



ALABAMA ALCOHOL & DRUG ABUSE ASSOCIATION

Counselor Certification Manual
AAP, ACAP, CADP, and MLAP

*Alabama State and
ICRC Reciprocal Level Certifications*

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I. INTRODUCTION

The Alabama Alcohol & Drug Abuse Association is an independent non-government, incorporated, nonprofit body which offers certification as substance abuse counselors, prevention specialists, and criminal justice addiction professionals. It is the aim of this Board to assure quality service for those affected by substance abuse and other social problems.

We are a member of the International Certification and Reciprocity Consortium/Alcohol and Other Drug Abuse, which promotes uniform professional standards, enables reciprocity with 62 member boards, and provides an International Certificate.

II. PHILOSOPHY STATEMENT

It is commonly recognized that addiction in our society is on the rise and that addiction is often coupled with other problems. Therefore, addiction treatment must be holistic in scope.

Regardless of the specific addiction, there are certain core functions, skills, and knowledge areas that are essential to quality treatment. It is acknowledged that these core skills are acquired in any number of treatment settings. Acquisition of these competencies is essential - not the content of that acquisition.

Certification is voluntary and open to individuals who are qualified to provide services to those persons who are addicted to alcohol and other abused drugs.

This process does not endorse any one particular philosophy or theory of treatment.

Emphasis is placed on utilizing those theories, which have been effective over time, while understanding that the identified functions and knowledge base are essentials for quality treatment. This process encourages and requires the development of professional skills and competencies by addiction professionals. This system is designed in a manner that allows reciprocity with other state certification bodies through the International Certification Reciprocity Consortium (ICRC).

III. PURPOSE

The purpose of a voluntary certification system for addiction professionals is to:

1. Assure the public a minimum level of competency for quality service by addiction professionals;
2. Give professionals recognition to qualified addiction professionals through a process which examines demonstrated work competencies;
3. Assure an opportunity for professional development by addiction professionals on an ongoing basis;
4. Enable addiction professionals to meet eligibility requirements for reimbursement of professional health care services.

IV. USING THIS MANUAL

This manual has been included with the application in order to provide the counselor with a thorough understanding of the requirements and process of certification prior to applying. The process is complex, lengthy and highly standardized to insure uniformity and fairness to each applicant.

The Board of Directors and the office staff will work with each applicant to resolve any possible problems. Therefore it is essential that applicants make the office aware of such situations in the application stage rather than later.

It is important that the counselors know fully what will be expected and that they enter the system prepared to provide the information required on the proper forms. For this reason, the Certification Board expects the prospective applicant to take the time to carefully read each section of the manual prior to filling in the application, and will refer to the manual while completing the forms.

The Manual provides the specific requirements for certification and the rules governing the procedure. There are instructions here for accurately filling in the application, and information which the applicant will find useful in taking the written exam and oral examination.

V. DEFINITION: ADDICTION PROFESSIONAL

An Addiction Professional is a person who possesses and utilizes a unique knowledge and skill base to assist substance abusers, persons affected by problems related to addictions, and the public for whom the prevention of addiction is a primary concern. This knowledge and skill base may be acquired through a combination of specialized educational and supervised work experiences.

The Role of the Addiction Professional is to:

1. Assist clients in making an assessment of their use of substances;
2. Assist clients in becoming involved in the counseling process so that they may resolve problems related to the use of substance abuses;
3. Provide experienced, professional counseling;
4. Assist and support clients in developing and/or maintaining a responsible and functional lifestyle;
5. Recognize problems beyond the counselor's training, skill or competence, and be willing and able to utilize other appropriate professional services;
6. Provide experienced, professional counseling services as needed to the substance abuser's family or significant others.

VI. WHO MAY BE CERTIFIED?

Certification can be awarded to those individuals who can demonstrate through the application process adequate skill, knowledge and competency in addiction counseling. Certification does not depend upon any single educational or experiential background. The required knowledge and skill may be gained through a combination of specialized training, education, and supervised work experience. The requirements for each category of certification include: experience in addiction counseling; training and education in the

knowledge and skill base; supervised practical experience in core functions; and demonstrated knowledge of addiction counseling and related areas as measured in the written test and oral exam.

Special Note: All degrees must be accredited by a regionally accredited college or university.

STATEMENT OF FEES

Counselor Certification MLAP*CADP*CAADP*ACAP*AAP

Counselor Certification Kit.....	\$65.00
Application Fee (Includes one year Membership).....	\$150.00
Written Exam (State Level-AAP).....	\$100.00
Written Exam (ICRC-MLAP-CADP-ACAP).....	\$250.00
Review Course (Written Exam & Oral Exam) MLAP, CADP, ACAP.....	\$50.00 optional

CCS

Clinical Supervision Certification Kit.....	\$65.00
Clinical Supervision Exