, etc.) which are not designed specifically for the alcohol and other drug abuser, including client eligibility, referral procedures, follow-up mechanisms and limitations of each service.

Federal, State and Local Statutes; Administrative Rules and Regulations

Understand the limitations and applications of the statutes, administrative rules and regulations which directly relate to the use and abuse of alcohol and other drugs including commitment and protective placement procedures; understand the statutes, regulations and current judicial decisions in regard to the counselor's relationship to the client and his/her family, with respect to confidentiality and the client's bill of rights.

State Alcohol and Drug Abuse Service System

Understand the state resource agencies, organizations, facilities and centers which are directly concerned with alcohol and other drug use and abuse; understand how to utilize these resources for obtaining information, materials, training and consultation.

A list of service providers is available through the Arkansas Department of Human Services, Division of Behavioral Health, Alcohol and Drug Abuse Prevention, 4313 West Markham, 3rd Floor Administration, Little Rock, AR 72205. (501) 686-9866

Skill Requirements

A. Counseling

Communication Skills: Active listening, Leading, Summarizing, Reflection, Interpretation, Confrontation, Self-disclosure

Establish an effective counseling relationship with the client by demonstrating warmth, respect, genuineness, concreteness, empathy; work with individual clients and /or families and groups by clarifying dysfunctional behavior and its ramifications for the individual client; motivate the client to actively participate in the counseling sessions and develop functional behavior; develop and implement individual counseling programs according to client needs; use problem solving techniques, goal setting and decision making in conjunction with clients;

Facilitate termination of counseling; coordinate the designated continuum of services needed by the client including case follow-up.

B. Client Assessment and Referral

Client intake process; initial and ongoing client evaluation process; interpretation and assessment of case records; assessment of the treatment plan or strategy for the purpose of evaluation and/or modification; identification of additional resources and services best suited for the individual client; directing the client to additional resources and services; maintaining follow-up with the client and with service providers to assure that the client's needs are met

C. Case Management and Record Keeping

Efficient, productive handling and coordination of and involvement with clients throughout the counseling process, from initial intervention or intake through disposition, termination and follow up; maintenance of up to date, accurate and understandable case files and records, including history, intervention intake progress reports, staffing; referral dispositions and termination; treatment of client files and records in accordance with federal, state, local and agency confidentiality regulations in the client's best interest which includes careful and professional disclosure; consultation, referral or client advocacy in interagency/ intra-agency settings; verbal and written communication with co-workers and supervisors

D. Alcohol and Other Drug Abuse (AODA) Counseling Scope of Practice Statement

I. Purpose

This Scope of Practice statement is intended to (1) provide a basic definition of a professional alcohol and drug counselor's rights and responsibilities and to (2) distinguish this profession from other health and human services professionals.

II. Introduction

Alcohol and drug counseling is the application of general counseling theories and treatment methods adapted to

specific alcohol and drug theory and research, for the express purpose of treating alcohol and drug problems within our diverse society.

III. Foundations of Alcohol and Drug Counseling

The practice of alcohol and drug counseling is based on the following knowledge:

1. Pharmacology and psychopharmacology of alcohol and drugs (both drugs of abuse and drugs used in the treatment of addictions) including: pharmacokinetics; pharmacodynamics; and the effects of these drugs on violence and aggression, learning and memory, sensation and perception, sleep, sexual behavior, human growth and development, and psychiatric conditions.
2. Addiction processes including models and theories of addiction; social and cultural context of addiction; biological, psychological and social effects of addiction; and differentiation of addiction from other medical and psychological conditions.
3. Various treatment models and methods including models of treatment, relapse prevention and continuing care; impact of treatment on problems associated with addiction; and the importance of community, social, family and self-help systems.
4. Practical application including use of interdisciplinary approaches and teams in treatment; assessment and diagnostic criteria; appropriate use of treatment modalities; adapting treatment strategies to a client's individual characteristics and needs; and the use of other resources in securing the best available services for the client.
5. Professional standards of practice including recognizing the needs of diverse populations relating to issues of ethnicity, race, gender, sexual orientation and HIV/AIDS; adherence to ethical and professional standards of conduct; commitment to continuing education and clinical supervision; awareness of policies and procedures for clients and staff safety; an understanding of etiology, treatment and prevention; and the clinical application of current research in alcohol and drug treatment.

IV. Scope of Practice

The practice of alcohol and drug counseling consists of the activities listed below. The practice of these activities will conform to the individual's level of training, education and supervised experience.

1. Clinical Evaluation of Drug and Alcohol Issues

- 1.1 Screening of alcohol and drug problems
- 1.2 Assessment of alcohol and drug problems
- 1.3 Diagnosis
- 2.0 Treatment Planning
 - 2.1 Case Management
 - 2.1.1 Implementing the Treatment Plan
 - 2.1.2 Consulting
 - 2.1.3 Continuing Assessment and Treatment Planning
 - 2.2 Referral
 - 2.3 Client Advocacy
- 3.0 Counseling
 - 3.1 Individual Counseling
 - 3.2 Group Counseling
 - 3.3 Family Counseling
- 4.0. Education and Prevention
 - 4.1 Client
 - 4.2 Family
 - 4.3 Community
- 5.0 Documentation
- 6.0 Professional and Ethical Standards

III. ETHICS CODE AND COMMITTEE PROCESS

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SECTION A: THE COUNSELING RELATIONSHIP

A.1 Client Welfare

a. Primary Responsibility.

The primary responsibility of counselors is to respect the dignity and to promote the welfare of clients.

b. Positive Growth and Development.

Counselors encourage client growth and development in ways that foster the client's interest and welfare; counselors avoid fostering dependent counseling relationships.
Arkansas Substance Abuse Certification Board

c. Treatment Plans

Counselors and their clients work jointly in developing integrated, individual treatment

plans that offer reasonable promise of success and are consistent with abilities and circumstances of clients. Counselors and clients regularly review treatment plans to

ensure their continued viability and effectiveness, respecting client's freedom of choice. (See A.3.b.)

d. Family Involvement

Counselors recognize that families are usually important in the client's lives and strive to enlist family understanding and involvement as a positive resource, when appropriate.

A.2. Respecting Diversity

a. Nondiscrimination

Counselors do not condone or engage in discrimination based on age, color, culture, disability, ethnic group, gender, race, religion, sexual orientation, marital status, or socioeconomic status. (See C.5.a., C.5.b., and D.1.i)

b. Respecting Differences.

Counselors will actively attempt to understand the diverse cultural backgrounds of the clients with whom they work. This includes, but is not limited to, learning how the counselor's own cultural/ethnic/racial identity impacts his/her values and beliefs about the counseling process. (See E.8. and F.2.i.)

A.3. Client Rights

a. Disclosure to Clients.

When counseling is initiated, and throughout the counseling process as necessary, Counselors inform clients of the purposes, goals, techniques, procedures, limitations, potential risks and benefits of service to be performed, and other pertinent information. Counselors take steps to ensure that clients understand the implications of diagnosis, the intended use of tests and reports, fees, and billing arrangements. Clients have the right to expect confidentiality and to be provided with an explanation of its limitations, including supervision and/or treatment team professionals; to obtain clear information about their case records; to participate in the ongoing treatment plans; and to refuse any recommended services and be advised of the consequences of such refusal. (See E.5.a. and G.2.)

b. Freedom of Choice.

Counselors offer clients the freedom to choose whether to enter into a counseling relationship and to determine which professional(s) will provide counseling. Restrictions that limit choices of clients are fully explained.

c. Inability to Give Consent

When counseling minors or persons unable to give voluntary informed consent, counselors act in these clients' best interest. (See B.3.)

A.4. Clients Served by Others

If a client is receiving services from another mental health professional, counselors with client consent, inform the professional persons already involved and develop clear agreements to avoid confusion and conflict for the client. (See C.6.c)

A.5. Personal Needs and Values

a. Personal Needs.

In the counseling relationship, counselors are aware of the intimacy and responsibilities inherent in the counseling relationship, maintain respect for clients, and avoid actions that seek to meet their personal needs at the expense of clients.

b. Personal Values.

Counselors are aware of their own values, attitudes, beliefs, and behaviors and how these apply in a diverse society, and avoid imposing their values on clients. (See C.5.a.)

A.6. Dual Relationships

a. Avoid When Possible.

Counselors are aware of their influential positions with respect to clients, and they avoid exploiting the trust and dependency of clients. Counselors make every effort to avoid dual relationships with clients that could impair professional judgment or increase the risk of harm to clients. (Examples of such relationships include, but are not limited to, familial, social, financial, business, or close personal relationships with clients.) When a dual relationship cannot be avoided, counselors take appropriate professional precautions such as informed consent, consultation, supervision, and documentation to ensure that judgment is not impaired and no exploitation occurs. (See F.1.b)

b. Superior/Subordinate Relationships.

Counselors do not accept as clients superiors or subordinates with whom they have administrative, supervisory or evaluative relationships.

A.7. Sexual Intimacies With Clients

a. Current Clients

Counselors do not have any type of sexual intimacies with clients and do not counsel persons with whom they have had a sexual relationship.

b. Former Clients.

Counselors do not engage in sexual intimacies with former clients within a minimum of two years after terminating the counseling relationship. Counselors who engage in such relationships after two years have the responsibility to thoroughly examine and document that such relations did not have an exploitative nature, based on factors such as duration of counseling, amount of time since counseling, termination circumstances, client's personal history and mental status, adverse impact on the client, and actions by the counselor suggesting a plan to initiate a sexual relationship with the client after Termination.

A.8. Multiple Clients

When counselors agree to provide counseling services to two or more persons who have a relationship (such as husband and wife, or parents and children), counselors clarify at the outset which person or persons are the primary client(s) and the nature of the relationships they will have with each person. If it becomes apparent that counselors may be called upon to perform potentially conflicting roles, they clarify, adjust, or withdraw from the roles appropriately. (See B.2 and B.4.d)

A.9. Group Work

a. Screening

Counselors screen prospective group counseling/therapy participants. To the extent possible, counselors select members whose needs and goals are compatible with goals of the group, who will not impede the group process, and whose well-being will not be jeopardized by the group experience.

b. Protecting Clients.

In a group setting, counselors take reasonable precautions to protect clients from physical or psychological trauma.

A.10. Fees and Bartering (See D.3.a. and D.3.b.)

a. Advanced Understanding

Counselors clearly explain to clients, prior to entering the counseling relationship, all financial arrangements related to professional services including the use of collection agencies or legal measures for nonpayment. (A.11.c.)

b. Establishing Fees

In establishing fees for professional counseling services, counselors consider the financial status of clients and locality. In the event that the established fee structure is inappropriate for a client, assistance is provided in attempting to find comparable services of acceptable cost. (See A.10.d., D.3.a., and D.3.b.)

c. Bartering Discouraged.

Counselors ordinarily refrain from accepting goods or services from clients in return for counseling services because such arrangements create inherent potential for conflicts, exploitation, and distortion of the professional relationship. Counselors may participate in bartering only if the relationship is not exploitative, if the client requests it, if a clear written contract is established, and if such arrangements are an accepted practice among professionals in the community. (See A.6.a.)

d. Pro Bono Service

Counselors may contribute to society by devoting a portion of their professional activity

to services for which there is little or no financial return (pro bono).

A.11 Termination and Referral.

a. Abandonment Prohibited.

Counselors do not abandon or neglect clients in counseling. Counselors assist in making appropriate arrangements for the continuation of treatment, when necessary, during interruptions such as vacations and following termination.

b. Inability to Assist Clients.

If counselors determine an inability to be of professional assistance to clients, they avoid entering or immediately terminate the counseling relationship. Counselors are knowledgeable about referral resources and suggest appropriate alternatives. If clients decline the suggested referral, counselors should discontinue the relationship.

c. Appropriate Termination.

Counselors terminate a counseling relationship, securing client agreement when possible, when it is reasonably clear that the client is no longer benefiting, when services are no longer required, when counseling no longer serves the client's needs or interests, when clients do not pay fees charged, or when agency or institution limits do not allow provision of further counseling services. (See A.10.b, C.2.g.)

A.12. Computer Technology

a. Use of Computers.

When computer applications are used in counseling services, counselors ensure that: (1) the client is intellectually, emotionally, and physically capable of using the computer application; (2) the computer application is appropriate for the needs of the client; (3) the client understands the purpose and operation of the computer applications; and (4) a follow-up of client use of a computer application is provided to correct possible misconceptions, discover inappropriate use, and assess subsequent needs.

b. Explanation of Limitations.

Counselors ensure that clients are provided information as a part of the counseling relationship that adequately explains the limitations of computer technology.

c. Access to Computer Applications.

Counselors provide for equal access to computer applications in counseling services. (See A.2.a)

SECTION B: CONFIDENTIALITY

Note: For all issues pertaining to confidentiality, counselors should reference

Confidentiality: A Guide to the New Federal Regulations placing emphasis on CFR 42 – Part 2.

B.1. Right to Privacy

a. Respect for Privacy.

Counselors respect their clients' right to privacy and avoid illegal and unwarranted disclosures of confidential information. (See A.3.a. and B.6.a.)

b. Client Waiver.

The right to privacy may be waived by the client and their legally recognized representative.

c. Exceptions.

The general requirement that counselors keep information confidential does not apply when disclosure is required to prevent clear and imminent danger to the client or others or when legal requirements demand that confidential information be revealed. Counselors consult with other professionals when in doubt as to the validity of an exception.

d. Contagious, Fatal Diseases.

(See B.1.c. and B.1.f.)

e. Court Ordered Disclosure.

When court ordered to release confidential information without a client's permission, counselors request to the court that disclosure not be required due to potential harm to the client or counseling relationship. (See B.1.c.)

f. Minimal Disclosure.

When circumstances require the disclosure of confidential information, only essential information is revealed. To the extent possible, clients are informed before confidential information is disclosed.

g. Explanation of Limitations.

When counseling is initiated and throughout the counseling process as necessary, counselors inform clients of the limitations of confidentiality and identify foreseeable situations in which confidentiality be breached. (See G.2.a.) For all issues pertaining to confidentiality, counselors should reference Confidentiality: A Guide to the New Federal Regulations placing emphasis on CFR 42 – Part 2.

h. Subordinates.

Counselors make every effort to ensure the privacy and confidentiality of clients is maintained by subordinates including employees, supervisees, clerical assistants, and volunteers. (See B.1.a.)

i. Treatment Teams.

If client treatment will involve a continued review by a treatment team, the client will be informed of the teams and of the team's existence and composition.

B.2. Groups and Families

a. Group Work.

In group work, counselors clearly define confidentiality and the parameters for the specific group being entered, explain its importance, and discuss the difficulties related to confidentiality involved in group work. The fact that confidentiality cannot be guaranteed is clearly communicated to group members.

b. Family Counseling.

In family counseling, information about one family member cannot be disclosed to another family member without permission. Counselors protect the privacy rights of each family member. (See A.8., B.3., and B.4.d.)

B.3 Minor or Incompetent Clients

When counseling clients who are minors or individuals who are unable to give voluntary, informed consent, parents or guardians may be included in the counseling process as appropriate. Counselors act in the best interests of clients and take measures to safeguard confidentiality. (See A.3.c.)

B.4. Records

a. Requirement of Records.

Counselors maintain records necessary for rendering professional services to their clients and as required by laws, regulations, or agency or institutional procedures.

b. Confidentiality of Records.

Counselors are responsible for securing the safety and confidentiality of any counseling records they create, maintain, transfer, or destroy whether the records are written, taped, computerized, or stored in any other medium. (See B.1.a.)

c. Permission to Record or Observe.

Counselors obtain permission from clients prior to electronically recording or observing sessions. (See A.3.a.)

d. Client Access.

Counselors recognize that counseling records are kept for the benefit of clients, and therefore provide access to records and copies of records when requested by competent clients, unless the records contain information that may be misleading and detrimental to the client. In situations involving multiple clients, access to records is limited

to those parts of records that do not include confidential information related to another client. (See A.8., B.1.a., B.2.b.)

e. Disclosure or Transfer.

Counselors obtain written permission from clients to disclose or transfer records to legitimate third parties unless exceptions to confidentiality exist as listed in Section B.1. Steps are taken to ensure that receivers of counseling records are sensitive to their confidential nature.

B.5. Research and Training.

a. Data Disguise Required.

Use of data derived from counseling relationships for purposes of training, research, or publication is confined to content that is disguised to ensure the anonymity of the individuals involved. (See B.1.g. and G.3.d.)

b. Agreement for Identification.

Identification of a client in a presentation or publication is permissible only when the client has reviewed the material and has agreed to its presentation or publication. (See G.3.d.)

B.6. Consultation

a. Respect for Privacy.

Information obtained in a consulting relationship is discussed for professional purposes only with persons clearly concerned with the case. Written and oral reports present data germane to the purposes of the consultation, and every effort is made to protect client identity and avoid undue invasion of privacy.

b. Cooperating Agencies .Before sharing information, counselors make efforts to ensure that there are defined policies in other agencies serving the counselor's clients that effectively protect the confidentiality of information.

SECTION C: PROFESSIONAL RESPONSIBILITY

C.1. Standards Knowledge

Counselors have a responsibility to read, understand, and follow the Code of Ethics and the Standards of Practice.

C.2. Professional Competence

a. Boundaries of Competence.

Counselors practice only within the boundaries of their competence, based on their education, training, supervised experience, state and national professional credentials,

Arkansas Substance Abuse Certification Board and appropriate professional experience. Counselors will demonstrate a commitment to gain knowledge, personal awareness, sensitivity, and skills pertinent to working with a diverse client population.

b. New Specialty Areas of Practice.

Counselors practice in specialty areas new to them only after appropriate education, training, and supervised experience. While developing skills in new specialty areas, counselors take steps to ensure the competence of their work and to protect others from possible harm.

c. Qualified for Employment.

Counselors accept employment only for positions for which they are qualified by education, training, supervised experience, state and national professional credentials, and appropriate professional experience. Counselors hire for professional counseling positions only individuals who are qualified and competent.

d. Monitor Effectiveness.

Counselors continually monitor their effectiveness as professionals and take steps to improve when necessary. Counselors in private practice take reasonable steps to seek out peer supervision to evaluate their efficacy as counselors.

e. Ethical Issues Consultation.

Counselors take reasonable steps to consult with other counselors or related professionals when they have questions regarding their ethical obligations or professional practice.

(See H.1)

f. Continuing Education.

Counselors recognize the need for continuing education to maintain a reasonable level of awareness of current scientific and professional information in their fields of activity. They take steps to maintain competence in the skills they use, are open to new procedures, and keep current with the diverse and/or special populations with whom they work.

g. Impairment.

Counselors refrain from offering or accepting professional services when their physical, mental or emotional problems are likely to harm a client or others. They are alert to the signs of impairment, seek assistance for problems, and, if necessary, limit, suspend, or terminate their professional responsibilities. (See A.11.c.)

C.3. ADVERTISING AND SOLICITING CLIENTS

a. Accurate Advertising.

Counselors must follow appropriate state and local laws concerning advertising for services. Counselors advertise or represent their services to the public by identifying their

credentials in an accurate manner that is not false, misleading, deceptive, or fraudulent. Counselors may only advertise the highest degree earned which is in counseling or a closely related field from a college or university that was accredited when the degree was awarded by one of the regional accrediting bodies recognized by the Council on Post-secondary Accreditation.

b. Testimonials.

Counselors who use testimonials do not solicit them from clients or other persons who, because of their particular circumstances, may be vulnerable to undue influence.

c. Statements by Others.

Counselors make reasonable efforts to ensure that statements made by others about them or the profession of counseling are accurate.

d. Recruiting Through Employment.

Counselors do not use their places of employment or institution affiliates to recruit or gain clients, supervisees, or consultees for their private practices. (See C.5.c.)

e. Products and Training Advertisements.

Counselors who develop products related to their profession or conduct workshops or training events ensure that the advertisements concerning these products or events are accurate and disclose adequate information for consumers to make informed choices.

f. Promoting to Those Served.

Counselors do not use counseling, teaching, training, or supervisory relationships to promote their products or training events in a manner that is deceptive or would exert undue influence on individuals who may be vulnerable. Counselors may adopt textbooks they have authored for instructional purposes.

g. Professional Association Involvement.

Counselors actively participate in local, state, and national associations that foster the development and improvement of counseling.

C.4. CREDENTIALS

a. Credentials Claimed.

Counselors claim or imply only professional credentials possessed and are responsible for correcting any known misrepresentations of their credentials by others.

b. Credential Guidelines.

Counselors follow guidelines for use of credentials that have been established by the entities that issue the credentials.

c. Misrepresentation of Credentials.

Counselors do not attribute more to their credentials than the credentials represent and

do not imply that other counselors are not qualified because they do not possess certain credentials.

d. Doctoral Degrees From Other Fields.

Counselors who hold a master's degree in counseling or a closely related mental health field but hold a doctoral degree from other than counseling or a closely related field do not use the title, "Dr.", in their practices and do not announce to the public in relation to their practice or status as a counselor that they hold a doctorate.

C.5. PUBLIC RESPONSIBILITY

a. Nondiscrimination.

Counselors do not discriminate against clients, students, or supervisees in a manner that has a negative impact based on their age, color, culture, disability, ethnic group, gender, race, religion, sexual orientation, or socioeconomic status, or for any other reason. (See A.2.a.)

b. Sexual Harassment.

Counselors do not engage in sexual harassment. Sexual harassment is defined as sexual solicitation, physical advances, or verbal or nonverbal conduct that is sexual in nature, that occurs in connection with professional activities or roles, and that either (1) is unwelcome, is offensive, or creates a hostile workplace environment, and counselors know or are told this; or (2) is sufficiently severe or intense to be perceived as harassment to a reasonable person in the context. Sexual harassment can consist of a single intense or severe act or multiple persistent or pervasive acts.

c. Reports to Third Parties.

Counselors are accurate, honest, and unbiased in reporting their professional activities and judgments to appropriate third parties including courts, health insurance companies, those who are the recipients of evaluation reports, and others. (See B.1.g)

d. Media Presentations.

When counselors provide advice or comment by means of public lectures, demonstrations, radio or television programs, prerecorded tapes, printed articles, mailed material, or other media, they take reasonable precautions to ensure that (1) the statements are based on appropriate professional counseling literature and practice; (2) the statements are otherwise consistent with the Code of Ethics and Standards of Practice; and (3) the recipients of the information are not encouraged to infer that a professional counseling relationship has been established. (See C.6.b)

e. Unjustified Gains.

Counselors do not use their professional positions to seek or receive unjustified personal gains, sexual favors, unfair advantage, or unearned goods or services. (See C.3.d.)

C.6. RESPONSIBILITY TO OTHER PROFESSIONALS

a. Different Approaches.

Counselors are respectful of approaches to professional counseling that differ from their own. Counselors know and take into account the traditions and practices of other professional groups with which they work.

b. Personal Public Statements.

When making personal statements in a public context, counselors clarify that they are speaking from their personal perspectives and that they are not speaking on behalf of all counselors or the profession. (See C.5.d.)

c. Clients Served by Others.

When counselors learn that their clients are in a professional relationship with another mental health professional, they request a release from the clients to inform the other professionals and strive to establish positive and collaborative professional relationships. (See A.4.)

SECTION D: RELATIONSHIPS WITH OTHER PROFESSIONALS

D.1. Relationships with Employers and Employees

a. Role Definition.

Counselors define and describe for their employers and employees the parameters and levels of their professional roles.

b. Agreements.

Counselors establish working agreements with supervisors, colleagues, and subordinates regarding counseling or clinical relationships, confidentiality, adherence to professional standards, distinction between public and private material, maintenance and dissemination of recorded information, workload and accountability. Working agreements in each instance are specified and made known to those concerned.

c. Negative Conditions.

Counselors alert their employers to conditions that may be potentially disruptive or damaging to the counselor's professional responsibilities or that may limit their effectiveness.

d. Evaluation.

Counselors submit regularly to professional review and evaluation by their supervisor or the appropriate representative of the employer.

e. In-Service.

Counselors are responsible for in-service development of self and staff.

f. Goals.

Counselors inform their staff of goals and programs.

g. Practices.

Counselors provide personnel and agency practices that respect and enhance the rights and welfare of each employee and recipient of agency services. Counselors strive to maintain the highest levels of professional services.

h. Personnel Selection and Assignment.

Counselors select competent staff and assign responsibilities compatible with their skills and experiences.

i. Discrimination.

Counselors, as either employers or employees, do not engage in or condone practices that are inhumane, illegal, or unjustifiable (such as considerations based on age, color, culture, disability, ethnic group, gender, race, religion, sexual orientation, or socioeconomic status) in hiring, promotion, or training. (See A.2.a. and C.5.a.)

j. Professional Conduct.

Counselors have a responsibility both to clients and the agency or institution within which services are performed to maintain high standards of professional conduct.

k. Exploitative Relationships.

Counselors do not engage in exploitative relationships with individuals over whom they have supervisory, evaluative, or instructional control or authority.

l. Employer Policies.

The acceptance of employment in an agency or institution implies that counselors are in agreement with its general policies and principles. Counselors strive to reach agreement with employers as to acceptable standards of conduct that allow for changes in institutional policy conducive to the growth and development of clients.

D.2. Consultation (See B.6., B.4.b)

a. Consultation as an Option.

Counselors may choose to consult with any other professionally competent person about their clients. In choosing consultants, counselors avoid placing the consultant in a conflict of interest situation that would preclude the consultant being a proper party to the counselor's efforts to help the client. Should counselors be engaged in a work setting that compromises this consultation standard, they should consult with other professionals whenever possible to consider justifiable alternatives.

b. Consultant Competency.

Counselors are reasonably certain that they have or the organization represented has the necessary competencies and resources for giving the kind of consulting services needed and that appropriate referral resources are available.

c. Understanding with Clients.

When providing consultation, counselors attempt to develop with their clients a clear understanding of problem definition, goals for change, and predicted consequences of interventions selected.

d. Consultant Goals.

The consulting relationship is one in which client adaptability and growth toward self-direction are consistently encouraged and cultivated. (See A.1.b.)

D.3. Fees for Referral

a. Accepting Fees from Agency Clients.

Counselors refuse a private fee or other remuneration for rendering services to persons who are entitled to such services through the counselor's employing agency or institution. The policies of a particular agency may make explicit provisions for agency clients to receive counseling services from members of its staff in private practice. In such instances, the clients must be informed of other options open to them should they seek private counseling services. (See A.10.a., A.11.b., and C.3.d.)

b. Referral Fees.

Counselors do not accept a referral fee from other professionals, agencies or institutions.

D.4. Subcontractor Arrangements

When counselors work as subcontractors for counseling services for a third party, they have a duty to inform clients of the limitations of confidentiality that the organization may place on counselors providing counseling services to clients. The limits of such confidentiality ordinarily are discussed as part of the intake session. (See B.1.e., and B.1.f.)

SECTION E: EVALUATION, ASSESSMENT, AND INTERPRETATION (See C.2.a)

E.1. General

a. Appraisal Techniques.

The primary purpose of assessment is to provide measures that are objective and interpretable in either comparative or absolute terms. Counselors recognize the need to interpret the statements in this section as applying to the whole range of appraisal techniques including test and non-test data.

b. Client Welfare.

Counselors promote the welfare and best interests of the client in the development, publication, and utilization of assessment techniques. They do not misuse assessment

results and interpretations and take reasonable steps to prevent others from misusing the information these techniques provided. They respect the client's right to know the results, the interpretations made, and the basis for their conclusions and recommendations.

E.2. Competence to Use and Interpret Tests (See C.2.a)

a. Limits of Competence.

Counselors recognize the limits of their competence and perform only those testing and assessment services for which they have been trained. They are familiar with reliability, validity, related standardization, error of measurement, and proper application of any technique utilized. Counselors using computer based test interpretations are trained in the construct being measured and the specific instrument being used prior to using this type of computer application. Counselors take reasonable measures to ensure the proper use of assessment techniques by persons under their supervision.

b. Appropriate Use.

Counselors are responsible for the appropriate application, scoring, interpretation, and use of assessment instruments whether they score and interpret such tests themselves or use computerized or other services.

c. Decisions Based on Results.

Counselors responsible for decisions involving individuals or policies that are based on assessment results have a thorough understanding of test measurement including validation criteria, test research, and guidelines for test development and use.

d. Accurate Information.

Counselors provide accurate information and avoid false claims or misconceptions when making statements about assessment instruments or techniques. Special efforts are made to avoid unwarranted connotations of such terms as IQ and grade equivalent scores. (See C.5.c.)

E.3. Informed Consent

a. Explanation to Clients.

Prior to assessment, counselors explain the nature and purposes of assessment and the specific use of results in language the client (or other legally authorized person on behalf of the client) can understand unless an explicit exception to this right has been agreed upon in advance. Regardless of whether scoring and interpretation are completed by counselors, by assistants, or by computer or other outside services, counselors take reasonable steps to ensure that appropriate explanations are given to the client.

b. Recipients of Results.

The examinee's welfare, explicit understanding, and prior agreement determine the recipients of test results. Counselors include accurate and appropriate interpretations with any release of individual or group test results. (See B.1.a. and C.5.c.)

E.4. Release of Information to Competent Professionals

a. Misuse of Results.

Counselors do not misuse assessment results, including test results, and interpretations and take reasonable steps to prevent the misuse of such by others. (See C.5.c)

b. Release of Raw Data. (See B.4.b)

Counselors ordinarily release data (e.g. protocols, counseling or interview notes, or questionnaires) in which the client is identified only with consent of the client or the client's legal representative. Such data are usually released only to persons recognized by counselors as competent to interpret the data. (See B.1.a.)

E.5. Proper Diagnosis (See C.2.a.)

a. Proper Diagnosis

Counselors take special care to provide proper diagnosis. Assessment techniques (including personal interview) used to determine client care (e.g. focus of treatment, type of treatment, or recommended follow-up) are carefully selected and appropriately used. (See A.3.a. and C.5.c.)

b. Cultural Sensitivity

Counselors recognize that culture affects the manner in which clients' problems are defined. Clients' socioeconomic and cultural experience is considered when diagnosing substance-related disorders.

E.6. Test Selection (See C.2.a.)

a. Appropriateness of Instruments.

Counselors carefully consider the validity, reliability, limitations, and appropriateness of instruments when selecting tests for use in a given situation or with a particular client.

b. Culturally Diverse Populations.

Counselors are cautious when selecting tests for culturally diverse populations to avoid inappropriateness of testing that may be outside of socialized behavioral or cognitive patterns.

E.7. Conditions of Test Administration (See C.2.a)

a. Administration Conditions.

Counselors administer tests under the same conditions that were established in their standardization. When tests are not administered under standard conditions or when unusual behavior or irregularities occur during the testing session, those conditions are noted in interpretation, and the results may be designated as invalid or of questionable validity.

b. Computer Administration.

Counselors are responsible for ensuring that administration programs function properly to provide clients with accurate results when a computer or other electronic methods are used for test administration. (See A.12.b.)

c. Unsupervised Test-Taking.

Counselors do not permit unsupervised or inadequately supervised use of tests or assessments unless the test or assessments are designed, intended, and validated for self-administration and/or scoring.

d. Disclosure of Favorable Conditions.

Prior to test administration, conditions that produce most favorable test results are made known to the examinee.

E.8. Diversity in Testing

Counselors are cautious in using assessment techniques, making evaluations, and interpreting the performance of populations not represented in the norm group on which an instrument was standardized. They recognize the effects of age, color, culture, disability, ethnic group, gender, race, religion, sexual orientation, and socioeconomic status on test administration and interpretation and place test results in proper perspective with other relevant factors. (See A.2.a.)

E.9. Test Scoring and Interpretation (See C.2.a)

a. Reporting Reservations.

In reporting assessment results, counselors indicate any reservations that exist regarding validity or reliability because of the circumstances of the assessment or the inappropriateness of the norms for the person tested.

b. Research Instruments.

Counselors use caution when interpreting the results of research instruments possessing insufficient technical data to support respondent results. The specific purposes for the use of such instruments are stated explicitly to the examinee.

c. Testing Services.

Counselors who provide test scoring and test interpretation services to support the assessment process confirm the validity of such interpretations. They accurately describe the purpose, norms, validity, reliability, and applications of the procedures and any special qualifications applicable to their use. The public offering of an automated test interpretation service is considered a professional-to-professional consultation. The formal responsibility of the consultant is to the consultee, but the ultimate and overriding responsibility is to the client.

E.10. Test Security

Counselors maintain the integrity and security of tests and other assessment techniques

consistent with legal and contractual obligations. Counselors do not appropriate, reproduce, or modify published tests or parts thereof without acknowledgment and permission from the publisher.

E.11. Obsolete Tests and Outdated Test Results

Counselors do not use data or test results that are obsolete or outdated for the current purpose. Counselors make every effort to prevent the misuse of obsolete measures and test data by others.

E.12. Test Construction (See C.2.a)

Counselors use established scientific procedures, relevant standards, and current professional knowledge for test design in the development, publication, and utilization of assessment techniques.

SECTION F: TEACHING, TRAINING, AND SUPERVISION

F.1. Counselor Educators and Trainers

a. Educator as Teachers and Practitioners.

Counselors who are responsible for developing, implementing, and supervising educational programs are skilled as teachers and practitioners. They are knowledgeable regarding the ethical, legal and regulatory aspects of the profession, are skilled in applying that knowledge, and make trainees, interns and supervisees aware of their responsibilities. Counselors conduct counselor education and training programs in an ethical manner and serve as role models for professional behavior. Counselor educators should make an effort to infuse material related to human diversity into all courses and/or workshops that are designed to promote the development of professional counselors.

b. Relationship Boundaries with Trainees, Interns and Supervisees

Counselors clearly define and maintain ethical, professional, and social relationship boundaries with their trainees, interns and supervisees. They are aware of the differential in power that exists between the supervisor and the trainees, interns or supervisees. Counselors explain to the trainees, interns and supervisees the potential for the relationship to become exploitative.

c. Sexual Relationships.

Counselors do not engage in sexual relationships with trainees, interns or supervisees and do not subject them to sexual harassment. (See A.6. and C.5.b.)

d. Contributions to Research.

Counselors give credit to trainees, interns or supervisees for their contributions to research and scholarly projects. Credit is given through co-authorship, acknowledgement, footnote statement, or other appropriate means in accordance with such contributions. (See G.4.b. and G.4.c.)

e. Close Relatives.

Counselors do not accept close relatives as trainees, interns or supervisees.

f. Supervision Preparation.

Counselors who offer clinical supervision services are adequately prepared in supervision methods and techniques.

g. Responsibility for Services to Clients.

Counselors who supervise the counseling services of others take reasonable measures to ensure that counseling services provided to clients are professional.

h. Endorsement.

Counselors do not endorse trainees, interns or supervisees for certification, licensure, employment, or completion of an academic or training program if they believe trainees, interns or supervisees are not qualified for the endorsement. Counselors take reasonable steps to assist students or supervisees who are not qualified for endorsement to become qualified.

F.2. Counselor Education and Training Programs

a. Orientation.

Prior to admission, Counselors orient prospective trainees, interns or supervisees to the counselor education or training program's expectations including but not limited to the following: (1) the type and level of skill acquisition required for successful completion of the training, (2) subject matter to be covered, (3) basis for evaluation, (4) training components that encourage self-growth or self-disclosure as part of the training process, (5) the type of supervision setting and requirements of the sites for required clinical field experiences, (6) trainees, interns and supervisee evaluation and dismissal policies and procedures, and (7) up-to-date employment prospects.

b. Integration of Study and Practice.

Counselors established counselor education and training programs that integrate academic study and supervised practice.

c. Evaluation.

Counselors clearly state to trainees, interns and supervisees, in advance of training, the levels of competency expected, appraisal methods and timing of evaluations for both didactic and experiential components. Counselors provide trainees, interns and supervisees with periodic performance appraisal and evaluation feedback throughout the training program.

d. Teaching Ethics.

Counselors make trainees, interns and supervisees aware of the ethical responsibilities

and standards of the profession and the trainees, interns and supervisee's ethical responsibilities to the profession. (See C.1. and F.3.e.)

e. Peer Relationships.

When trainees, interns or supervisees are assigned to lead counseling groups or provide clinical supervision for their peers, counselors take steps to ensure that trainees, interns and supervisees placed in these roles do not have personal or adverse relationships with peers and that they understand they have the same ethical obligations as counselor educators, trainers, and supervisors. Counselors make every effort to ensure that the rights of peers are not compromised when trainees, interns or supervisees are assigned to lead counseling groups or provide clinical supervision.

f. Varied Theoretical Positions. (See C.2.a)

Counselors present varied theoretical positions so that students and supervisees may make comparisons and have opportunities to develop their own positions. Counselors provide information concerning the scientific basis of professional practice. (See C.6.a.)

g. Field Placements.

Counselors develop clear policies within their training program regarding field placement and other clinical experiences. Counselors provide clearly stated roles and responsibilities for the trainees, interns or supervisees, the site supervisor, and the program supervisor. They confirm that site supervisors are qualified to provide supervision and are informed of their professional and ethical responsibilities in this role.

h. Dual Relationships as Supervisors.

Counselors avoid dual relationships, such as performing the role of site supervisor and training program supervisor in the trainee's, intern's or supervisee's training program. Counselors do not accept any form of professional services, fees, commissions, reimbursement, or remuneration from a site for trainee, intern or supervisee placement.

i. Diversity in Programs.

Counselors are responsive to their institution and program's recruitment and retention needs for training program administrators, staff, trainees, interns and supervisees with diverse backgrounds and special needs. (See A.2.a.)

F.3. Trainees, Interns and Supervisees

a. Limitations.

Counselors, through ongoing evaluation and appraisal, are aware of the academic and personal limitations of trainees, interns and supervisees that might impede performance. Counselors assist trainees, interns and supervisees in securing remedial assistance when needed and dismiss from the training program trainees, interns and supervisees who are unable to provide competent service due to academic or personal limitations. Counselors seek professional consultation and document their decision to dismiss or refer trainees, interns or supervisees for assistance. Counselors assure that trainees, interns and supervisees have recourse to address decisions made, to require them to seek

assistance, or to dismiss them.

b. Self-Growth Experiences.

Counselors use professional judgment when designing training experiences conducted by the counselors themselves that require trainees, interns and supervisee self-growth or self-disclosure. Safeguards are provided so that trainees, interns and supervisees are aware of the ramifications their self-disclosure may have on counselors whose primary role as teacher, trainer, or supervisor requires on ethical obligations to the profession. Evaluative components of experiential training experiences explicitly delineate predetermined academic standards that are separate and not dependent on the trainees', interns' or supervisees' level of self-disclosure. (See A.6.)

c. Counseling for Trainees, Interns and Supervisees.

If trainees, interns or supervisees request counseling, supervisors or counselor educator provide them with acceptable referrals. Supervisors or counselor educators do not serve as counselors to trainees, interns or supervisees over whom they hold administrative, teaching, or evaluative roles unless this is a brief role associated with a training experience. (See A.6.b.)

d. Clients of Trainees, Interns and Supervisees.

Counselors make every effort to ensure that the clients at field placements are aware of the services rendered and the qualifications of the trainees, interns and supervisees rendering those services. Clients receive professional disclosure information and are informed of the limits of confidentiality. Client permission is obtained in order for the trainees, interns and supervisees to use any information concerning the counseling relationship in the training process. (See B.1.e.)

e. Standards for Trainees, Interns and Supervisees.

Trainees, interns and supervisees preparing to become counselors adhere to the Code of Ethics and the Standards of Practice. Trainees, interns and supervisees have the same obligations to clients as those required of counselors. (See H.1.)

SECTION G: RESEARCH AND PUBLICATION (See C.2a)

G.1. Research Responsibilities (See C.2.a)

a. Use of Human Subjects.

Counselors plan, design, conduct, and report research in a manner consistent with pertinent ethical principles, federal and state laws, host institutional regulations, and scientific standards governing research with human subjects. Counselors design and conduct research that reflects cultural sensitivity appropriateness.

b. Deviation from Standard Practices.

Counselors seek consultation and observe stringent safeguards to protect the rights of

research participants when a research problem suggests a deviation from standard acceptable practices. (See B.6.)

c. *Precautions to avoid Injury.*

Counselors who conduct research with human subjects are responsible for the subject's welfare throughout the experiment and take reasonable precautions to avoid causing injurious psychological, physical, or social effects to their subjects.

d. *Principal Researcher Responsibility.*

The ultimate responsibility for ethical research practice lies with the principal researcher. All others involved in the research activities share ethical obligations and full responsibility for their own actions.

e. *Minimal Interference.*

Counselors take reasonable precautions to avoid causing disruptions in subject's lives due to participation in research.

f. *Diversity.*

Counselors are sensitive to diversity and research issues with special populations. They seek consultation when appropriate. (See A.2.a. and B.6.)

G.2. Informed Consent

a. *Topics Disclosed.*

In obtaining informed consent for research, counselors use language that is understandable to research participants and that (1) accurately explains the purpose and procedures to be followed; (2) identifies any procedures that are experimental or relatively untried; (3) describes the attendant discomforts and risks; (4) describes the benefits or changes in individuals and organizations that might be reasonably expected; (5) discloses appropriate alternative procedures that would be advantageous for subjects; (6) offers to answer any inquiries concerning the procedures; (7) describes any limitations on confidentiality; and (8) instructs that subjects are free to withdraw their consent and to discontinue participation in the project at any time. (See B.1.f.)

b. *Deception.*

Counselors do not conduct research involving deception.

c. *Voluntary Participation.*

Participation in research is typically voluntary and without penalty for refusal to participate. Involuntary participation is appropriate only when it can be demonstrated that participation will have no harmful effects on subjects and is essential to the investigation.

d. *Confidentiality of Information.*

Information obtained about research participants during the course of an investigation is confidential. When the possibility exists that others may obtain access to such information, ethical research practice requires that the possibility, together with the plans for protecting confidentiality, be explained to participants as a part of the procedure for obtaining informed consent. (See B.1.e.)

e. Persons Incapable of Giving Informed Consent.

When a person is incapable of giving informed consent, counselors provide an appropriate explanation, obtain agreement for participation and obtain appropriate consent from a legally authorized person.

f. Commitments to Participants.

Counselors take reasonable measures to honor all commitments to participants.

g. Explanations After Data Collection.

After data is collected, counselors provide participants with full clarification of the nature of the study to remove any misconceptions. Where scientific or human values justify delaying or withholding information, counselors take reasonable measures to avoid causing harm.

h. Agreements to Cooperate.

Counselors who agree to cooperate with another individual in research or publication incur an obligation to cooperate as promised in terms of punctuality of performance and with regard to the completeness and accuracy of the information required.

i. Informed Consent for Sponsors.

In the pursuit of research, counselors give sponsors, institutions, and publication channels the same respect and opportunity for giving informed consent that they accord to individual research participants. Counselors are aware of their obligation to future research workers and ensure that host institutions are given feedback information and proper acknowledgement.

G.3. Reporting Results

a. Information Affecting Outcome.

When reporting research results, counselors explicitly mention all variables and conditions known to the investigator that may have affected the outcome of a study or the interpretation of data.

b. Accurate Results.

Counselors plan, conduct and report research accurately and in a manner that minimizes the possibility that results will be misleading. They provide thorough discussions of the limitations of their data and alternative hypotheses. Counselors do not engage in

fraudulent research, distort data, misrepresent data, or deliberately bias their results.

c. Obligations to Report Unfavorable Results.

Counselors communicate to other counselors the results of any research judged to be of professional value. Results that reflect unfavorably on institutions, programs, services,

prevailing opinions, or vested interests are not withheld.

d. Identity of Subjects.

Counselors who supply data, aid in the research of another person, report research results, or make original data available take due care to disguise the identity of respective subjects in the absence of specific authorization from the subjects to do otherwise. (See B.1.g. and B.5.a.)

e. Replication Studies.

Counselors are obligated to make available sufficient original research data to qualified professionals who may wish to replicate the study.

G.4. Publication

a. Recognition of Others.

When conducting and reporting research, counselors are familiar with and give recognition to previous work on the topic, observe copyright laws, and give full credit to those to whom credit is due. (See F.1.d. and G.4.c.)

b. Contributors.

Counselors give credit through joint authorship, acknowledgment, footnote statements, or other appropriate means to those who have contributed significantly to research or concept development in accordance with such contributions. The principal contributor is listed first and minor technical or professional contributions are acknowledged in notes or introductory statements.

c. Student's Research.

For an article that is substantially based on a student's dissertation or thesis, the student is listed as the principal author. (See F.1.d. and G.4.a.)

d. Duplicate Submission.

Counselors submit manuscripts for consideration to only one journal at a time. Manuscripts that are published in whole or in substantial part in another journal or published work are not submitted for publication without acknowledgment and permission from the previous publication.

e. Professional Review.

Counselors who review material submitted for publication, research, or other scholarly purposes respect the confidentiality and proprietary rights of those who submitted it.

SECTION H: RESOLVING ETHICAL ISSUES

H.1. Knowledge of Standards

Counselors are familiar with the Code of Ethics and the Standards of Practice and other applicable ethics codes from other professional organizations of which they are members or from certification and licensure bodies. Lack of knowledge or misunderstanding of an ethical responsibility is not a defense against a charge of unethical conduct. (See F.3.e)

H.2. Suspected Violations

a. Ethical Behavior Expected.

Counselors expect professional associates to adhere to the Code of Ethics. When counselors possess reasonable cause that raises doubts as to whether a counselor is acting in an ethical manner, they take appropriate action. (See H.2.d. and H.2.e.)

b. Consultation.

When uncertain as to whether a particular situation or course of action may be in violation of the Code of Ethics, counselors consult with other counselors who are knowledgeable about ethics, with colleagues, or with appropriate authorities.

c. Organization Conflicts.

If the demands of an organization with which counselors are affiliated pose a conflict with the Code of Ethics, counselors specify the nature of such conflicts and express to their supervisors or other responsible officials their commitment to the Code of Ethics. When possible, counselors work to change within the organization to allow full adherence to the Code of Ethics.

d. Informal Resolution.

When counselors have reasonable cause to believe that another counselor is violating an ethical standard, they attempt to first resolve the issue informally with the other counselor if feasible, providing that such action does not violate confidentiality rights that may be involved.

e. Reporting Suspected Violations.

When an informal resolution is not appropriate or feasible, counselors, upon reasonable cause, take action, such as reporting the suspected violation to the ASACB ethics committee, unless this action conflicts with confidentiality rights that cannot be resolved.

f. Unwarranted Complaints.

Counselors do not initiate, participate in, or encourage the filing of ethics complaints that are unwarranted or intend to harm a counselor rather than to protect the public.

H.3. Cooperation with Ethics Committees

Counselors assist in the process of enforcing the Code of Ethics. Counselors cooperate with investigations, proceedings, and requirements of the ASACB Ethics Committee or ethics committees of other duly constituted associations or boards having jurisdiction over those charged with a violation. Counselors are familiar with the ASACB policies and procedures and use it as a reference in assisting the enforcement of the Code of Ethics.

Confidentiality of Information.

Information obtained about research participants during the course of an investigation is confidential. When the possibility exists that others may obtain access to such information, ethical research practice requires that the possibility, together with the plans for protecting confidentiality, be explained to participants as a part of the procedure for obtaining informed consent. (See B.1.e.)

e. Persons Incapable of Giving Informed Consent.

When a person is incapable of giving informed consent, counselors provide an appropriate explanation, obtain agreement for participation and obtain appropriate consent from a legally authorized person.

f. Commitments to Participants.

Counselors take reasonable measures to honor all commitments to participants.

g. Explanations After Data Collection.

After data is collected, counselors provide participants with full clarification of the nature of the study to remove any misconceptions. Where scientific or human values justify delaying or withholding information, counselors take reasonable measures to avoid causing harm.

h. Agreements to Cooperate.

Counselors who agree to cooperate with another individual in research or publication incur an obligation to cooperate as promised in terms of punctuality of performance and with regard to the completeness and accuracy of the information required.

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In the pursuit of research, counselors give sponsors, institutions, and publication channels the same respect and opportunity for giving informed consent that they accord to individual research participants. Counselors are aware of their obligation to future research workers and ensure that host institutions are given feedback information and proper acknowledgement.

G.3. Reporting Results

f. Information Affecting Outcome.

When reporting research results, counselors explicitly mention all variables and conditions known to the investigator that may have affected the outcome of a study or the

interpretation of data.

g. Accurate Results.

Counselors plan, conduct and report research accurately and in a manner that minimizes the possibility that results will be misleading. They provide thorough discussions of the limitations of their data and alternative hypotheses. Counselors do not engage in fraudulent research, distort data, misrepresent data, or deliberately bias their results.

h. Obligations to Report Unfavorable Results.

Counselors communicate to other counselors the results of any research judged to be of professional value. Results that reflect unfavorably on institutions, programs, services, prevailing opinions, or vested interests are not withheld.

i. Identity of Subjects.

Counselors who supply data, aid in the research of another person, report research results, or make original data available take due care to disguise the identity of respective subjects in the absence of specific authorization from the subjects to do otherwise. (See B.1.g. and B.5.a.)

j. Replication Studies.

Counselors are obligated to make available sufficient original research data to qualified professionals who may wish to replicate the study.

G.4. Publication

f. Recognition of Others.

When conducting and reporting research, counselors are familiar with and give recognition to previous work on the topic, observe copyright laws, and give full credit to those to whom credit is due. (See F.1.d. and G.4.c.)

g. Contributors.

Counselors give credit through joint authorship, acknowledgment, footnote statements, or other appropriate means to those who have contributed significantly to research or concept development in accordance with such contributions. The principal contributor is listed first and minor technical or professional contributions are acknowledged in notes or introductory statements.

h. Student's Research.

For an article that is substantially based on a student's dissertation or thesis, the student is listed as the principal author. (See F.1.d. and G.4.a.)

i. Duplicate Submission.

Counselors submit manuscripts for consideration to only one journal at a time. Manuscripts that are published in whole or in substantial part in another journal or

published work are not submitted for publication without acknowledgment and permission from the previous publication.

j. Professional Review.

Counselors who review material submitted for publication, research, or other scholarly purposes respect the confidentiality and proprietary rights of those who submitted it.

SECTION H: RESOLVING ETHICAL ISSUES

H.1. Knowledge of Standards

Counselors are familiar with the Code of Ethics and the Standards of Practice and other applicable ethics codes from other professional organizations of which they are members or from certification and licensure bodies. Lack of knowledge or misunderstanding of an ethical responsibility is not a defense against a charge of unethical conduct. (See F.3.e)

H.2. Suspected Violations

f. Ethical Behavior Expected.

Counselors expect professional associates to adhere to the Code of Ethics. When counselors possess reasonable cause that raises doubts as to whether a counselor is acting in an ethical manner, they take appropriate action. (See H.2.d. and H.2.e.)

g. Consultation.

When uncertain as to whether a particular situation or course of action may be in violation of the Code of Ethics, counselors consult with other counselors who are knowledgeable about ethics, with colleagues, or with appropriate authorities.

h. Organization Conflicts.

If the demands of an organization with which counselors are affiliated pose a conflict with the Code of Ethics, counselors specify the nature of such conflicts and express to their supervisors or other responsible officials their commitment to the Code of Ethics. When possible, counselors work to change within the organization to allow full adherence to the Code of Ethics.

i. Informal Resolution.

When counselors have reasonable cause to believe that another counselor is violating an ethical standard, they attempt to first resolve the issue informally with the other counselor if feasible, providing that such action does not violate confidentiality rights that may be involved.

IV. Standards of Practice 1-51

A. Standards of Practice

All members of the ASACB are required to adhere to the Standards of Practice and the Code of Ethics. The Standards of Practice represent minimal behavioral statements of the Code of Ethics. Members should refer to the applicable section of the Code of Ethics for further interpretation and amplification of the applicable Standard of Practice.

SECTION A: THE COUNSELING RELATIONSHIP

Standard of Practice One (SP-1): Nondiscrimination

Counselors respect diversity and must not discriminate against clients because of age, color, culture, disability, ethnic group, gender, race, religion, sexual orientation, marital status, or socioeconomic status. (See A.2.a.)

Standard of Practice Two (SP-2): Disclosure to Clients

Counselors must adequately inform clients, preferably in writing, regarding the counseling process and counseling relationship at or before the time it begins and throughout the relationship. (See A.3.a.)

Standard of Practice Three (SP-3): Dual Relationships

Counselors must make every effort to avoid dual relationships with clients that could impair their judgment or increase the risk of harm to clients. When a dual relationship cannot be avoided, counselors must take appropriate steps to ensure that judgment is not impaired and that no exploitation occurs. (See A.6.a. and A.6.b.)

Standard of Practice Four (SP-4): Sexual Intimacies with Clients

Counselors must not engage in any type of sexual intimacies with current clients and must not engage in sexual intimacies with former clients within a minimum of two years after terminating the counseling relationship. Counselors who engage in such a relationship have the responsibility to thoroughly examine and document that such relations did not have an exploitative nature.

Standard of Practice Five (SP-5): Protecting Clients During Group Work

Counselors must take steps to protect clients from physical or psychological trauma resulting from interactions during group work. (See A.9.b.)

Standard of Practice Six (SP-6): Advance Understanding of Fees

Counselors must explain to clients, prior to their entering the counseling relationship, financial arrangements related to professional services. (See A.10.a-d. and A.11.c.)

Standard of Practice Seven (SP-7): Termination

Counselors must assist in making appropriate arrangements for the continuation of treatment of clients, when necessary, following termination of counseling relationships. (See A.11.a.)

Standard of Practice Eight (SP-8): Inability to Assist Clients

Counselors must avoid entering or immediately terminate a counseling relationship if it is determined that they are unable to be of professional assistance to a client. The counselor may assist in making an appropriate referral for the client. (See A.11.b.)

SECTION B: CONFIDENTIALITY

For all issues pertaining to confidentiality, counselors should reference Confidentiality: A Guide to the New Federal Regulations placing emphasis on CFR 42 – Part 2.

Standard of Practice Nine (SP-9): Confidentiality Requirement

Counselors must keep information related to counseling services confidential unless disclosure is in the best interest of clients, is required for the welfare of others, or is required by law. When disclosure is required, only information that is essential is revealed and the client is informed of such disclosure. (See B.1.a-f. and CFR-42 part 2)

Standard of Practice Ten (SP-10): Confidentiality Requirements for Subordinates

Counselors must take measures to ensure that subordinates maintain privacy and confidentiality of clients. (See B.1.h.)

Standard of Practice Eleven (SP-11): Confidentiality in Group Work

Counselors must clearly communicate to group members that confidentiality cannot be guaranteed in group work. (See B.2.a.)

Standard of Practice Twelve (SP-12): Confidentiality in Family Counseling

Counselors must not disclose information about one family member in counseling to another family member without prior consent. (See B.2.b.)

Standard of Practice Thirteen (SP-13): Confidentiality of Records

Counselors must maintain appropriate confidentiality in creating, storing, accessing, transferring, and disposing of counseling records. (See B.4.b)

Standard of Practice Fourteen (SP-14): Permission to Record or Observe

Counselors must obtain prior consent from clients in order to electronically record or observe sessions. (See B.4.c.)

Standard of Practice Fifteen (SP-15): Disclosure or Transfer of Records

Counselors must obtain client consent to disclose or transfer records to third parties unless exceptions listed in SP-9 exist. (See B.4.e.)

Standard of Practice Sixteen (SP-16): Data Disguise Required

Counselors must disguise the identity of the client when using data for training, research, or publication. (See B.5.a)

SECTION C: PROFESSIONAL RESPONSIBILITY

Standard of Practice Seventeen (SP-17): Boundaries of Competence

Counselors must practice only within the boundaries of their competence. (See C.2.a.)

Standard of Practice Eighteen (SP 18): Continuing Education

Counselors must engage in continuing education to maintain their professional competence (See C.2.f.)

Standard of Practice Nineteen (SP-19): Impairment of Professionals

Counselors must refrain from offering professional services when their personal problems or conflicts may cause harm to a client or others. (See C.2.g.)

Standard of Practice Twenty (SP-20): Accurate Advertising

Counselors must accurately represent their credentials and services when advertising. (See C.3.a.)

Standard of Practice Twenty-One (SP-21): Recruiting Through Employment

Counselors must not use their place of employment or institutional affiliation to recruit clients for their private practices. (See C.3.d.)

Standard of Practice Twenty-Two (SP-22): Credentials Claimed

Counselors must claim or imply only professional credentials possessed and must correct any known misrepresentations of their credentials by others. (See C.4.a.)

Standard of Practice Twenty-Three (SP-23): Sexual Harassment

Counselors must not engage in sexual harassment. (See C.5.b.)

Standard of Practice Twenty-Four (SP-24): Unjustified Gains

Counselors must not use their professional positions to seek or receive unjustified personal gains, sexual favors, unfair advantage, or unearned goods or services. (See C.5.e.)

Standard of Practice Twenty-Five (SP-25): Clients Served by Others

With the consent of the client, counselors must inform other mental health professionals serving the same client that a counseling relationship between the counselor and client exists. (See C.6.c.)

Standard of Practice Twenty-Six (SP-26): Negative Employment Conditions

Counselors must alert their employers to institutional policy or conditions that may be potentially disruptive or damaging to the counselor's professional responsibilities or that may limit their effectiveness or deny client's rights. (See D.1.c.)

Standard of Practice Twenty-Seven (SP-27): Personnel Selection and Assignment

Counselors must select competent staff and must assign responsibilities compatible with staff skills and experiences. (See D.1.h.)

Standard of Practice Twenty-Eight (SP-28): Exploitative Relationships with Subordinates

Counselors must not engage in exploitative relationships with individuals over whom they have supervisory, evaluative, or instructional control or authority. (See D.1.k.)

SECTION D: RELATIONSHIP WITH OTHER PROFESSIONALS

Standard of Practice Twenty-Nine (SP-29): Accepting Fees From Agency Clients

Counselors must not accept fees or other remuneration for consultation with persons entitled to such services through the counselor's employing agency or institution. (See D.3.a.)

Standard of Practice Thirty (SP-30): Referral Fees

Counselors must not accept referral fees. (See D.3.b.)

SECTION E: EVALUATION, ASSESSMENT, AND INTERPRETATION

Standard of Practice Thirty-One (SP-31): Limits of Competence

Counselors must perform only testing and assessment services for which they are competent. Counselors must not allow the use of assessment techniques by unqualified persons under their supervision. (See E.2.a.)

Standard of Practice Thirty-Two (SP-32): Appropriate Use of Assessment Instruments

Counselors must use assessment instruments in the manner for which they were intended. (See E.2.b.)

Standard of Practice Thirty-Three (SP-33): Assessment Explanations to Clients

Counselors must provide explanations to clients prior to assessment about the nature and purposes of assessment and the specific uses of results. (See E.3.a.)

Standard of Practice Thirty-Four (SP-34): Recipients of Test Results

Counselors must ensure that accurate and appropriate interpretations accompany any release of testing and assessment information. (See E.3.b.)

Standard of Practice Thirty-Five (SP-35): Obsolete Test and Outdated Test Results

Counselors must not base their assessment or intervention decisions or recommendations on data or test results that are obsolete or outdated for the current purpose. (See E.11.)

SECTION F: TEACHING, TRAINING, AND SUPERVISION

Standard of Practice Thirty-Six (SP-36): Sexual Relationships with Trainees, Interns or Supervisees

Counselors must not engage in sexual relationships with their trainees, interns and supervisees. (See F.1.c.)

Standard of Practice Thirty-Seven (SP-37): Credit for Contributions to Research

Counselors must give credit to trainees, interns or supervisees for their contributions to research and scholarly projects. (See F.1.d.)

Standard of Practice Thirty-Eight (SP-38): Supervision Preparation

Counselors who offer clinical supervision services must be trained and prepared in supervision methods and techniques. (See F.1.f.)

Standard of Practice Thirty-Nine (SP-39): Evaluation Information

Counselors must clearly state to trainees, interns and supervisees, in advance of training, the levels of competency expected, appraisal methods, and timing of evaluations. Counselors must provide trainees, interns and supervisees with periodic performance appraisal and evaluation feedback throughout the training program. (See F.2.c.)

Standard of Practice Forty (SP-40): Peer Relationships in Training

Counselors must make every effort to ensure that the rights of peers are not violated when trainees, interns and supervisees are assigned to lead counseling groups or provide clinical supervision.

Standard of Practice Forty-One (SP-41): Limitations of Students and Supervisees

Counselors must assist trainees, interns and supervisees in securing remedial assistance, when needed, and must dismiss from training program trainees, interns and supervisees who are unable to provide competent service due to academic or personal limitations.

Standard of Practice Forty-Two (SP-42): Self-Growth Experiences

Counselors who conduct experiences for trainees, interns or supervisees that include self-growth or self-disclosure must inform participants of counselors' ethical obligations to the profession and must not grade participants based on their nonacademic performance. (See F.3.b.)

Standard of Practice Forty-Three (SP-43): Standards for Students and Supervisees

Trainees, interns and supervisees preparing to become counselors must adhere to the Code of Ethics and the Standards of Practice of counselors. (See F.3.e.)

SECTION G: RESEARCH AND PUBLICATION

Standard of Practice Forty-Four (SP-44): Precautions to Avoid Injury in Research

Counselors must avoid causing physical, social, or psychological harm or injury to subjects in research. (See G.1.c.)

Standard of Practice Forty-Five (SP-45): Confidentiality of Research Information

Counselors must keep confidential information obtained about research participants. (See G.2.d.)

Standard of Practice Forty-Six (SP-46): Information Affecting Research Outcome

Counselors must report all variables and conditions known to the investigator that may have affected research data or outcomes. (See G.3.a.)

Standard of Practice Forty-Seven (SP-47): Accurate Research Results

Counselors must not distort or misrepresent research data nor fabricate or intentionally bias research results. (See G.3.b.)

Standard of Practice Forty-Eight (SP-48): Publication Contributors

Counselors must give appropriate credit to those who have contributed to research. (See G.4.a. and G.4.b)

SECTION H: RESOLVING ETHICAL ISSUES

Standard of Practice Forty-Nine (SP-49): Ethical Behavior Expected

Counselors must take appropriate action when they possess reasonable cause that raises doubts as to whether counselors or other mental health professionals are acting in an ethical manner. (See H.2.a.)

Standard of Practice Fifty (SP-50): Unwarranted Complaints

Counselors must not initiate, participate in, or encourage the filing of ethics complaints that are unwarranted or intended to harm a mental health professional rather than to protect clients or the public. (See H.2.f.)

Standard of Practice Fifty-One (SP-51): Cooperation with Ethics Committees

Counselors must cooperate with investigations, proceedings, and requirements of the

ASACB Ethics Committee or ethics committees of other duly constituted associations or boards having jurisdiction over those charged with a violation. (See H.3.) Counselors are required to see the formal complaint through to its conclusion. Failure to comply may result in an ethical violation in and of itself. [See Section J.10.]

B. Policy And Procedure For Interpretation Of Ethical Standards

Section A: Appropriate Requests

1. Counselors may request that the Ethics Committee issue formal interpretations of the ASACB Code of Ethics for the purpose of guiding the counselor's own professional behavior.
2. Counselors may request that the Ethics Committee determine if the behavior of another counselor is unethical. In the event an ASACB member believes the behavior of another counselor is unethical, the ASACB member should resolve the issue directly with the professional, if possible, and should file an ethical complaint if appropriate.

Section B: Procedures

1. Counselors must send written requests for interpretations to the Ethics Committee through the ASACB office.
2. Questions should be submitted in the following format: "Does (counselor behavior) violate Sections _____ or any other sections of the ASACB Ethical Standards?" Questions should avoid unique details, be general in nature to the extent possible, and be brief.
3. The ASACB administrator will revise the question, if necessary, and submit it to the Committee Co-Chair for approval.
4. The question will be sent to Ethics Committee members who will be asked to respond individually.
5. The Ethics Committee Co-Chair will develop a consensus interpretation on behalf of the Ethics Committee.
6. The consensus interpretation will be sent to members of the Ethics Committee for final approval.
7. The formal interpretation will be sent to the counselor who submitted the inquiry.
8. The question and the formal interpretation will be published in the ASACB newsletter, but the identity of the counselor requesting the interpretation will not be disclosed.

C. Policy & Procedure-Processing Complaints/Ethical Violations

Section A: General

1. The Arkansas Substance Abuse Certification Board hereafter referred to as the "Board" or "ASACB" is dedicated to enhancing human development and promoting the counseling profession.
2. The Board, in furthering its objectives, administers the Code of Ethics and Standards of Practice developed and approved by the ASACB.
3. The purpose of this document is to facilitate the work of the ASACB Ethics Committee by specifying the procedures for processing cases of alleged violations of the ASACB Code of Ethics, codifying options for sanctioning members, and stating appeals procedures. This document is to be used as a supplement to the ASACB Code of Ethics, not as a substitute. The intent of the Certification Board is to monitor the professional conduct of counselors to promote sound ethical practices. The ASACB does not however, warrant the performance of any individual.

Section B: Ethics Committee Members

1. The ASACB Ethics Committee, a standing committee of the Certification Board, consists of seven (7) members of the ASACB, the elected officers (President, Vice-President, Treasurer, and Secretary) and two (2) Co-Chairs appointed by the President, and one (1) member-at-large appointed by the President.
2. One (1) of the Committee Co-Chairs is appointed annually by the President-Elect from among the Certification Board members who have two (2) years of service remaining and serves as Co-Chair for two (2) years.

Section C: Role and Function

1. The Ethics Committee is responsible for
 - a. Educating those registered with the ASACB as to the Code of Ethics;
 - b. Periodically reviewing and recommending changes in the Code of Ethics of the ASACB, as well as Policies and Procedures for processing complaints of ethical violations;
 - c. Processing complaints received by the Administrator of alleged violations of the Code of Ethics of the ASACB;
 - d. Receiving and processing requests for interpretations.
2. The Committee shall meet monthly in person or in cases of emergency by telephone conference for processing complaints or for interpretations.

3. In processing complaints about alleged ethical misconduct, the Ethics Committee will compile an objective, factual account of the dispute in question and make the best possible recommendation for the resolution of the case. The Ethics Committee, in taking any action, shall do so only for cause, shall only take a reasonable degree of disciplinary action, shall utilize these procedures with objectivity and fairness, and in general, shall act only to further the interests and objectives of the ASACB and the public.
4. Of the seven (7) voting members of the committee, a vote of four (4) is necessary to conduct business. In the event a Co-Chair or any other member of the Committee has a personal interest in the case, he or she shall withdraw from reviewing the case. The Co-Chair administering the complaint shall abstain from the vote.
5. In the event an Ethics Committee member recuses himself or herself from a complaint and insufficient voting members are available to conduct business, the President may appoint another ASACB Board member(s) (ad hoc) to maintain the Quorum.

Section D: Responsibilities of the Ethics Committee Members

1. The Ethics Committee members have an obligation to act in an unbiased manner, to work expeditiously, to safeguard the confidentiality of the committee's activities, and to follow procedures established to protect the rights of all individuals involved.

Section E: Responsibilities of the Co-Chairs Administering the Complaint

1. When the Administrator receives a complaint, it will be forwarded to one of the Co-Chairs, and a copy will be sent to the Board attorney. In the event that one of the Co-Chairs administering the complaint has a conflict of interest in a particular case, the other Co-Chair shall administer the complaint. The Co-Chair administering the complaint shall not have a vote in the decision. The Co-chairs delegate the complaint for investigation to one Co-Chair and one or more Ethics committee members for investigation. The remaining Co-Chair and Ethics committee members will recuse themselves from the investigation so that they may hear the complaint and evidence from the investigation without prior knowledge that might influence their judgment if the matter should come before the Ethics committee.
2. In addition to the above guidelines for members of the Ethics Committee, the Co-Chairs, with the assistance of the ASACB Administrator (and legal counsel where necessary) have the responsibilities of:
 - a. Receiving complaints;
 - b. Determining whether the alleged behavior(s), if true, would violate the ASACB Code of Ethics and whether the Ethics Committee should review the complaint under these rules. The designated investigating Co-Chair and the assigned investigative members will then conduct a detailed assessment of

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any and all allegations in the complaint. If the investigative Co-Chair and selected members of the investigative team find that the allegations are unsubstantiated by the facts, or if the facts were true, there would be no violation of the Code of Ethics, they will issue a recommendation to the ethics committee to dismiss the complaint and to notify the complainant.

- c. If the investigative team finds that if the allegations are substantiated by a preponderance of the evidence and would constitute a violation of the Code of Ethics, or if the complainant wishes to pursue the action upon notice that no ethics violations were found, the investigative team will then notify the complainant and the charged counselor by certified mail, return receipt requested.
- d. The investigative team will also notify the Ethics committee, the Administrator, and the Board attorney of the need for a hearing before the remaining members of the Ethics committee.
- e. The investigative team will conduct any further investigation into the allegations it deems necessary, including, but not limited to requesting further information from all parties to the action and from witnesses. Within the time lines specified, a hearing will be conducted by the members of the Ethics committee. The investigative team will present its case for either dismissal of the charges or for the need for disciplinary action to the reviewing members of the Ethics committee who did not participate in the investigation. The investigative Co-Chair or its delegate will present the investigative information to the reviewing members of the Ethics committee, chaired by the non-investigative Co-Chair. Once all the evidence is presented by all involved parties, the reviewing members of the Ethics committee will decide the issues by a simple majority.
- f. Presiding over meetings of the Ethics Committee;
- g. Preparing and sending, by certified mail, communications to the complainant and charged counselor on the recommendations and decisions of the Ethics Committee; and
- h. Arranging for legal advice with the assistance and financial approval of the ASACB.

Section F: Jurisdiction

1. The Ethics Committee will consider whether individuals have violated the ASACB Code of Ethics if those individuals:
 - a. Are currently certified by the ASACB;
 - b. Are registered with the ASACB, in the process of becoming certified as an alcohol and drug counselor,
 - c. Were certified or registered when the alleged violations occurred.

Section G: Eligibility to File Complaints

1. The Ethics Committee will receive complaints that counselors have violated one or more sections of the ASACB Code of Ethics from the following individuals:
 - a. Any individual who has reason to believe that a counselor has violated the ASACB Code of Ethics.
 - b. Registered or Certified counselors, or members of other helping professions, who have reason to believe that a counselor has violated the ASACB Code of Ethics.
 - c. The Co-Chair of the Ethics Committee on behalf of the ASACB when the Co-Chair has reason to believe through information received by the Committee that a counselor has violated the ASACB Code of Ethics.
2. If possible, individuals should attempt to resolve complaints directly with charged counselors before filing ethical complaints.
3. Client-identifying information must be accompanied by a signed Release of Information from each client named in the complaint.

Section H: Time Lines

1. The time lines in these standards are guidelines only and have been established to provide a reasonable time framework for processing complaints.
2. Complainants or charged counselors may request extensions of deadlines when appropriate and when requested prior to the existing deadline. Extensions of deadlines will be granted by the Ethics Committee only when justified by unusual circumstance.

Section I: Nature of Communication

1. Only written communications regarding ethical complaints against counselors will be accepted. If telephone inquiries are received regarding the filing of complaints, responding to complaints, or providing information regarding complaints, the individuals will be informed of the written communication requirement and asked to comply.
2. All correspondence related to an ethical complaint must be addressed to:

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Attn: Ethics Committee

Section J: Filing Complaints

1. Only written complaints, signed by complainants, will be considered.

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2. Individuals eligible to file complaints will send a letter outlining the nature of the complaint to the Ethics Committee at the ASACB office. The complaint shall include, if possible,
 - a. The name and address of the complainant;
 - b. The name and address of the charged counselor;
 - c. The names and addresses of any other persons who have knowledge of the facts involved; and
 - d. A brief description of the reason why the complaint is being filed.
3. The ASACB administrator or Ethics Committee designee will communicate in writing with complainants. Receipt of the complaint and confirmation of registration or certification status of the charged counselor as defined in Section F.1 above will be acknowledged to the complainant.
4. If the complaint does not involve a registered or certified counselor as defined in F.1, above, the administrator or Ethics Committee designee will notify the complainant.
5. The complaint will be assigned to one of the Committee Co-Chairs to determine whether the complaint, if true, would violate one or more sections of the Code of Ethics or if the complaint could be properly decided if accepted. If not, the complaint will be forwarded to the other Co-Chair for review, as if a new complaint. If both Co-Chairs determine that a complaint would not violate one or more sections of the Code of Ethics or if the complaint could not be properly decided if accepted, then the complaint will not be accepted and the complainant shall be notified. The complainant will be notified of the decision of the Ethics Committee Co-Chair within thirty (30) days from receipt of the complaint.
6. If the Co-Chair administering the complaint determines that there is insufficient information to make a fair determination of whether the behavior alleged in the complaint would be cause for action by the Ethics Committee, the ASACB administrator or Committee designee may request further information from the complainant or others. They shall be given thirty (30) days from receipt of request to respond.
7. When complaints are accepted, complainants will be informed that copies of the formal complaints plus evidence and documents in support of the complaint will be provided to the charged counselor and that the complainant must authorize release of such information to the charged counselor before the complaint process may proceed.

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8. The ASACB administrator or Ethics Committee designee, after receiving approval of the Committee Co-Chair administering a complaint, will formulate a formal complaint which will be presented to the complainant for his or her signature.
 - a. When the correspondence from complainants is received, and the ASACB administrator or the Ethics Committee designee and Committee Co-Chair administering the complaint will identify all ASACB Code of Ethics that might have been violated if the accusations are true.
 - b. The formal complaint will be sent to complainants with a copy of the Policies and Procedures, a copy of the ASACB Code of Ethics, a verification affidavit form and an authorization to release of information form. Complainants will be asked to sign and return the completed complaint, verification affidavit and authorization to release of information forms. It will be explained to complainants that sections of the codes that might have been violated may be added or deleted by the complainant before signing the formal statement.
 - c. If complainants elect to add or delete sections of the Code of Ethics in the formal complaint, the unsigned formal complaint shall be returned to the ASACB office, and a revised formal complaint will be sent for their signature.
9. When the completed formal complaint, verification affidavit form and authorization to release information form are presented to the complainant for signature, he or she will be asked to submit all evidence and documents he or she wishes to be considered by the Committee in reviewing the complaint. The complainant shall submit all evidence and documentation in support of the claim within thirty (30) days of filing the formal complaint. The Committee may accept, at its discretion, evidence or documentation submitted late if good cause is shown.
10. Counselors may cooperate with investigations, proceedings, and requirements of the ASACB Ethics committee or ethics committee of other duly constituted associations or boards having jurisdiction over those charged with a violation. Counselors are required to see the formal complaint through to its conclusion. Failure to comply may result in an ethical violation in and of itself. [See SP-51.]

Section K: Notice to Charged Counselor

1. Once signed formal complaints have been received, charged counselors will be sent a copy of the formal complaint by U.S. mail, certified, with return receipt requested, a copy of these Policies and Procedures, a copy of the Code of Ethics, notification of their right to request a hearing, (including the time limit within which to request a hearing, and that the failure to request a hearing within the time limit constitutes a waiver of the hearing), ASACB policy of disclosing adverse actions to its members and/or informing state and national boards of a counselor's suspension or revocation, and copies of all evidence and documents submitted in support of the complaint.

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2. Charged counselors will be asked to respond to the complaint against them by addressing each section of the ASACB Code of Ethics they have been accused of having violated. They will be informed that if they wish to respond they must do so in writing within sixty (60) days of receipt of the complaint.
3. Charged counselors will be informed that they must submit all evidence and documents they wish to be considered by the Committee in reviewing the complaint within sixty (60) days of receipt of the complaint.
4. After charged counselors have received notification that a complaint has been brought against them, they will be given sixty (60) days to notify the Committee Co-Chair (via the ASACB office) in writing, by certified mail, if they wish to request a formal, face-to-face hearing before the Committee. Charged counselors may waive their right to a formal hearing before the Committee and shall sign a waiver of the right to a hearing. (See Section O: Hearings).
5. If the Committee Co-Chair determines that there is insufficient information to make a fair determination of whether the behavior alleged in the complaint would be cause for action by the Ethics Committee, the ASACB administrator or Committee designee may request further information from the charged counselor or others. They shall be given thirty (30) days from the receipt of the request to respond.
6. All requests for additional information from others will be accompanied by a verification affidavit form which the information provider will be asked to complete and return.
7. The Committee may, at its discretion, delay or postpone its review of the case with good cause, including if the Committee wishes to obtain additional information. The charged member may request in writing that the Committee delay or postpone its review of the case for good cause.

Section L: Disposition of Complaints Without Hearing

1. After receiving the responses from the charged counselors, Ethics Committee members will be provided copies of (a) the complaint, (b) supporting evidence and documents sent to charged counselors, (c) the response from the charged counselor, and (d) supporting evidence and documents provided by the charged counselor and others.
2. Decisions will be rendered based on the evidence and documents provided by the complainant and the charged counselor or others.
3. The Committee Co-Chair administering a complaint will not participate in the decision regarding that particular complaint.

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4. At the next meeting of the Ethics Committee, the Committee members will discuss the complaint, response, and supporting documentation, if any, and determine the outcome of the complaint.
5. The Ethics Committee will determine whether each Code of Ethics the counselor has been accused of having violated was violated based on the information provided.
6. After deliberations, the Ethics Committee may recommend to the Board to dismiss the complaint or to dismiss charges within the complaint or continue the complaint, requesting further information or schedule a hearing on the complaint.
7. In the event it is determined that any of the ASACB Code of Ethics has been violated, the Ethics Committee will recommend to the Board, for the entire complaint, one or a combination of the possible sanctions allowed.

Section M: Withdrawal of Complaints

1. If the complainant and charged counselor both agree to discontinue the complaint process, the Ethics Committee may, at its discretion, complete the adjudication process if available evidence indicates this is warranted. The Co-Chair of the Ethics Committee, on behalf of the ASACB, shall act as the complainant.

Section N: Possible Sanctions

Discretion of the Board: The following factors may be considered by the Board in determining the nature and severity of the disciplinary sanctions to be imposed:

1. The relative seriousness of the violation as it relates to assuring citizens of this state a high standard of professional service and care;
2. The facts of the particular violation;
3. Any extenuating circumstances or other countervailing considerations;
4. The number of complaints;
5. The seriousness of prior violations or complaints;
6. Whether remedial action has previously been taken;
7. Or other factors which may reflect upon the competency, ethical standards, and professional conduct of the individual.
8. Remedial requirements, such as training on specific areas or Clinical Supervision, may be stipulated by the Ethics Committee to be imposed by the Board.
9. Probation for a specified period of time subject to Committee review of compliance. Remedial requirements may be imposed to be completed within a specified period of time.
10. Suspension of Certification or the Certification process for a specified period of time, subject to Committee review of compliance. Remedial requirements may be imposed to be completed within a specified period of time.
11. Revocation of current certification or current certification process.
12. Permanent revocation of certification or certification process. This requires a unanimous vote of the full Board.
13. The penalty for failing to satisfactorily fulfill a remedial requirement imposed by the Board or a remedial requirement as a result of probation, will be an automatic

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suspension until the requirement is met. The Board could modify the requirement based on good cause.

- 14 The penalty for failing to satisfactorily fulfill a remedial requirement imposed as a result of a suspension sanction will be an automatic revocation unless the Board determines that the remedial requirement should be modified based on good cause shown prior to the end of the suspension period.
15. Other corrective action.

Section O: Hearings

1. At the discretion of the Ethics Committee, a hearing may be conducted when the results of the Committee's preliminary determination indicate that additional information is needed.
2. When charged counselors, within sixty (60) days of notification of the complaint, request a formal face-to-face hearing before the Ethics Committee, a hearing will be conducted. (See section K.4.)
3. The charged counselor shall bear all their expenses associated with attendance at hearings requested by the charged counselor.
4. The Ethics Committee Co-Chair administering the complaint shall schedule a formal hearing on the case at the next scheduled Committee meeting and notify both the complainant and the charged counselor of their right to attend the hearing. (See P.2.a.)
5. The hearing will be held before a panel made up of the Ethics Committee and if necessary because any Committee member or Co-Chair excuses themselves because of personal interest in the case, the President of the ASACB may appoint another Board member(s) (ad hoc) to fill the necessary positions.

Section P: Hearing Procedures

1. Purpose

- a. A hearing will be conducted to determine whether a breach of the ASACB Code of Ethics has occurred, and if so, to determine appropriate disciplinary action to be recommended to the Board.
- b. The Ethics Committee will be guided in its deliberations by principles of basic fairness and professionalism and will keep its deliberations as confidential as possible except as provided herein.

2. Notice

- a. The charged counselor shall be advised in writing by the Co-Chair administering the complaint of the time and place of the hearing, the list of any witnesses expected to testify at the hearing against the charged counselor, and the charges involved at least thirty (30) days prior to the hearing. A copy of the notification will be sent to the complainant. Notices shall be sent by certified mail with return receipt requested. Notice shall include a formal statement of the

complaints lodged against the charged counselor and supporting evidence.

- b. The charged counselor is under no duty to respond to the notice, but the Ethics Committee will not be obligated to delay or postpone its hearing unless the charged counselor so requests in writing with good cause received at least fifteen (15) days in advance. In the absence of such 15-day advance notice of postponement and the charged counselor fails to appear at the hearing, the Committee shall decide the complaint on record. Failure of a charged counselor to appear at the hearing shall not be viewed by the Committee as sufficient grounds alone for taking disciplinary action.

3. Conduct of the Hearing.

- a. Accommodations. The location of the hearing shall be determined at the discretion of the Ethics Committee. The Committee shall provide a private room to conduct the hearing, and no observers or recording devices other than a recording device used by the Committee shall be permitted.
- b. Presiding Officer. The Co-Chair not administering the case or Ethics Committee designee (ad hoc) Co-Chair shall preside over the hearing and deliberations of the Ethics Committee. At the conclusion of the hearing and deliberations, the Co-Chair presiding over the hearing shall develop a written recommendation to be presented to the Board and will notify the charged counselor and complainant of the Board's decision in writing as provided by Section Q., Paragraphs 1 and 2 below.
- c. Record. A record of the hearing shall be made and preserved, together with any documents in evidence, at the ASACB office for a period of five (5) years or until the complaint process is final, whichever is longer, except in the case of revocation. If the credential is revoked, the record will be maintained in the ASACB office. The record shall consist of a summary of testimony received or a verbatim transcript at the discretion of the Committee.
- d. Right to Counsel. The charged counselor shall be entitled to have legal counsel present to advise and represent him or her throughout the hearing. Legal counsel for the ASACB shall also be present at the hearing to advise the Committee and shall have the privilege of the floor.
- e. Witnesses. Either party shall have the right to call witnesses to substantiate his or her version of the case.
- f. The Committee shall have the right to call witnesses it believes may provide further insight into the matter. The Committee shall, in its sole discretion, determine the number and identity of witnesses to be heard.
- g. Witnesses shall not be present during the hearing except when testifying and shall be excused upon completion of their testimony and any cross-examination.
- h. The Co-Chair presiding over the hearing shall allow questions of any witness by the opposition or members of the Committee if such questions and testimony are relevant to the issues in the case.

- i. The Co-Chair presiding over the hearing will determine what questions and testimony are relevant to the case. Should the hearing be disturbed by irrelevant testimony, the Co-Chair may call a brief recess to restore order.
- j. All expenses associated with counsel on behalf of the parties shall be borne by the respective parties. All expenses associated with witnesses on behalf of the charged counselor shall be borne by the charged counselor when the charged counselor requests a hearing. If the Committee requests the hearing, all expenses associated with witnesses may be borne by the ASACB.

4. Presentation of Evidence

- a. The Co-Chair administering the complaint or the Committee designee shall be called upon first to present the charge(s) against the charged counselor and to briefly describe the supporting evidence. The person presenting the charges shall also be responsible for examining and cross-examining witnesses on behalf of the complaint and for otherwise presenting the matter during the hearing.
- b. The complainant or the Committee Co-Chair administering the complaint or Committee designee shall then present the case against the charged counselor. Witnesses who can substantiate the case may be called upon to testify and answer questions of the charged counselor and the Committee.
- c. If the charged counselor is present at the hearing, he or she shall be called upon after the case has been presented against them to present any evidence which refutes the charges against him or her. This includes witnesses as in Subsection (3) above. The charged counselor and the complainant may submit a written statement at the close of the hearing.
- d. The charged counselor will not be found guilty simply for refusing to testify. Once the charged counselor chooses to testify, however, he or she may be cross-examined by the complainant and by members of the Ethics Committee.
- e. The Ethics Committee will endeavor to conclude the hearing within a period of two (2) hours. The parties will be requested to be considerate of this time frame in planning their testimony. If it appears that additional time will be needed to develop the issues adequately, an extension of time may be granted.
- f. Testimony that is merely cumulative or repetitious may, at the discretion of the Co-Chair presiding over the hearing, be excluded.
- g. At any time during the presentation of evidence, the presiding members of the Committee may ask pertinent questions.

5. Relevancy of Evidence.

- a. The Hearing Committee is not a court of law and is not required to observe formal rules of evidence. Evidence inadmissible in a court of law may be admissible in the hearing before the Committee if it is relevant to the case. That is, if the evidence tends to explain, clarify, or refute any of the important facts of the case, it should generally be considered.

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- b. The Committee will not consider evidence or testimony for the purpose of supporting any charge that was not set forth in the notice of the hearing or that is not relevant to the issues of the case.

6. Burden of Proof.

- a. The burden of proving a violation of the Code of Ethics is on the complainant and/or the Committee. It is not up to the charged member to prove his or her innocence of any wrongdoing.
- b. Although the charge(s) need not be proved "beyond a reasonable doubt" the Committee will not find the charged counselor guilty in the absence of clear and convincing substantial, objective, and believable evidence to sustain the charge(s).

7. Deliberation of the Committee or Panel

- a. After the hearing is completed, the Hearing Committee and Presiding Officer shall meet in a closed session to review the evidence presented and reach a conclusion. ASACB legal counsel may attend the closed session to advise the Committee if the Committee so desires. The Presiding Officer is present only for the purpose of recording and shall not engage in deliberations.
- b. The Hearing Committee shall be the sole trier of the facts and shall weigh the evidence presented and assess the credibility of the witnesses. The act of a majority of the members of the Committee present shall be the decision of the Committee. The Co-Chair presiding over the hearing will vote only in the case of a tie vote of other Committee members. A unanimous vote of those voting is required for recommendation to the Board of permanent expulsion from ASACB certification or the certification process.
- c. Only members of the Committee who were present throughout the entire hearing shall be eligible to vote.

8. Decision of the Committee or Panel

- a. The Committee will first resolve the issue of whether the charged counselor violated the code of ethics on each charge. Applying the burden of proof in subsection (5) above, the Committee will vote by secret ballot.
- b. In the event a majority of the members of the Committee do not find the charged counselor guilty, the Committee will recommend to the Board that the charges be dismissed. If the Committee finds the charged counselor has violated the Code of Ethics, it must then determine what sanctions, in accordance with Section N: Possible Sanctions, shall be recommended to the ASACB to be imposed.
- c. As provided in Section Q below, the Co-Chair presiding over hearing shall develop a written recommendation to be presented to the Board and notify the charged counselor and complainant of the Board's decision and rights to appeal in writing.

Section Q: Notification of Results

1. Charged counselors shall be notified of the Board's decisions regarding complaints against them within thirty (30) days of the hearing. Included in the notification would be the right to appeal the Board's decision. The decision shall be sent by U.S. mail, certified, with return receipt requested.
2. After the deadline for filing an appeal, or in the event an appeal is filed, after a decision on appeals has been rendered, and if a violation has been found and the charged counselor has been suspended or expelled, the ASACB shall issue a final decision. The final decision of the Board shall be published in any manner deemed appropriate by the Board.
3. The ASACB will report a disciplinary action against certified professionals to the Arkansas Department of Health, Office on Alcohol and Drug Abuse Prevention if the counselor is employed by a licensed program.

Section R: Appeals

1. Decisions of the ASACB may be appealed by the counselor found to have been in violation based on one or both of the following grounds:
 - a. The Committee violated its policies and procedures for processing complaints of ethical violations; and/or
 - b. The decision of the Committee was arbitrary and capricious and was not supported by the materials provided by the complainant and charged member.
2. After a counselor has received notification that they have been found in violation of one or more ASACB Code of Ethics, they will be given thirty (30) days to notify the ASACB in writing by certified mail that they are appealing the decision. If an appeal is not requested, the ASACB shall issue its decision as the final decision as soon as the time during which an appeal may be filed expires.
3. An appeal may consist only of a letter stating one or both of the grounds of appeal listed in subsection (1) above and the reasons for the appeal. The filing of an appeal automatically stays the execution of a decision by the ASACB until the appeal is completed.
4. The president of the ASACB shall appoint an appeals panel comprised of no less than three (3) Board members; none of the three shall be Committee members from the prior hearing. The ASACB attorney shall serve as legal advisor and have the privilege of the floor.
5. The three (3) member appeals panel will be given copies of the materials available to the Committee when it made its decision, a copy of the hearing record if a hearing was held, plus a copy of the letter filed by the appealing member.
6. The appeals panel will not consider evidence that was not presented to the Committee.

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7. The appeals panel generally will render its decision regarding an appeal requiring a majority vote within sixty (60) days of their receipt of the above materials.
8. The decision of the appeals panel is limited to
 - a. Upholding the decision of the Committee; or
 - b. Upholding the decision of the Committee on the finding of an ethical violation but reversing and remanding the Committee's decision on sanctions; or
 - c. Recommending reconsideration by the Committee of the decision and providing guidance to the Committee in detail in writing for considering a new decision on remand.
9. The decision of the appeals panel need not be unanimous.
10. When a Committee decision is reversed and remanded, the complainant and charged counselor will be informed in writing, and additional information may be requested first from the complainant and then from the charged counselor. The Committee will then render another decision to be recommended to the Board without a hearing.
11. Decisions of the appeals panel to uphold the Committee decisions are final and binding and not subject to further hearings or appellate review.

Section S: Substantial New Evidence

1. In the event substantial new evidence is presented in a case in which an appeal was not filed, or in a case for which the final decision has been rendered, the case may be reopened by the Committee.
2. The Committee will consider substantial new evidence and if found to be substantiated and capable of exonerating a counselor who was expelled, the Committee will reopen the case and go through the entire complaint process again.

Section T: Records

1. The records of the Committee regarding complaints are confidential except as provided herein.
2. Original copies of complaint records will be maintained in locked files at the ASACB office.
3. Members of the Committee will keep copies of complaint records confidential and will destroy copies of records after the case has been closed or when they are no longer a member of the Committee.

Section U: Legal Actions Related to Complaints

1. Complainants and charged counselors are required to notify the Committee if they learn of any legal action (civil or criminal) being filed related to the complaint.
2. In the event any legal action is filed regarding an accepted complaint, all actions related to the complaint will be stayed until the legal action has been concluded. The Committee will consult legal counsel concerning whether the processing of the complaint will be stayed if legal action does not involve the same complainant and the same facts complained of.
3. If actions on a complaint are stayed, the complainant and charged counselor will be notified.
4. When actions on a complaint are continued after a legal action has been concluded, the complainant and charged counselor will be notified.

V. International AODA Certification Standards

A. Certified Alcohol and Drug Abuse Counselor (CADC)

All applicants must meet the following standards when applying for the CADC/AODA reciprocal credential. All work experience and education hours must be completed within five (5) years of the testing year.

Education

The education requirement for initial certification is a total of 270 approved clock hours. Education is defined as formal classroom education, i.e. workshops, seminars, institutes, in-service training, college /university work. One clock hour of education is equal to 50 minutes of continuous instruction. Education must be specifically related to the knowledge and skills necessary to perform the tasks within each of the IC&RC/AODA performance domains. A minimum of six (6) hours must be in professional ethics and responsibilities. All education hours must be pre - approved by the ASACB Education Committee, and must be documented by certificate or official transcript.

Experience

Three years (6,000 hours) of supervised work experience under a certified or licensed behavioral healthcare professional is the requirement for the Certified Alcohol and Drug Counselor (CADC) credential. Supervised work experience is defined as paid or voluntary experience as a counselor who provides direct counseling services to AODA clients. An AODA client is a Person with a diagnosis of alcohol and /or other drug abuse or dependency. Supervised work experience must be in the IC&RC/AODA performance domains of *Assessment, Counseling, Case Management, Client, Family, Community Education and Professional Responsibility*. The ASACB allows an applicant to exchange 1000 hours of the 6000 hours requirement for an Associate's degree, 2000 hours for a Bachelor's degree

and 4000 hours for an approved advanced degree (Master's or above) in a Behavioral Science, provided they meet the supervision requirements. All work experience must be documented as outlined in the *Application and Standards manual*.

Supervised Practicum

A practicum is defined as a formal systematic process that focuses on skill development and integration of knowledge. The 300- hour practicum requirement includes a total of 180 hours of AODA specific work experience which must take place in a setting where AODA counseling is being provided. The practicum must be specifically related to the knowledge and skills necessary to perform all of the IC & RC AODA Twelve Core Functions with at least ten (10) hours in each core function. Direct supervision is defined as one-on-one supervision, group supervision or direct observation of skills within the core functions and will be inclusive of the Center for Substance Abuse Treatment (CSAT) Substance Abuse and Mental Health Services Administration's (SAMSHA) Technical Assistance Publication (TAP) 21 definition. TAP 21 defines supervision / clinical supervision as the administrative, clerical and evaluative process of monitoring, assessing and enhancing counselor performance. The practicum may occur as part of the eligible work experience and may be completed under more than one supervisor or agency. All practicum hours must be completed within five (5) years of the testing year and documented by a Certified Clinical Supervisor (CCS) or per IC & RC standards if you are applying from out-of-state.

Code of ethics

The applicant must sign a statement that they understand and agree to comply with the ASACB code of ethics.

Written examination

Each applicant must pass the international written examination as determined by IC&RC/AODA standards

Case Presentation Method (CPM) examination

Each applicant must pass the Case Presentation Method examination as determined by IC&RC/AODA standards.

Fees

An initial non-refundable fee of \$50.00 payable by personal check, travelers' check, cashier's check or money order is required to begin the registration process with the ASACB. Upon receipt of the fee, the applicant shall complete the initial five-(5) forms noted in the *Application and Standards manual* and return them to the ASACB office to become a Board-registered Counselor-in-Training (C-I-T). A non-refundable \$200.00 testing fee payment in the form of a personal check, travelers' check, cashier's check or money order is required as a part of the testing

portfolio. CASH IS NOT ACCEPTED. **Note:** The \$200.00 testing fee payment allows for one (1) written examination and 1 (one) CPM oral examination. A \$100.00 testing fee will be assessed for each subsequent written or oral examination. Written notice of cancellations must be postmarked seven (7) days prior to the date of testing. Failure to provide proper notification will result in forfeiture of testing fee(s). All materials must be received via mail; FAXED OR HAND DELIVERED MATERIALS ARE NOT ACCEPTED. Upon successful completion of both the written and the CPM oral examinations and receipt of current biannual certification fee payment, the CADC certificate will be issued.

B. Non reciprocal Credentials

1. Physicians and Nurses- The American Society of Addiction Medicine (ASAM) certified Medical Doctors and National League of Nurses (NLN) Bachelor level certified addiction registered nurses (CARN) may apply for a non-reciprocal certification as a CADC without testing. This certification is a state certification only and is not a reciprocal credential recognized through the IC & RC. Counselors holding the non-reciprocal credential may not apply for the Advanced Certified Alcohol Drug Counselor (ACADC) credential or the Certified Clinical Supervisor (CCS) credential. Non-reciprocal counselors may not provide documentation of work experience hours for counselors-in-training (C-I-T).

Education

The candidate must provide documentation of the academic degree earned as well as documentation of a current valid license/certification from the licensing entities listed above. FAXED OR HAND DELIVERED MATERIALS ARE NOT ACCEPTED.

Experience

The work experience requirement has been satisfied through each of the ASAM and the Bachelor level CARN credentials.

Supervised Practicum

The practicum requirement has been satisfied with these credentials.

Code of Ethics

The applicant must sign a statement that they understand and agree to comply with the ASACB code of ethics.

Fees: An initial non-refundable fee of \$50.00 in the form of a personal check, travelers' check, cashier's check or money order is required to begin the registration process with the ASACB. CASH IS NOT ACCEPTED. Upon receipt of the fee, the applicant shall complete the initial five-(5) forms noted in the Application and Standards manual and return them to the ASACB office. Upon receipt of current biannual certification fee payment, the non-reciprocal CADC certificate will be issued.

2. Certified Correctional Substance Abuse Counselor (CCSAC) All work experience and education hours must be completed within five (5) years of the testing date. This credential is valid only within the Arkansas Department of Correction. All applicants must meet the following standards when applying for the Certified Correctional Substance Abuse Counselor credential.

Education

The education requirement for initial certification is a total of 270 clock hours for the CCSAC credential. Education is defined as formal classroom education, e.g. workshops, seminars, institutes, in-service training, college university coursework. One clock hour of education is equal to 50 minutes of continuous instruction. Education must be specifically related to the knowledge and skills necessary to perform the tasks within each of the IC&RC/AODA performance domains. A minimum of six (6) clock hours must be in professional ethics and responsibilities. All education hours must be pre-approved by the ASACB Education Committee and must be documented by certificate.

Experience

Three years (6,000 hours) of supervised work experience under a certified Or licensed behavioral healthcare professional is the requirement for the Certified Correctional Substance Abuse Counselor (CCSAC) credential. Supervised work experience is defined as paid or voluntary experience as a counselor who provides direct counseling services to AODA clients. An AODA client is a person with a diagnosis of an alcohol and / or other drug abuse or dependency. Supervised work experience must be within the IC&RC /AODA performance domains of *Assessment, Counseling, Case Management, Client, Family and Community Education and Professional Responsibility*. All work experience must be documented as outlined in the *Application and Standards* manual.

Supervised Practicum

A practicum is defined as a formal systematic process that focuses on skill development and integration of knowledge. The 300-hour practicum must take place in a setting where AODA counseling is being provided. The practicum must be specifically related to the knowledge and skills necessary to perform all of the IC & RC/AODA Twelve Core Functions with at least ten (10) hours in each core function. The practicum hours must be directly supervised by a Certified Clinical Supervisor (CCS). Direct supervision is defined as one-on-one supervision, group supervision or direct observation of skills within the core functions. The practicum may occur as a part of the eligible work experience and may be completed under more than one supervisor. All practicum hours must be completed with the five (5) years of the testing year and documented by a Certified

Clinical Supervisor (CCS) as outlined in the *Application and Standards* manual.

Code of ethics

The applicant must sign a statement that they understand and agree to comply with the ASACB Code of Ethics.

Written examination

Each applicant must pass the international written examination as determined by IC & RC/AODA standards.

Other certification specific requirements

1. Completion of the Substance Abuse Treatment Program (SATP) Clinical Supervisor Evaluation Form;
2. Completion of the ASACB testing portfolio with current fee payment. Upon timely receipt and approval of the Peer Counselor's application packet by the appropriate committee, and the full board, the Peer Counselor will be eligible to sit for the IC&RC written examination. Upon passing the written examination, the Peer Counselor will be issued a Certified Correctional Substance Abuse Counselor certificate. *This certification is a non-reciprocal state certification, and is valid only within the Arkansas Department of Correction.* Before the Certified Correctional Substance Abuse Counselor (CCSAC) may apply to sit for the oral exam, they must provide documentation of one (1) year of post-discharge clinical supervision as outlined in the *Application and Standards* manual. They will also be required to provide written proof from their Parole Officer as to their continued status on parole to include information on drug screens, arrests, warrants, etc.
3. Discharged non-certified Peer Counselors must be supervised by a Certified Clinical Supervisor (CCS) for two (2) years post discharge to be eligible to take the written examination. They must also have written proof from their parole officer as to their continued status on parole to include information on drug screens, arrests, warrants, etc. Peer Counselors who pass the written examination, meet all the current stated guidelines, and are found to be eligible to sit for the CPM Oral Examination by the Evaluation Committee, will be scheduled for the next available CPM Oral Examination.

Fees

An initial non-refundable fee of \$50.00 payable by personal check, travelers' check, cashier's check or money order may be required to begin the registration process with the ASACB. CASH IS NOT ACCEPTED. Upon receipt of the fee, the applicant shall complete the initial five - (5) forms noted in the *Application and Standards* manual and return them to the ASACB office to become a Board-registered Counselor-in-Training (C-I-T). A non-refundable \$200.00 testing fee payment in the form of a personal check, travelers' check, cashier's check or money order is required as a

part of the testing portfolio. **Note:** The \$200.00 testing fee pays for 1 (one) written examination and 1 (one) CPM examination. A \$100.00 testing fee will be assessed for each subsequent written or oral examination. Written notice of cancellations must be postmarked seven (7)) days prior to the date of testing. Failure to provide proper notification will result in forfeiture of testing fee(s). All materials must be received via mail; **FXED OR HAND DELIVERED MATERIALS ARE NOT ACCEPTED.**

C. Advanced Certified Alcohol and Drug Counselor (ACADC)

All applicants must meet the following standards when applying for the Advanced CADC/AODA reciprocal credential. All work experience and education hours must be completed within five (5) years of the testing date.

Education

The education requirement for the Advanced CADC is a minimum of a Master's degree in a Human Services or Behavioral Sciences field (with a Clinical application [i.e. supervised practicum] from a regionally or nationally accredited college or university. A minimum of six (6) contact hours of formal education training must be in professional ethics and responsibilities.

Experience

The work experience requirement is one (1) year [2000 hours] of supervised AODA-specific work experience which includes documentation of a 300 hour practicum in the 12 core functions (with one hour of supervision for every ten (10) hours of practice). Supervised work experience is defined as paid or voluntary experience as a counselor who provides direct counseling services to AODA clients. An AODA client is a person with a diagnosis of alcohol and/or other drug abuse or dependency. Supervised work experience must be in the IC&RC/AODA performance domains of *Assessment, Counseling, Case Management, Client, Family and Community Education, Clinical Supervision, Responsibility and Utilization, and Professional Responsibility*. All work experience must be documented as outlined in the *Application and Standards* manual.

Supervised Practicum

A practicum is defined as a formal systematic process that focuses on skill development and integration of knowledge. The 300-hour practicum requirement includes a total of 180 hours of AODA specific work experience which must take place in a setting where AODA counseling is being provided. The practicum must be specifically related to the knowledge and skills necessary to perform all of the IC & RC/AODA Twelve Core Functions with at least ten (10) hours in each core function. Direct supervision is defined as one-on-one supervision, group supervision

or direct observation of skills within the core functions and will be inclusive of the Center for Substance Abuse Treatment (CSAT) Substance Abuse and Mental Health Services Administration's (SAMHSA) Technical Assistance Publication (TAP) 21 definition. TAP 21 defines supervision clinical supervision as the administrative, clerical and evaluative process of monitoring, assessing and enhancing counselor performance. The practicum may occur as part of the eligible work experience and may be completed under more than one supervisor or agency. All practicum hours must be completed within five (5) years of the testing year and documented by a Certified Clinical Supervisor (CCS) or per IC& RC standards if you are applying from out-of-state.

Code of Ethics

The applicant must sign a statement that they understand and agree to comply with the ASACB code of ethics.

Written examination

Each applicant must pass the international written examination as determined by IC & RC/AODA standards.

Case presentation method examination

Each applicant must pass the Case Presentation Method examination as determined by IC&RC/AODA standards.

Fees

An initial non-refundable fee of \$50.00 payable by personal check, travelers' check, cashier's check or money order is required to begin the registration process with the ASACB. Upon receipt of the fee, the applicant shall complete the initial five-(5) forms noted in the Application and Standards manual and return them to the ASACB office to become a Board-registered Counselor-in-Training (C-I-T). A non-refundable testing fee payment of \$200.00 payable by personal check, travelers' check, cashier's check or money order must be submitted with the testing portfolio. CASH IS NOT ACCEPTED. **Note:** The \$200.00 testing fee pays for one (1) written and one (1) CPM examination. A \$100.00 fee will be assessed for each subsequent written or oral examination. Written notice of cancellations must be postmarked seven (7) days prior to the date of testing. Failure to provide proper notification will result in forfeiture of testing fee(s). All materials must be received via mail; FAXED OR HAND DELIVERED MATERIALS ARE NOT ACCEPTED. Upon successful completion of both the written and oral examinations and receipt of current biannual certification fee payment, the ACADC certificate will be issued.

D. Certified Clinical Supervisor (CCS)

The Arkansas Substance Abuse Certification Board and the IC&RC /AODA define 'clinical supervision' as a process of developing clinical skills and competencies for persons providing counseling. All work experience and

education hours must be completed within five (5) years of the testing date. A primary purpose of clinical supervision is to ensure skill development as evidenced in quality patient /client care. All applicants must meet the following standards when applying for the certified clinical supervision reciprocal credential.

Education

The applicant must provide documentation by certificate of thirty (30) hours of pre-approved formal didactic education training in clinical supervision. The formal education training must include education hours **within each of** the following clinical supervision performance domains: *Assessment and Evaluation, Counselor Development, Management and Administration, and Professional Responsibilities*. A minimum of six (6) hours in areas specifically related to clinical supervision skills is required. Higher education does not substitute for any portion of the education requirement. All education hours must be documented by certificate.

Experience

The work experience requirement for the credential of certified clinical supervisor is as follows: (1) current certification as a CADC or ACADC counselor at the reciprocal level OR hold a current valid specialty in another professional discipline in the human services field at the Master's level or higher; (2) verification and documentation of 5 (five) years [10,000 hours] of counseling experience as an IC & RC/ AODA counselor. Higher education substitutions may apply for a portion of the work experience requirement. All experience must be documented as outlined in the *Application and Standards* manual.

Supervised Practicum

A practicum is defined as a formal systematic process that focuses on skill development and integration of knowledge. Direct supervision is defined as one-on-one supervision, group supervision or direct observation of skills within the core functions and will be inclusive of the Center for Substance Abuse Treatment (CSAT) Substance Abuse and Mental Health Services Administration's (SAMHSA) Technical Assistance Publication (TAP) 21 definition. TAP 21 defines supervision/clinical supervision as the administrative, clerical and evaluative process of monitoring, assessing and enhancing counselor performance. The practicum may occur as part of the eligible work experience and may be completed under more than one supervisor or agency. All practicum hours must be documented as outlined in the *Application and Standards* manual. The supervised practicum includes verification and documentation of two (2) years [4,000 hours] of clinical supervisory experience in the AODA field. The two (2) years may be included in the five (5) years [10,000 hours] of counseling experience, and must include the provision of 200 contact hours of face-to-face clinical supervision. All practicum hours must be completed within

five (5) years of the testing year and be documented by a Certified Clinical Supervisor (CCS), or per IC & RC standards if you are applying from out-of-state.

Code of Ethics

The applicant must sign a statement that they understand and agree to comply with the ASACB Code of Ethics/Code of Ethics for Clinical Supervisors.

Written Examination

Each applicant must pass the international written examination as determined by IC&RC/AODA standards.

Fees

A non-refundable testing fee payment of \$200.00 payable by personal check, travelers' check, cashier's check or money order must be submitted with the testing portfolio. CASH IS NOT ACCEPTED. **Note:** The \$200.00 testing fee pays for one (1) CCS examination. A \$100.00 fee will be assessed for each subsequent examination. Written notice of cancellations must be postmarked seven (7) days prior to the date of testing. Failure to provide proper notification will result in forfeiture of testing fee(s). All materials must be received via mail; FAXED OR HAND DELIVERED MATERIALS ARE NOT ACCEPTED. Upon successful completion of the written examination and receipt of current biannual certification fee payment, the CCS certificate will be issued.

E. International Credentials

Counselors who are certified at the reciprocal level by member boards of the International Certification and Reciprocity Consortium (IC & RC) are automatically eligible to apply for the distinguished status of international certification. Currently over 15,000 counselors hold designations as internationally certified alcohol and drug counselor; CADC, ACADC, CCS or CCJP. To obtain the ICADC, complete the application found in Section VIII-E of this manual, attach the appropriate fee and forward to your current certification board

F. Certified Criminal Justice Professional (CCJP)

All applicants must meet the following standards when applying for the CCJP reciprocal credential. This credential is valid only within the criminal justice setting. All work experience and education hours must be completed within five (5) years of the testing date.

Education

The education requirement for initial certification as a CCJP is a minimum of 270 ASACB-approved clock hours to include ten (10) hours in each CCJP performance domain and six (6) hours in ethics accrued within the

past five (5) years. All education hours must be pre-approved by the ASACB Education Committee and must be documented by certificate or official transcript. College degrees may satisfy a portion of this requirement. Education is defined as formal classroom education, i.e. workshops, seminars, institutes, in-service training, college/university work. One clock hour of education is equal to 50 minutes of continuous instruction. Education must be specifically related to the knowledge and skills necessary to perform the tasks within each of the IC & RC/AODA performance domains.

Experience

Three years (6,000 hours) of supervised work experience is the requirement for the Certified Criminal Justice Professional (CCJP). Supervised work experience is defined as paid or voluntary professional experience providing direct service to individuals involved in the criminal justice system (e.g., law enforcement, judicial, corrections, probation/parole, etc.) Supervised work experience must be in the International Certification & Reciprocity Consortium (IC & RC) CCJP performance domains (Domain 1: Dynamics of Addiction and Criminal Behavior; Domain 2: Legal, Ethical and Professional Responsibility; Domain 3: Criminal Justice System and Processes; Domain 4: Screening, Intake and Assessment; Domain 5: Case Management, Monitoring, and Client Supervision; Domain 6: Counseling}. Unsupervised work experience may NOT be substituted for the experience requirements and all experience must be documented. The ASACB allows an applicant to exchange 1000 hours of the 6000 hour requirement for an Associate's degree, 2000 hours for a Bachelor's degree and 4000 hours for an approved advanced degree (Master's or above) in a Behavioral Science, provided they meet the supervision requirements. All experience must be documented as outlined in the *Application and Standards* manual and must have been accrued within the immediate past five years. 2/3 of the hours must be in the provision of AODA counseling.

Supervised Practicum

A practicum is defined as a formal systematic process that focuses on skill development and integration of knowledge. The 300-hour practicum includes ten (10) hours of face-to-face clinical supervision in each of the six (6) CCJP performance domains (60 clock hours) and five (5) hours of face-to-face clinical supervision in each of the IC&RC/AODA 12 Core Functions (60 clock hours) documented by a Certified Clinical Supervisor (CCS), and completed within the immediate past five (5) years. (Realizing that supervision may take place in a variety of settings and have many faces, the IC & RC/AODA, Inc. determined not to place limiting criteria on areas of supervision or qualifications of a supervisor. Supervision will be broadly defined as in the Center for Substance Abuse Treatment (CSAT)/Substance Abuse and Mental Health Services Administration's

(SAMHSA) *Technical Assistance Publication (TAP) 21*. The TAP 21 defines supervision/clinical supervision as the administrative, clerical, and evaluative process of monitoring, assessing and enhancing counselor performance. All practicum hours must be completed within five (5) years of the testing year and be documented by a Certified Clinical Supervisor (CCS), or per IC & RC Standards if you are applying from out-of-state.

Code of Ethics

The applicant must sign a statement that they understand and agree to comply with the ASACB code of ethics.

Written Examination

Each applicant must pass the international written examination as determined by IC & RC/AODA standards.

Fees

An initial non-refundable fee of \$50.00 payable by personal check, traveler's check or money order is required to begin the registration process with the ASACB. Upon receipt of the fee, the applicant shall complete the initial five-(5) forms noted in the Application and Standards manual, and return them to the ASACB office to become a Board-registered Counselor-in-Training (C-I-T). A non-refundable testing fee payment of \$200.00 payable by personal check, traveler's check, cashier's check or money order must be submitted with the testing portfolio. CASH IS NOT ACCEPTED. **Note:** A \$100.00 fee will be assessed for each subsequent written examination. Written notice of cancellations must be postmarked seven (7) days prior to the date of the testing. Failure to provide proper notification will result in forfeiture of testing fee(s). All materials must be received via mail; FAXED OR HAND DELIVERED MATERIALS ARE NOT ACCEPTED. Upon successful completion of the written examination and receipt of current biannual certification fee payment, the CCJP certificate will be issued.

VI. Re-certification Standards

The Evaluation Committee develops standards and reviews all applications for re-certification for the CADC, ACADC, CCS, CCJP and CCSAC credentials and any other certification offered by the ASACB. Recertification fees must be paid by check, cashier's check, traveler's check or money order and must accompany the re-certification packet. CASH IS NOT ACCEPTED. FAXED OR HAND DELIVERED MATERIALS ARE NOT ACCEPTED. All courses, transcripts and workshop contact hours (CEUs) must be pre-approved prior to submission of re-certification packets. College and university coursework credits used for re-certification must be specifically related to addiction counseling and/or criminal justice, if applicable.

A. Certified and Non-reciprocal Alcohol and Drug Counselor (CADC)

The re-certification requirements for CADC are as follows:

1. Complete the CADC re-certification document and Code of Ethics document found in Section VIII-D in the Application and Standards manual at www.icrcaodaarkansas.org
2. Attach documentation of sixty (60) clock hours of pre-approved formal education training which was earned within the current certification cycle including six (6) clock hours of ethics.
3. Attach non-refundable check or money order for \$150.00 and mail to the ASACB office prior to the re-certification postmark deadline date of November 1.

B. Advanced Certified Alcohol and Drug Counselor (ACADC)

The re-certification requirements for ACADC are as follows:

1. Complete the ACADC re-certification document and Code of Ethics document found in Section VIII-D in the Application and Standards manual at www.icrcaoda-arkansas.org
2. Attach documentation of sixty (60) clock hours of pre-approved formal education training which was earned within the current certification cycle including six (6) clock hours of ethics.
3. Attach non-refundable check or money order for \$150.00 and mail to the ASACB office prior to the re-certification postmark deadline of November 1.

C. Certified Correctional Substance Abuse Counselor (CCSAC)

The re-certification requirements for CCSAC are as follows:

1. Complete the CCSAC re-certification document and Code of Ethics document found in Section VIII-D in the Application and Standards manual at www.icrcaoda-arkansas.org.
2. Attach documentation of thirty (30) clock hours of pre-approved formal education training which was earned within the current certification cycle, including six (6) clock hours of ethics.
3. Attach non-refundable check or money order for \$50.00 and mail to the ASACB office prior to the re-certification postmark deadline of November 1.

D. Certified Clinical Supervisor (CCS)

The re-certification requirements for CCS are as follows:

1. Complete the CCS re-certification document and Code of Ethics document found in Section VIII-D in the Application and Standards manual at www.icrcaoda-arkansas.org.
2. Attach documentation of eighteen (18) clock hours of pre-approved formal education training within the 4 domains of the Clinical Supervisor, including six (6) hours specific to clinical supervision, which were earned during the current certification cycle.
3. Attach non-refundable check or money order for \$75.00 and mail to the ASACB office prior to the re-certification postmark deadline of November 1.

E. Certified Criminal Justice Professional (CCJP)

The re-certification requirements for CCJP are as follows:

1. Complete the CCJP re-certification document and Code of Ethics document found in Section VIII-D in the Application and Standards manual at www.icrcaoda-arkansas.org
2. Attach documentation of sixty (60) clock hours of pre-approved formal education training which was earned within the current certification cycle, including six (6) clock hours of ethics. 50% of the hours must be in addictions specific courses and 50% must be in criminal justice specific courses.
3. Attach non-refundable check or money order for \$150.00 and mail to the ASACB office prior to the re-certification postmark deadline of November 1.

F. Inactive Status

CADC, ACADC, CCSAC, CCJP

CADC, ACADC, CCSAC, or CCJP credential holders may be granted an inactive status for up to a two (2)-year period, or until the next re certification date by following the protocol listed below.

Submit a written request to the ASACB for an inactive status prior to the expiration date of the current certification and attach a \$100.00 fee payment in the form of a personal check, travelers' check, cashier's check or money order. CASH IS NOT ACCEPTED. FAXED OR HAND DELIVERED MATERIALS ARE NOT ACCEPTED. Attach payment of the current renewal fee in the form of a personal check, travelers' check, cashier's check or money order within thirty (30) days of receipt of written notification from the ASACB granting the inactive status.

The counselor with an inactive status may not actively practice as a CADC, ACADC, CCSAC or CCJP during the inactive period of time. The counselor with an inactive status is not eligible for the International certificate (ICADC) during this period of time. The counselor with an inactive status is not eligible for IC & RC reciprocity during this period of time. To reactivate the CADC, ACADC, CCSAC or CCJP status, the counselor must complete thirty (30) hours of ASACB approved formal education training prior to the next re-certification deadline and meet all other re-certification requirements.

CERTIFIED CLINICAL SUPERVISOR

A Certified Clinical Supervisor may be granted an inactive status for up to a two (2)-year period, or until the next re-certification date by following the protocol listed below.

Submit a written request to the ASACB for an inactive status prior to the expiration date of the current certification, and attach a \$50.00 fee

payment in the form of a personal check, travelers' check, cashier's check or money order. CASH IS NOT ACCEPTED. FAXED OR HAND DELIVERED MATERIALS ARE NOT ACCEPTED. Submit payment of the current renewal fee in the form of a personal check, travelers' check, cashier's check or money order within thirty (30) days of receipt of written notification from the ASACB granting the inactive status. The CCS with an inactive status may not actively practice as a CCS during the inactive period of time. The CCS with an inactive status is not eligible for IC & RC reciprocity during this period of time.

To reactivate the CCS status, the CCS must complete eighteen (18) hours of ASACB approved formal education training within each domain *Management and Administration and Professional Responsibilities* prior to the next re-certification deadline and meet all other re-certification requirements.

VII. Suggested Reading List

Information about ordering IC & RC study guides, role delineation studies and candidate guides is available by calling the IC & RC office at 717-540-4457.

The [http://www. Readytotest.com](http://www.Readytotest.com) publications, as well as their on-line practice exams have been endorsed by the IC & RC for preparation for the credentials offered.

All of the FREE Substance Abuse and Mental Health Services Administration (SAMHSA) Technical Assistance Publications (TAP) and Treatment Improvement Protocol (TIP) manuals are available by calling 1-800-729-6686.

Another Chance (S. Wegscheider-Cruse)

Becoming A Professional Counselor: Wallace and Lewis.

Clinical Supervision. David J.Powell

Clinical Supervision in Alcohol and Drug Abuse Counseling: Principles, Models, Methods; David J. Powell.

Concepts of Chemical Dependency (Harold Doweiko)

Diagnostic & Statistical Manual of Mental Disorders (IV or newer) (APA)

Drugs in Perspective (R. Fields)

Drugs and Society and Human Behavior (Oakley Ray and Ksir)

Ethics in the Helping Professions (Corey, Corey & Callanan)

Ethics for the Addiction Professional. Hazelden Publications.

Global Criteria: The 12 Core Functions of the Substance Abuse Counselor
(Herdman)

Groups: Process & Practice (Corey)

Issues and Ethics in the Helping Profession, 6th edition (Corey)

Loosening the Grip 7th edition (J. Kinney)

Motivational Interviewing (Miller & Rollnick)

The Professional Helper (Cormier)

The American Psychiatric Press Textbook of Substance Abuse Treatment
(Galanter, Marc and Kleber, Herbert)

Theory & Practice of Counseling & Psychotherapy (Corey & Corey)

Therapeutic Communities (DeLeon)

Treating Chemically Dependent Families (Edwards, John T.)

Uppers, Downers & All Arounders (Inaba & Cohen)

REGISTRATION APPLICATION

Name:----- Date of Birth-----
Last First Middle or Maiden

Address:-----
Street City State Zip

Home Telephone :()----- Drivers License #:-----

Social Security #:----- Business Telephone :()----- Ext.---
-

e-mail:-----

Place of Employment:----- Supervisor's Name:-----

Address :-----
Street City State Zip

EDUCATIONAL PROFILE: Please check the appropriate educational designation.

GED-----High School Diploma-----Associate Degree-----Bachelor Degree---
Master degree-----Doctorate Degree----- If you hold a degree, please list
the type of degree, the area of study in which it was earned, the college
or university attended, and the dates attended.-----

PROFESSIONAL AFFILIATIONS: Do you hold, or have you ever held licensure, certification, or registration in any other state? If yes, complete the following.

Title of Credential	State Issued	Date Issued	Current Status
-----	-----	-----	-----
-----	-----	-----	-----

PROFESSIONAL EXPERIENCE:(Begin with current employer.)

Facility Name-----Name Of Supervisor-----

Facility Address -----
Street City State Zip

Business Telephone :()-----Ext:-----Your Job Title:-----

Major Job Duties:-----

Dates of Employment:-----
Month/Year To Month/Year

Statement of Disclosure

Name:-----Date Completed:-----
Mailing Address:-----
----- Daytime Phone:()-----

YES___NO___ (1) Has your license/certification to practice in any location ever been stipulated, conditioned, denied, restricted, suspended, reduced, terminated, not renewed, or placed on probation by a licensing/certifying agency? **If yes, please provide details including dates and current status.**

YES___NO___ (2) Have you ever had any professional disciplinary action taken toward you? **If yes, please provide details including dates and current status.**

YES___NO___ (3) Have you ever voluntarily relinquished your professional license/certification as an alternative to disciplinary action or during an investigation into your professional competence or conduct? **If yes, please provide details including dates and current status.**

YES___NO___ (4) Have you had a professional liability case(s) brought and /or sustained against you in the past five years? **If yes, please provide details including dates and current status.**

YES___NO___ (5) Do you have any misdemeanor or felony charges pending, or have you ever been convicted of a misdemeanor or felony, other than a minor traffic violation? **If yes, please give details including dates and current status or disposition of charges.**

YES___NO___ (6) Have you had any complaints in the past five years of your engaging in the 'sexual exploitation' of a client or former client? **If yes, please provide details including dates and current status.**

YES___NO___ (7) Have you ever had a non-professional relationship with a client or former client that was sexual in nature or otherwise in violation of any ethical rules of your profession or your license/certification? **If yes, please provide details including dates and current status.**

YES___NO___ (8) Do you/your organization have a written policy regarding sexual exploitation of clients?

Arkansas Substance Abuse Certification Board
UALR-MidSOUTH
2801 S. University Ave.
Little Rock, AR 72204-1099

Name: -----Date Completed:-----

YES___NO___ (9) Does your organization have a written policy to check the past employment history of applicants?

YES___NO___ (10) Have you ever been investigated for any acts alleging dishonesty, fraud, deceit or misrepresentation? **If yes, please provide details including dates and current status.**

YES___NO___ (11) Has a professional liability carrier ever refused to cover you or canceled your coverage?

YES___NO___ (12) Have you ever had action taken against you by any third party payor, insurance company or H.M.O including, but not limited to Medicare, Medicaid), for inappropriate utilization of medical resources?

I hereby agree that the above statements are true.

Signature-----Date Signed-----

Release of Information

Name of Applicant-----Date Completed-----
Mailing Address-----
-----Daytime Phone-----
Certified Clinical Supervisor-----Daytime Phone-----
Name of Agency-----Daytime Phone-----

Dear Supervisor:

I am in the process of seeking certification in alcohol/drug counseling through the Arkansas Substance Abuse Certification Board (ASACB). I have identified you as someone in a position to verify my standard of professional performance.

I hereby give the ASACB permission to contact the persons and institutions I have listed above. I understand that this application does not guarantee certification.

I agree to hold the ASACB, its members, committees, staff and agents free from any civil liability or damage by reason of any action that is within their scope, or that arises from the performance of their duties in determining my certification or any other activity as provided by law or regulation.

This statement is designed to release you from any liability concerning information you may provide regarding my professional performance.

Applicant's Signature-----Date Signed-----

Supervisor's Signature-----Date Signed-----

Witness Signature-----Date Signed-----

ASACB Code of Ethics Signature Page for Counselors and Counselors in Training

Name of Applicant-----Daytime Phone-----
Mailing Address-----

Please read and review the **Ethics Code and Committee Process** [Section III] and **Standards of Practice** [Section IV]. All persons who wish to be registered and/or certified with the ASACB must sign and return this page to the ASACB office.

I have read and understand the Arkansas Substance Abuse Certification Board Code of Ethics (Revised June 2006) for board-registered Counselors-in-Training and credentialed Alcohol and Other Drug Abuse (AODA) counselors, clinical supervisors and criminal justice professionals who are certified through the ASACB. I agree to abide by and adhere to the ethical principles outlined therein. I am aware of the procedure to use when filing an ethical complaint, and of the variety of disciplinary sanctions which may be issued. I am aware of the hearing and appeals process as outlined in the **Ethics Code and Committee Process** document (Revised June 2006) found in Section III. of this manual.

Name-----Certificate Number-----
(if applicable)

Credentials You Hold Through The ASACB-----
(if applicable)

Signature----- Date Signed-----

Formal Education/Training Hours Profile

Name:-----Daytime Phone-----

Mailing Address:-----

NOTE: You may duplicate this form as needed. List the course/ workshops that you have attended and attach the matching certificates for each page you complete. You may have up to seventy (70) informal or in-service hours. Those hours are to be documented by appropriate certificates or dated sign-in sheets on *the Informal Education Training Hours Profile on page 92.*

Name of Course: _____	Hours Earned: _____
Name of Presenter: _____	Dates: _____
Facility Where Offered: _____	
Course Content or Objectives: _____ _____	

Name of Course: _____	Hours Earned: _____
Name of Presenter: _____	Dates: _____
Facility Where Offered: _____	
Course Content or Objectives: _____ _____	

Name of Course: _____	Hours Earned: _____
Name of Presenter: _____	Dates: _____
Facility Where Offered: _____	
Course Content or Objectives: _____ _____	

TOTAL HOURS THIS PAGE_____

Informal Education/Training Hours Profile

Name:-----Daytime Phone-----

Mailing Address:-----

NOTE: You may duplicate this form as needed. List the in-service and informal hours you have attended and attach matching certificates for each page you complete. You may have up to seventy (70) informal or in-service hours. These hours must be documented by appropriate certificates or dated sign-in sheets on this form.

Name of Course: _____	Hours Earned: _____
Name of Presenter: _____	Dates: _____
Facility Where Offered: _____	
Course Content or Objectives: _____ _____	

Name of Course: _____	Hours Earned: _____
Name of Presenter: _____	Dates: _____
Facility Where Offered: _____	
Course Content or Objectives: _____ _____	

Name of Course: _____	Hours Earned: _____
Name of Presenter: _____	Dates: _____
Facility Where Offered: _____	
Course Content or Objectives: _____ _____	

TOTAL HOURS THIS PAGE_____

Work Experience Profile

Name-----Daytime Phone-----

Mailing Address-----

Name of Facility-----

Statement by Verifying Party:

I hereby verify that the above named applicant has completed _____
hours of work experience in an alcohol and other drug abuse counseling
facility.

Name of Facility-----

Mailing Address-----

----- Phone number-----

Dates of Employment-----to-----

Day Month Year

Day Month Year

Chief Job Responsibilities-----

Signature and Title of Person Verifying

Date Signed

Signature of Certification Applicant

Date Signed

Counselor Evaluation Form

This documentation is to be mailed by an applicant's supervisor. You may duplicate this form if you need documentation from more than one supervisor.

Name of Applicant -----Daytime Phone-----
Agency or Facility-----Daytime Phone-----
Certified Clinical Supervisor-----Date Signed-----

The applicant listed above is applying to the Arkansas Substance Abuse Certification Board for the credential of Certified Alcohol Drug Counselor (CADC) or Advanced Certified Alcohol Drug Counselor (ACADC). The information requested on the following pages is an essential part of the Board's evaluation process of determining knowledge, skills and competency of the applicant.

Your evaluation from direct observation and supervision of the applicant's work will assist the evaluation committee in determining the applicant's eligibility for testing. This form is confidential and will not be made available to the applicant at any time.

Please return the completed form by mail to:
Arkansas Substance Abuse Certification Board
U.A.L.R. – MidSOUTH
2801 South University Avenue
Little Rock, AR 72204-1099
(501) 569-3073

INSTRUCTIONS: The following items represent the skills needed by a substance abuse counselor. Evaluate the applicant's abilities in each area and mark the rating which most nearly describes the counselor's skills.

RATING CODE:

N/A- Not applicable

N/K- Not known

1. Poor

2. Fair

3. Average

4. Above Average

5. Superior

Name of Applicant-----Daytime Phone-----

Mailing Address:-----

-----1. Client Intake: The process of collecting client information at the beginning of treatment that is used in assessment of a client for treatment.

____2. Client Assessment: The process by which a counselor evaluates the intake information collected in order to determine appropriate services.

____3. Alcohol/Drug Abuse Evaluation: Knowledge and application of the major theories and stages of addiction and the symptomatology of alcoholism or drug dependency in assessing the client's use of chemical substances.

____4. Triage: Determining appropriate and timely services for the client with knowledge of his/her problems and their intensity.

____5. Client Orientation: Individual or group sessions to familiarize clients with program services, expectations, regulations and goals.

____6. Client Education: Activities which have the major goal of increasing the client's recognition of significant symptoms and patterns of problematic behavior.

____7. Outreach: Direct contact by a counselor with persons in a community setting to identify and/or counsel persons with problems related to alcoholism or drug abuse.

____8. Individual Counseling: A one-to-one counselor/client process for the purpose of assessing a client's problems and facilitating appropriate changes.

____9. Group Counseling: A process involving clients for the purpose of jointly exploring the client's problems and facilitating change.

____10. Family Counseling: A process of exploring the dynamics of the family system and facilitating appropriate changes.

Name of Applicant----- Daytime Phone:-----

11. Crisis Intervention: Quickly assessing and defining the nature of a client's crisis situation and using appropriate methods of intervention.

___12. Treatment Planning: Defining areas of problems and needs, establishing short and long term goals, and developing appropriate strategies for reaching these goals within a time frame.

___13. Consultation: Establishing contacts with other professionals in support of the client's treatment.

INSTRUCTIONS: The following items represent the skills needed by a substance abuse counselor. Evaluate the applicant as you feel he/she demonstrates abilities in each area. Mark the rating code which most nearly describes the counselor's demonstrated skills.

RATING CODE:

N/A- Not applicable

N/K Not known

1. Poor

2. Fair

3. Average

4. Above Average

5. Superior

___1. Common sense in dealing with clients

___2. Respect for client

___3. Care and concern for client

___4. Empathy with client

___5. Flexibility with clients. Ability to recognize individual clients needs.

___6. Spontaneity with clients

___7. Capacity for confrontation with client

___8. Capacity for appropriate self-disclosure

___9. Concreteness

Name of Applicant:-----Daytime Phone:-----

- ___ 10. Ability to communicate effectively with clients and coworkers
- ___ 11. Ability to treat client information in accordance with state and federal confidentiality regulations
- ___ 12. Knowledge of alcoholism and drug abuse and/or addictions
- ___ 13. Capacity to act in an ethical manner with clients and coworkers.
- ___ 14. Problem recognition and evaluation: Ability to apply knowledge of physical, behavioral, attitudinal, and affective manifestations of alcoholism and drug abuse to determine the existence and degree of progression.
- ___ 15. Ability to set appropriate limits with clients and the families.
- ___ 16. Ability to supervise other counselors.

EVALUATOR'S STATEMENT:

(1) Please list the name and address of the facility where you supervised this applicant.-----

(2) What are the beginning and ending dates you have supervised this applicant?
From:-----To:-----
 Month Day Year Month Day Year

(3) Did the applicant work under your supervision part-time or full-time? If both part-time and full-time, please specify the number of hours and the dates.-----

(4) What was the average caseload the applicant carried per month?-----

(5) What was the average number of hours per month the counselor worked in individual counseling? -----In group counseling?-----

Supervised Practicum

Name of Applicant:----- Daytime Phone:-----
Mailing Address:-----

This document is to verify that the applicant listed above has received 300 hours of direct supervision with a minimum of ten (10) hours in obtaining/developing the knowledge and skills necessary to perform each of the Twelve Core Functions as defined by the IC & RC/AODA. Direct supervision is defined as one-on-one supervision or direct observation of skills within the Core functions. The practicum may occur as part of eligible work experience, and may be completed under more than one Certified Clinical Supervisor or in more than one agency.

I have supervised the above named applicant for the period of

----- to ----- at -----.
month/year month/year name of agency

During this period, I have supervised the above named applicant for the hours specified in each Core Function.

Screening	Hours supervised in this Core Function _____
Intake	Hours supervised in this Core Function _____
Orientation	Hours supervised in this Core Function _____
Assessment	Hours supervised in this Core Function _____
Treatment Planning	Hours supervised in this Core Function _____
Counseling	Hours supervised in this Core Function _____
Case Management	Hours supervised in this Core Function _____
Crisis Intervention	Hours supervised in this Core Function _____
Client Education	Hours supervised in this Core Function _____
Referral	Hours supervised in this Core Function _____
Report & Record Keeping	Hours supervised in this Core Function _____
Consultation	Hours supervised in this Core Function _____

I have directly supervised the above named applicant for a total of _____ hours.

Name of Certified Clinical Supervisor

Signature of Certified Clinical Supervisor

Date Signed

Verification of Employment

Name of Applicant: -----Daytime Phone:-----

Mailing Address:-----

This form is used to document and verify the 2,000, 4,000 or 6,000 hours of work experience. You may duplicate this form if you have worked in more than one agency. This document is to verify that the above named applicant has been employed at ----- in
Name of Agency

In the position of -----

from ----- to -----.
Month/Year Month/ Year

Signature and Title of Verifying Party

Date Signed

Mailing Address

Daytime Phone

Personal Philosophy of Counseling

Please type your philosophy of counseling in not more than 1 page and submit with your initial testing packet.

The Written Case

Mechanics

1. Is the presentation typed?
2. Does the portfolio include the original case study?
3. Does the fact sheet contain the appropriate information and signatures?
4. Did the applicant address all sections of the format and content outline, in the proper sequence?

Format and Content

I. Substance Abuse History

1. Substances Used
2. Frequency
3. Progression
4. Severity/Amount Used
5. Onset — When Started
6. Primary Substance
7. Route of Administration
8. Effects — Blackouts, Tremors, Tolerance, DTs, Seizures, Other Medical Complications (some of these can be included in the Physical History section)

II. Psychological Functioning

1. Mental Status – Oriented, Hallucinations*, Delusions*, Suicidal*, Homicidal* Judgment, Insight*to include both present and past

III. Educational/Vocational/Financial

1. Educational and Work History
2. Educational Level
3. Disciplinary Action (at school or work)
4. Reasons for Termination
5. Current and Past Financial Status

IV. Legal History (associated with, or not associated with, mood altering chemicals)

1. Charges, Arrests, Convictions
2. Current Status
3. Pending

V. Social History

1. Parents
2. Siblings/Rank

3. Psychological Functioning in Family
4. Substance Use in Family
5. History of Social Functioning from Childhood to Present
6. Family Functioning — Including Physical, Sexual, and Emotional Abuse
7. Relationship History
8. Children

VI. Physical History

1. Both Alcohol and Drug and Non-alcohol and Drug Problems
2. Past and Present Major Medical Problems – i.e., Disabilities, Pregnancy and Related Issues, STD, Alcohol and Drug-Related Problems

VII. Treatment History (both alcohol and drug and psychological history)

VIII. Assessment

1. Identifying and evaluating an individual's strengths, weaknesses, problems, and needs for the development of the treatment plan

IX. Treatment Plan

1. Identifying and ranking problems needing resolution; establishing agreed upon immediate and long-term goals; deciding on a treatment process and the resources to be utilized

X. Course of Treatment

1. Describe the counseling approaches you used, your rationale for their use and any revisions you made based on the client's unique problems and responses to treatment

XI. Discharge Summary

1. Concise description of the client's overall response to treatment, including alcohol/drug status at discharge

Application Review Checklist for CADC and ACADC

This page will be the first page of your certification packet. Please attach the documentation IN THE ORDER LISTED BELOW. It is the responsibility of the applicant to submit complete documentation (i.e. certificates, transcripts). Incomplete or disorganized packets will be returned to you. You must postmark the entire packet by March 1 or September 1 to be eligible to test in June or December. Testing Fees are nonrefundable.

Name of Applicant:----- Date:-----

Mailing Address:----- Daytime Phone: -----

I am applying to test for the CADC----- or ACADC-----credential.

1. Registration Application (Mail upon initial registration)
2. Statement of Disclosure (Mail upon initial registration)
3. Release of Information (Mail upon initial registration)
4. Code of Ethics Signature Page (Mail upon initial registration)
5. Arkansas State Police Individual Record Check: (Mail one upon initial registration and a second current one with testing packet)
6. Formal Education Training Profile: (Mail with testing packet with certificates attached)
7. Informal Education Training Profile: (Mail with testing packet with documentation or certificates attached)
8. Official college transcripts: (Have them mailed directly from the college or university to the ASACB office at any time)
9. Experience Profile: (Submit with testing packet)
10. Counselor Evaluation Form: (Mailed by your supervisor prior to postmark deadline)
11. Supervised Practicum Verification: (Mailed by Certified Clinical Supervisor prior to postmark deadline)
12. Verification of Employment: (Mailed by agency [ies]) prior to postmark deadline)
13. Personal Philosophy of Counseling: (Mail with testing packet)
14. Written Case Study (Case Presentation. Send one (1) copy)
15. Current Testing Fee Payment
16. I, _____ have reviewed this packet and verify that all required documentation is included.

Signature of Certified Clinical Supervisor

Date Signed

REVIEWED BY:

Approved-----Disapproved-----Education Committee Initials:----- Date-----

Approved-----Disapproved-----Evaluation Committee Initials-----Date-----

Payment Received-----for -----Exam on ----- Date----- Receipt Number-----

Application Review Checklist for Certified Clinical Supervisor

Name of Applicant:----- Date:-----
Mailing Address:-----Daytime Phone:-----

This page will be the first page of your certification packet. Please attach the documentation IN THE ORDER LISTED BELOW. It is the responsibility of the applicant to submit complete documentation (i.e. certificates, transcripts). Incomplete or disorganized packets will be returned to you. You must postmark the entire packet by March 1 or September 1 to be eligible to test in June or December. **Testing Fees are non-refundable.**

_____ 1. Documentation of current certification as an AODA counselor at the reciprocal level **or** documentation of a current valid specialty in another professional discipline in the human services field at the Master's level or higher. (Copy of your CADC or ACADC certification **or** your license)

_____ 2. Documentation of five years (10,000 hours) of counseling experience as an AODA counselor. (Experience Verification)

_____ 3. Documentation of two years (4,000 hours) of clinical supervisory experience in the AODA field. (Experience Verification)

_____ 4. Documentation by a Certified Clinical Supervisor (CCS) of having provided a minimum of 200 contact hours of face-to-face clinical supervision. (Experience Verification)

_____ 5. Documentation of thirty (30) hours of didactic training with six (6) hours in each domain of the Clinical Supervisor.
[Assessment and Evaluation, Counselor Development, Management and Administration, and Professional Responsibilities]
(Education Profile with copies of certificates attached).

_____ 6. Signed Code of Ethics for Clinical Supervisors

_____ 7. Non-refundable Testing Fee payment of \$200.00

REVIEWED BY:

Approved-----Disapproved-----Education Com:----- Date-----

Approved-----Disapproved-----Evaluation Com:----- Date-----

Payment Received-----for -----Exam on----- Receipt-----

Experience Verification for Certified Clinical Supervisor (CCS)

Note to Applicants: Please provide your Certified Clinical Supervisor with this verification form to be mailed directly to the ASACB office.

Name of Applicant: ----- Date -----
Mailing Address: ----- Phone:-----
-----Date Completed: -----

I, ----- (Certificate Number)-----
hereby verify that I have knowledge of the above named applicant's full
time counseling work as an AODA counselor in the substance abuse
treatment field to equal five (5) years (10,000 hours).

I, -----(Certificate Number) -----
hereby verify that the above named applicant has provided clinical
supervision in alcohol/ drug counseling for at least two (2) years** (4,000
hours), from ----- to -----
Date Date

at -----

Name and address of facility

** [These two (2) years may be included in the previously referenced five (5)
years].

I, ----- (Certificate Number) -----
hereby verify that the above-named applicant has provided a minimum
of two hundred (200) contact hours of face-to-face clinical supervision to
others during the two (2) year period referenced above.

Name & Address of Certified Clinical Supervisor

----- Relationship To Applicant

CCS Daytime Phone

Signature of Certified Clinical Supervisor (CCS) Date Signed

Education Verification Certified Clinical Supervisor

Name of Applicant: _____ Date: _____

Mailing Address: _____ Daytime Phone: _____

Use this form to list the workshops you attended to earn the required 30 clock hours for initial certification as a Clinical Supervisor. Attach certificates of completion for each workshop listed.

Name of Workshop: _____ Hours: _____
Date(s) Attended: _____ Location: _____
Presenter: _____
Course content or objective: _____

Name of Workshop: _____ Hours: _____
Date(s) Attended: _____ Location: _____
Presenter: _____
Course content or objective: _____

Name of Workshop: _____ Hours: _____
Date(s) Attended: _____ Location: _____
Presenter: _____
Course content or objective: _____

Name of Workshop: _____ Hours: _____
Date(s) Attended: _____ Location: _____
Presenter: _____
Course content or objective: _____

ASACB Code of Ethics for Clinical Supervisors

Name:----- Date:-----
Mailing Address:----- Daytime Phone:-----

Please read, sign and return the last page of this Code of Ethics for Clinical Supervisors.

F.1. Counselor Educators and Trainers

a. Educator as Teachers and Practitioners.

Counselors who are responsible for developing, implementing, and supervising educational programs are skilled as teachers and practitioners. They are knowledgeable regarding the ethical, legal and regulatory aspects of the profession, are skilled in applying that knowledge, and make trainees, interns and supervisees aware of their responsibilities. Counselors conduct counselor education and training programs in an ethical manner and serve as role models for professional behavior. Counselor educators should make an effort to infuse material related to human diversity into all courses and/or workshops that are designed to promote the development of professional counselors.

b. Relationship Boundaries with Trainees, Interns and Supervisees

Counselors clearly define and maintain ethical, professional, and social relationship boundaries with their trainees, interns and supervisees. They are aware of the differential in power that exists between the supervisor and the trainees, interns or supervisees. Counselors explain to the trainees, interns and supervisees the potential for the relationship to become exploitative.

c. Sexual Relationships.

Counselors do not engage in sexual relationships with trainees, interns or supervisees and do not subject them to sexual harassment. (See A.6. and C.5.b.)

d. Contributions to Research.

Counselors give credit to trainees, interns or supervisees for their contributions to research and scholarly projects. Credit is given through co-authorship, acknowledgement, footnote statement, or other appropriate means in accordance with such contributions. (See G.4.b. and G.4.c.)

e. Close Relatives.

Counselors do not accept close relatives as trainees, interns or supervisees.

f. Supervision Preparation.

Counselors who offer clinical supervision services are adequately prepared in supervision methods and techniques.

g. Responsibility for Services to Clients.

Counselors who supervise the counseling services of others take reasonable measures to ensure that counseling services provided to clients are professional.

h. Endorsement.

Counselors do not endorse trainees, interns or supervisees for certification, licensure, employment, or completion of an academic or training program if they believe trainees, interns or supervisees are not qualified for the endorsement. Counselors take reasonable steps to assist students or supervisees who are not qualified for endorsement to become qualified.

F.2. Counselor Education and Training Programs

a. Orientation.

Prior to admission, Counselors orient prospective trainees, interns or supervisees to the counselor education or training program's expectations including but not limited to the following: (1) the type and level of skill acquisition required for successful completion of the training, (2) subject matter to be covered, (3) basis for evaluation, (4) training components that encourage self-growth or self-disclosure as part of the training process, (5) the type of supervision setting and requirements of the sites for required clinical field experiences, (6) trainees, interns and supervisee evaluation and dismissal policies and procedures, and (7) up-to-date employment prospects.

b. Integration of Study and Practice.

Counselors established counselor education and training programs that integrate academic study and supervised practice.

c. Evaluation.

Counselors clearly state to trainees, interns and supervisees, in advance of training, the levels of competency expected, appraisal methods and timing of evaluations for both didactic and experiential components. Counselors provide trainees, interns and supervisees with periodic performance appraisal and evaluation feedback throughout the training program.

d. Teaching Ethics.

Counselors make trainees, interns and supervisees aware of the ethical responsibilities and standards of the profession and the trainees, interns and supervisee's ethical responsibilities to the profession. (See C.1. and F.3.e.)

e. Peer Relationships.

When trainees, interns or supervisees are assigned to lead counseling groups or provide clinical supervision for their peers, counselors take steps to ensure that trainees, interns and supervisees placed in these roles do not have personal or adverse relationships with peers and that they understand they have the same ethical obligations as counselor educators, trainers, and supervisors. Counselors make every effort to ensure that the rights of peers are not compromised when trainees, interns or supervisees are assigned to lead counseling groups or provide clinical supervision.

f. Varied Theoretical Positions. (See C.2.a)

Counselors present varied theoretical positions so that students and supervisees may make comparisons and have opportunities to develop their own positions. Counselors provide information concerning the scientific basis of professional practice. (See C.6.a.)

g. Field Placements.

Counselors develop clear policies within their training program regarding field placement and other clinical experiences. Counselors provide clearly stated roles and responsibilities for the trainees, interns or supervisees, the site supervisor, and the program supervisor. They confirm that site supervisors are qualified to provide supervision and are informed of their professional and ethical responsibilities in this role.

h. Dual Relationships as Supervisors.

Counselors avoid dual relationships, such as performing the role of site supervisor and training program supervisor in the trainee's, intern's or supervisee's training program. Counselors do not accept any form of professional services, fees, commissions, reimbursement, or remuneration from a site for trainee, intern or supervisee placement.

i. Diversity in Programs.

Counselors are responsive to their institution and program's recruitment and retention needs for training program administrators, staff, trainees, interns and supervisees with diverse backgrounds and special needs. (See A.2.a.)

F.3. Trainees, Interns and Supervisees

a. Limitations.

Counselors, through ongoing evaluation and appraisal, are aware of the academic and personal limitations of trainees, interns and supervisees that might impede performance. Counselors assist trainees, interns and supervisees in securing remedial assistance when needed and dismiss from the training program trainees, interns and supervisees who are unable to provide competent service due to academic or personal limitations. Counselors seek professional consultation and document their decision to dismiss or refer trainees, interns or supervisees for assistance. Counselors assure that trainees, interns and supervisees have recourse to address decisions made, to require them to seek assistance, or to dismiss them.

b. Self-Growth Experiences.

Counselors use professional judgment when designing training experiences conducted by the counselors themselves that require trainees, interns and supervisee self-growth or self-disclosure. Safeguards are provided so that trainees, interns and supervisees are aware of the ramifications their self-disclosure may have on counselors whose primary role as teacher, trainer, or supervisor requires on ethical obligations to the profession. Evaluative components of experiential training experiences explicitly delineate

predetermined academic standards that are separate and not dependent on the trainees', interns' or supervisees' level of self-disclosure. (See A.6.)

c. Counseling for Trainees, Interns and Supervisees.

If trainees, interns or supervisees request counseling, supervisors or counselor educator provide them with acceptable referrals. Supervisors or counselor educators do not serve as counselors to trainees, interns or supervisees over whom they hold administrative, teaching, or evaluative roles unless this is a brief role associated with a training experience. (See A.6.b.)

d. Clients of Trainees, Interns and Supervisees.

Counselors make every effort to ensure that the clients at field placements are aware of the services rendered and the qualifications of the trainees, interns and supervisees rendering those services. Clients receive professional disclosure information and are informed of the limits of confidentiality. Client permission is obtained in order for the trainees, interns and supervisees to use any information concerning the counseling relationship in the training process. (See B.1.e.)

e. Standards for Trainees, Interns and Supervisees.

Trainees, interns and supervisees preparing to become counselors adhere to the Code of Ethics and the Standards of Practice. Trainees, interns and supervisees have the same obligations to clients as those required of counselors. (See H.1.)

I have read the Arkansas Substance Abuse Certification Board Code of Ethics and Code of Ethics for Clinical Supervisors. I agree to the authority of the Arkansas Substance Abuse Certification Board (ASACB) with regards to my certification as a Certified Clinical Supervisor (CCS), and will surrender my certification if necessary for violation of any portion of the Code of Ethics.

Signature-----Date Signed:-----

APPLICATION REVIEW CHECKLIST CERTIFIED CRIMINAL JUSTICE PROFESSIONAL (CCJP)

Name of Applicant: -----Daytime Phone: -----
Mailing Address:-----
Place of Employment-----

Please complete the initial registration forms on pages 84-89 and 112 as well as these.

This will be the first page of your CCJP application packet. Please attach the documentation IN THE ORDER LISTED BELOW. It is the responsibility of the applicant to submit complete documentation (i. e. certificates, transcripts). Incomplete or disorganized packets will not be reviewed and will be returned to you. You must postmark the entire packet by March 1 or September 1 to be eligible to test in June or December. Testing fees are non-refundable.

I am applying to take the CCJP exam on -----.
Testing date

- 1. Application
- 2. Documentation of Work Experience Hours
- 3. Documentation of Education Hours
(Transcripts are to be mailed directly to the ASACB office from the college/university).
- 4. Documentation of Supervised Practicum
- 5. Evaluation Form Completed by Certified Clinical Supervisor (CCS)
- 6. Signed CCJP Code of Ethics
- 7. Non-refundable Testing Fee Payment of \$200.00

REVIEWED BY: Approved-----Disapproved-----Education Com-----Date----- Approved-----Disapproved-----Evaluation Com-----Date----- Payment Received-----For-----exam on-----Receipt-----

CERTIFIED CRIMINAL JUSTICE PROFESSIONAL (CCJP)

Demographic Information:

Name:-----
Last Name First Name Middle Initial

Address:-----
Number and Street

City/State/ Zip:-----

Work Phone:----- Home Phone:-----

Fax Number:----- Social Security Number:-----

E-mail:----- Gender:----- DOB:-----

Ethnic Origin: In compliance with the ASACB Code of Ethics and EEOC (29 CFR), the ASACB does not condone or engage in any discriminatory practices. This information may be used for research and statistical reports.

African American Asian American Caucasian Hispanic
 Native American Other

Certification and Licensure Information: List all certifications and licenses you hold through any **OTHER** behavioral science board. **DO NOT** list the ASACB as we have your information on file.

Name of credential:----- Credential Number:----- Date Issued:-----
Expiration Date:----- Board of Issue:-----
Phone Number:-----

Name of credential:----- Credential Number:----- Date Issued:-----
Expiration Date:----- Board of Issue:-----
Phone Number:-----

Ethical Concerns:

1. Have you ever undergone disciplinary action for violation of any Code of Ethics? NO-----YES-----.If yes, please attach a letter of explanation.
2. I have read and understand the CCJP Code of Ethics and the ASACB Code of Ethics and agree to comply with the principles and standards set forth.
- 3. I understand that the CCJP credential is valid only within the criminal justice setting.**

Signature:----- Date Signed:-----

Experience Profile

Name of Applicant:----- Daytime Phone:-----
Name of Facility:----- Daytime Phone:-----
Mailing Address:-----

Statement by Verifying Party:

I hereby verify that the above named applicant has completed -----
Hours of direct work experience in a criminal justice/addictions services
setting over the past five (5) years, and -----hours of direct work
experience in the provision of AODA counseling.

Name of Facility:-----

Mailing Address:----- Phone Number:-----

Dates of Employment:-----to-----
Day/ Month/ Year Day/ Month/Year

Chief Job Responsibilities:-----

Signature and Title of Person Verifying Hours Date Signed

Signature of Certification Applicant Date Signed

Education Profile

Name of Applicant:----- Daytime Phone:-----

Address:-----

Complete the following information on each workshop or course you wish to apply to the Education requirement for CCJP. Attach certificates for each course attended. Duplicate this form as needed. Official transcripts must be mailed from the college or university directly to the ASACB office.

Course Title:-----Date(s)Attended:-----

Instructor:----- Contact Hours Requested:-----

Sponsoring Organization:-----

Location of Class:-----

Briefly describe the content of course:-----

Addiction specific: () or Criminal Justice specific: ()

Course Title:-----Date(s)Attended:-----

Instructor:----- Contact Hours Requested:-----

Sponsoring Organization:-----

Location of Class:-----

Briefly describe the content of course:-----

Addiction specific: () or Criminal Justice specific: ()

Course Title:-----Date(s)Attended:-----

Instructor:----- Contact Hours Requested:-----

Sponsoring Organization:-----

Location of Class:-----

Briefly describe the content of course:-----

Addiction specific: () or Criminal Justice specific: ()

Documentation of Supervised Practicum

Name of Applicant:----- Phone:-----
Address:-----

This document is to verify that the applicant listed above has received the 300 hours of direct supervision with a minimum of ten (10) hours in each of the six (6) domains of the Certified Criminal Justice Professional (CCJP) as defined by the IC&RC/AODA and five (5) hours in each of the twelve (12) AODA core functions. The practical training may occur as part of the eligible work experience, and may be completed under more than one Certified Clinical Supervisor or in more than one agency.

I have supervised the above named applicant for the period of:

----- to ----- at -----.
month/year month/year name of agency

During this period, I have supervised the above named applicant for the hours specified in each Core Function.

AODA 12 Core Functions CCJP Domains

_____ Screening	_____ Dynamics of Addiction and Criminal Behavior
_____ Intake	_____ Legal, Ethical and Professional Responsibility
_____ Orientation	_____ Criminal Justice System and Processes
_____ Assessment	_____ Screening, Intake and Assessment
_____ Treatment Planning	_____ Case Management, Monitoring, & Client Supervision
_____ Counseling	_____ Counseling
_____ Case Management	
_____ Crisis Intervention	
_____ Client, Family & Community Education	
_____ Referral	
_____ Reports & Record Keeping	
_____ Consultation	

I have directly supervised the above named applicant for a total of ----- hours.

Name of Certified Clinical Supervisor

Signature of Certified Clinical Supervisor

Date Signed

Arkansas Substance Abuse Certification Board
UALR-MidSOUTH
2801 S. University Ave.
Little Rock, AR 72204-1099

Code of Ethics for CCJP

• General respect and caring

- Perform duties with the attitude that change can occur, and accept responsibility for facilitating that change.
- Demonstrate appropriate respect for the dignity, worth, knowledge, insight, experience, and areas of expertise of others.
- Accept responsibility for the consequences of their actions.
- Make every reasonable effort to ensure that psychological knowledge is not misused, intentionally or unintentionally, to harm others.
- Encourage others, if appropriate, to relate with integrity, to respect the dignity of persons, and to expect respect for their own dignity.
- Assume overall responsibility for the scientific and professional activities of assistants, students, supervisees, and employees with regard to respect for the dignity of persons, all of whom, however, incur similar obligations.

Conflict of interest

- Avoid relationships (e.g., with students, employees, or clients) and other situations which might present a conflict of interest or which might reduce their ability to be objective and unbiased in their determinations of what might be in the best interests of others.

Do no harm

- If referring a client to a colleague or other professional, maintain appropriate contact, support, and responsibility for caring until other service begins.
- Do everything reasonably possible to stop or offset the consequences of actions by others when these actions are likely to cause serious physical harm or death. This includes reporting to appropriate authorities or an intended victim, and would be done even when a confidential relationship is involved.

Confidentiality

- Embrace, as a primary obligation, the duty of protecting client's rights and not disclose confidential information acquired in teaching, practice or investigation without appropriately executed consent within the standards and guidelines of Federal and state regulations.
- Adhere strictly to established rules of confidentiality of all records, materials and knowledge concerning persons served in accordance with all current government and program regulations.

Informed consent

- Seek as full and active participation as possible from others in decisions which affect them.
- Practice within the guidelines and standards of Federal and state regulations regarding informed consent and human subjects protocols.

Competence and self-knowledge

- Promote objectivity and integrity, and maintain the highest standards in the services offered.
- Conduct self-evaluations of professional performance applying ethical, legal, and professional standards to enhance self-awareness and performance.
- Accurately represent their own and their associates' qualifications, education, experience, competence, and affiliations, in all spoken, written, or printed communications, being careful not to use descriptions or information which could be misinterpreted.
- Take immediate steps to obtain consultation or to refer a client to a colleague or other appropriate professional, whichever is more likely to result in providing the client with competent service, if it becomes apparent that a client's problems are beyond their competence.
- Keep themselves up to date with relevant knowledge, research methods, and techniques, through the reading of relevant literature, peer consultation, and continuing education activities, in order that their service or research activities and conclusions will benefit and not harm others.
- Develop and utilize strategies to maintain one's own physical and mental health.

• Reliance on the discipline

- Seek consultation from colleagues and/or appropriate groups and committees, and give due regard to their advice in arriving at a responsible decision, if faced with difficult situations.
- Additionally, counselors must comply with the ASACB Code of Ethics for Alcohol and Drug Abuse Counselors. Ethical complaints must be submitted following the guidelines in the ASACB Code of Ethics.

Based on codes from the National Association of Alcoholism and Drug Abuse Counselors, the Canadian Psychological Association, the California Association of Addiction Recovery Resources, the Addiction Technology Transfer Center National Curriculum Committee and the Illinois Alcohol and Other Drug Abuse Professional Certification Association

Signature

Date

FAILURE TO OBSERVE THE CODE OF ETHICAL BEHAVIOR MAY RESULT REVOCATION OF CERTIFICATION.
Arkansas Substance Abuse Certification Board

CADC / ACADC Re-certification Application

It is your responsibility to maintain a current address with the Board.

I. Personal Information

Name-----Certification Number-----

Mailing Address----- Date of Birth-----

-----Social Security # -----

Street Address if different from mailing address:

----- County of Residence-----

Home Phone-----Gender-----Race-----

II. Educational Level Please circle highest level attained. Please list type of degree awarded (e.g. Bachelor of Science in Health Education, etc.)

GED----- High School----- Associate Degree----- Bachelor Degree-----
Master Degree----- Doctorate----- Type of Degree Awarded:-----

III. Work Related Information

Place of Employment-----Work Phone-----

Mailing Address-----# of years in the field-----

-----County-----

List all other licenses/ certifications that you hold through other Boards.

IV. Required Documentation

1. Attach documentation of sixty (60) hours of continuing education, including six hours of ethics training which you earned within the current cycle. (Note: If you initially certified in mid-cycle, your hours are pro-rated.)

2. Attach re-certification fee payment of \$150.00 for the two- (2) year cycle.

3. Attach signed Code of Ethics signature page.

4. Your application must be postmarked no later than **November 1**. Mail to the ASACB office at UALR-MidSOUTH 2801 S. University Ave. Little Rock, AR 72204.

Education Committee: Approved:-----Pending:-----Date:-----Initials:-----

Recommendations:-----

Payment Received-----Date-----Receipt Number-----

CCS Re-certification Application

It is your responsibility to maintain a current address with the Board.

I. Personal Information

Name ----- Certification Number-----

Mailing Address----- Date of Birth-----

----- Social Security # -----

Street Address if different from mailing address:

----- County of Residence -----

Home Phone ----- Gender----- Race-----

II. Educational Level

Please check the highest level attained. Please list type of degree awarded (e.g. Bachelor of Science in Health Education, etc.)

GED-----High School-----Associate Degree-----Bachelor Degree-----

Master Degree-----Doctorate-----Type of degree awarded:-----

III. Work Related Information

Place of Employment-----Work Phone-----

Mailing Address ----- # of Years in field-----

----- County -----

List all other licenses /certifications that you hold through **other** Boards.

IV. Required Documentation

1. Attach documentation of eighteen (18) hours of continuing education, including six (6) hours specific to clinical supervision which you earned within the current two-(2) year certification cycle. (Note: If you initially certified in mid-cycle, your hours are pro-rated.)
2. Attach re-certification fee payment of \$75.00 for the two-(2) year cycle.
3. Attach signed Code of Ethics for Clinical Supervisors
4. Your application must be postmarked no later than **November 1**.
Mail to the ASACB office at UALR-MidSOUTH 2801 S. University Ave.
Little Rock, AR 72204.

Education Committee: Approved-----Pending-----Date-----Initials-----

Recommendations: -----

Payment Received-----Date-----Receipt Number-----

CCSAC Re-certification Application

It is your responsibility to maintain a current address with the Board.

I. Personal Information

Name-----Certification Number-----
Mailing Address----- Date of Birth-----

----- Social Security # -----
Contact Phone-----Gender-----Race-----

II. Educational Level Please circle highest level attained. Please list type of degree awarded (e.g. Bachelor of Science in Health Education, etc.)

GED---- High School ----Associate Degree---- Bachelor Degree----
Master Degree---- Doctorate----

Type of Degree Awarded: -----

III. Work Related Information

Facility Where Employed-----Work Phone-----
Supervisors Name -----
Mailing Address-----# of years in the field-----
-----County-----

IV. Required Documentation

1. Attach documentation of thirty (30) hours of continuing education, including six hours of ethics training which you earned within the current cycle.
2. Attach re-certification fee payment of \$50.00 for the two-(2) year cycle.
3. Attach signed Code of Ethics signature page.
4. Your application must be postmarked no later than **November 1**.
Mail to the ASACB office at UALR-MidSOUTH 2801 S. University Ave.
Little Rock, AR 72204.

Education Committee: Approved-----Pending-----Date-----Initials-----
Recommendations:-----

Payment Received-----Date-----Receipt Number-----

CCJP Re-certification Application

It is your responsibility to maintain a current address with the Board.

I. Personal Information

Name-----Certification Number-----

Mailing Address----- Date of Birth-----

----- Social Security # -----

Street Address if different from mailing address:

----- County of Residence-----

Home Phone-----Gender-----Race-----

II. Educational Level

Please circle highest level attained. Please list type of degree awarded (e.g. Bachelor of Science in Health Education, etc.) GED High School Associate Degree Bachelor Degree

Master Degree Doctorate

Type of Degree Awarded: -----

III. Work Related Information

Place of Employment-----Work Phone-----

Mailing Address----- # of years in the field-----

-----County-----

List all other licenses/ certifications that you hold through other Boards.

IV. Required Documentation

1. Attach documentation of sixty (60) hours of continuing education, including six hours of ethics training which you earned within the current certification cycle. (Note: If you initially certified in mid-cycle, your hours are pro-rated.)

2. Attach re-certification fee payment of \$150.00 for the two- (2) year cycle.

3. Attach signed Code of Ethics signature page.

4. Your application must be postmarked no later than **November 1**.

Mail to the ASACB office at UALR-MidSOUTH 2801 S. University Ave.
Little Rock, AR 72204.

Education Committee: Approved:----Pending:----Date:-----Initials:-----

Recommendations:-----

Payment Received-----Date-----Receipt Number-----

Reciprocity Application

Congratulations !!!

As a certified counselor you have demonstrated your competence to a most exacting review group: your peers on the certification board. In this process you have passed a milestone in your career in the alcoholism and drug abuse counseling profession.

Your certification shows others that you have the knowledge and skills to perform in your chosen field. Your certification can also be your passport should you choose to relocate to another ICRC member state.

The ICRC/AODA, Inc. is a membership organization for the state certification authorities. We promote uniform professional standards with the commitment to providing high quality services for our clients.

Each member board accepts the certificates of its other member boards without qualification as meeting the requirements of its own board. The process creates a new level of mobility for the professional counselor.

Reciprocity Procedures :

Send your completed application with a copy of your current certificate and your check/money order for \$100.00 (U.S. funds) to the ICRC/AODA office. You will receive a confirmation of your request within two weeks of the time it is received in the ICRC/AODA office.

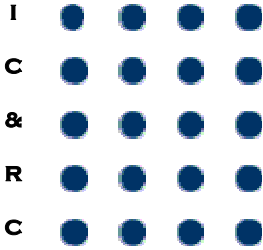
The Board to which you are applying for reciprocity will send you a new certificate and information about receptivity requirements in the new state.

Exceptions :

Not all states currently administer the same types of credentials. Contact your current certification board of ICRC/AODA to determine if the state to which you are moving administers an equivalent certificate.

AODA is the designation we have chosen for a combined alcohol and drug counselor certificate regardless of its title in the state. An AODA certificate will meet the requirements of any ICRC state certificate. If you find your current certification does not have an equivalent in your intended new state, contact the new state to determine what you need to become fully certified.

The ICRC/AODA continues to grow. For additional information about reciprocity and other credentialing news, contact your local certification board or the ICRC/AODA office.



Application for IC&RC Reciprocity

- Instructions:
1. Complete this application and sign the release and authorization.
 2. Staple a money order (payable to IC&RC) for the Non-Refundable application fee of \$100.00 (\$90 if you are reciprocating from/to the USAF/USN). **Note:** Counselor with CCS is \$100 total, otherwise fee is \$100 each credential.
 3. Make a copy for your records.
 4. Mail completed application and fee to your current IC&RC member board.

Your current board will send your application and fee, along with a Credential Verification Form, to the IC&RC Office. The IC&RC will review your application. If there is a problem with your application, you will be notified. If approved, the IC&RC will forward an approved reciprocity notification to your requested board. You will then receive a certificate and/or confirmation from your new certification board. If you have not heard from your requested board within 3 weeks, please contact them – ask your board for the phone number.

Please print or type

Name: _____ Daytime Phone: _____
Address: _____

City, State, Zip: _____

What credential will you be reciprocating?

_____ (Counselor) (Advanced Counselor) (Clinical Supervisor) (Prevention) (Criminal Justice)

Release – This form expires 60 days from the date of signature.

I, _____ hereby authorize my current IC&RC/AODA member board _____
Your name (current board)
to release all information regarding my qualifications to the requested IC&RC/AODA member board
_____.
(requested board)

I also authorize the IC&RC/AODA member board in _____ to verify to their
knowledge whether or not I (current board)
have received a reprimand, suspension, or revocation of my certificate for professional violation of the
board's code of conduct and/or ethics by that or any other board at any time during certification.

Your signature witness signature date

I do ___ do not ___ wish to remain certified with both boards.

Authorization and Waiver

I hereby authorize the request and release of all records and/or information in any way relating to my certification, qualifications or experience as an alcohol, drug, or AODA professional; I understand that this includes, but is not limited to, oral or written contracts with members of the IC&RC/AODA, similar licensing or certifying agencies or another board, former employers and/or other persons or organizations having pertinent information. This is a waiver of my privilege that may otherwise exist in respect to the disclosure of such information.

Your signature _____ Date _____

Application for International Certification for Alcohol & Other Drug Abuse (AODA) Counselor

You have worked hard, learned a lot, and are probably considered an expert by close colleagues. But do your supervisors understand the breadth of your experience or the depth of your knowledge? Would a prospective employer take you at your word when you describe your skills? Are your current credentials appreciated in the international employment market?

Counselors who are certified at the reciprocal level by member boards of the International Certification Reciprocity Consortium (ICRC) are automatically eligible to receive the distinguished status of international certification. Currently over 13,000 individuals hold designation as an Internationally Certified Alcohol and Drug Counselor (ICADC).

The ICADC offers personal satisfaction and professional advancement. When you become an ICADC you show your colleagues, your employer, and the professional counseling community that your knowledge and experience have measured up to a recognized standard of excellence. Certification is a testimonial to your personal achievement and accomplishment and reflects your desire not only to stay current in your field, but to advance.

The standards for certification as an ICADC are identical to the standards for reciprocal certification. Counselors who hold the ICADC complete 270 hours of training in alcohol and other drug abuse counseling, a 300 hour practicum, and three years of supervised work experience. They also demonstrate competence by passing the International Written Examination and the Case Presentation Method (CPM) oral examination. As counselors meet these standards for their reciprocal certification through ICRC member boards, simultaneously fulfill the requirements for the ICADC certificate.

Become certified as an ICADC and...

- Gain greater professional recognition.
- Enhance your reputation in the counseling profession.
- Demonstrate your interest in self-improvement and professional development.
- Confirm your proficiency as a counselor.

ICRC is an international not-for-profit organization of certification boards. Its mission is to establish, monitor, and advance reciprocal competency standards for alcohol and other drug abuse professionals and to support the boards which serve the public. To obtain the ICADC, complete the enclosed application found in Section VIII of this manual and forward it to your current certification board along with the appropriate fee.



International Certificate Application/Renewal

Check one: ___ ICADC ___ ICAADC ___ ICCS ___ ICPS ___ ICCJP
(Counselor) (Advanced Counselor) (Clinical Supervisor) (Prevention) (Criminal Justice)

Return this completed application with fee to your board. Your board will verify the information and forward the application to the IC&RC. If your board does not process international certificates, please send this form to the IC&RC, (298 S. Progress Ave., Harrisburg, PA 17109) along with the fee (money order payable to IC&RC) and a copy of your current credential. Please allow 3-4 weeks for processing.

Social Security # _____ If renewal, current International Certificate # _____

Name (Must be printed clearly) _____

Home Address:

_____ Street Address _____ Apt. # _____

_____ City _____ State _____ Zip Code _____

Telephone: () _____ () _____
Home Work

Current Board of Certification: _____

Fee: This amount should reflect \$2.00 per month (per credential) until your next expiration date. Fee is payable to your board (or to IC&RC if your board does not process international certificates).

Amount to Pay: \$2.00 X _____ months = \$_____. Those certified in Michigan, Nebraska, USAF, USN & US Army pay \$1.00/month

Your signature _____ Date _____

To be completed by IC&RC Member Board:

I verify that the certification of the applicant named above is in good standing with the _____.
(board acronym)

The credential is a _____ due to next renew on _____.
(credential acronym) (next recert date)

Signature of board representative Date

Request for Inactive Status

Name: _____ Certificate#: _____

Mailing Address: _____

Daytime Phone: _____

As per the ASACB Policy and Procedure guidelines, a counselor may request an inactive status for up to a two (2)-year period, or until the next re-certification date by following the protocol listed below. The counselor with the inactive status may not actively practice during the inactive period of time and is not eligible for the international certificate or reciprocity during this period of time.

A. Request for Inactive Status for CADC, ACADC, CCSAC, CCJP

Complete this form; attach a check, cashier's check or money order for \$100.00 to your request and mail to the ASACB office prior to the recertification postmark deadline. Within thirty (30) days of receiving written notice from the ASACB office that your request for inactive status has been granted, submit current fee payment

Signature: _____ Date Signed: _____

B. Request for Inactive Status for CCS

Complete this form; attach a check, cashier's check or money order for \$50.00 to your request and mail to the ASACB office prior to the recertification postmark deadline. Within thirty (30) days of receiving written notice from the ASACB office that your request for inactive status has been granted, submit current fee payment

Signature: _____ Date Signed: _____

Request for Reinstatement to Active Status

Name: _____ Certificate #: _____

Mailing Address: _____

Daytime Phone: _____

As per the ASACB Policy and Procedure guidelines, a counselor may request reinstatement to active status by following the protocol listed below.

CADC, ACADC, CCSAC, CCJP

Complete this form, attach current certification fee payment, attach documentation by certificate of thirty (30)-hours of approved continuing education, including six hours of ethics, which you earned during the inactive re-certification cycle and mail to the ASACB office. Upon approval by the Evaluation committee, your renewal sticker will be mailed to you.

CCS

Complete this form, attach current certification fee payment, attach documentation by certificate of eighteen (18)-hours of approved continuing education, including six hours specific to clinical supervision which you earned during the inactive re-certification cycle and mail to the ASACB office. Upon approval by the Evaluation committee, your renewal sticker will be mailed to you.

Education Training Approval Application

Please attach an agenda and a curriculum vitae for presenters. Note:
Approval of certification hours does not imply endorsement of event

Number of Formal Training Hours Requested: -----

Name of Trainer/Presenter-----

Presenter's Title or Qualifications -----

Name and Address of Sponsoring Organization or individual to be notified
of approval of this class-----

Contact Person----- Telephone Number-----

Mailing Address-----

Title of Training Event -----

Time of Event ----- Date(s) of Event -----

Location of Event-----

Brief Description of Training Event -----

Authorized Signature from Sponsoring Organization

Date

Approved: Yes ----- No-----Date-----Initials-----

Disapproved: Yes-----No-----Date-----Initials-----

Recommendations:-----

Applicant or Trainer notified? Yes-----No-----Date-----By-----

Ethics Reporting Form

Case Number-----

General Instructions:

(To be assigned by ASACB)

1. Please type the answers to these ethics related questions.
2. You must attach signed releases of information from clients, other witnesses, etc. (if applicable) with this form.
3. Refer to the ASACB Code of Ethics when preparing your report. Cite specific standards of practice or ethical principles which you feel have been violated when preparing your report.
4. Counselors are required to see the formal complaint through to its conclusion. Failure to comply may result in an ethical violation in and of itself.

Name of Complainant -----Credentials-----

Employer-----Work Phone-----

Address-----Home Phone-----

-----Date Signed-----

Name of Charged Counselor -----Credentials-----

Employer-----Work Phone-----

Address-----Home Phone-----

1. When did this conduct occur? List specific dates
2. Did you observe this firsthand or hear of it through others?
3. Describe the conduct which is the basis of your complaint. If applicable, please list names, addresses and phone numbers of persons who might have information about the subject matter of your complaint.

In filing this ethics reporting form, I agree to come to Little Rock before the Ethics committee to give testimony at such time this action is deemed necessary. My signature below constitutes a formal release of information which I have given to be used in resolving this complaint. This release terminates when the complaint is ultimately resolved.

Signature of Complainant

Date Signed

Release of Information from Client

I,----- hereby consent to communication
(Name of Client)

between the Arkansas Substance Abuse Certification Board (ASACB) and

-----for the purpose of processing an alleged
(Name of Complainant)

ethical violation against -----.
(Name of Charged Counselor)

I understand that my records are protected under the federal regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42 CFR Part 2, and cannot be disclosed without written consent unless otherwise provided for in the regulations. I also understand that I may revoke this consent at any time except to the extent that action has been taken in reliance to it, and that in any event this consent expires automatically as follows.

This consent expires upon final disposition of ASACB Case # _____.

Signature of Client

Date Signed

Mailing Address

Daytime Phone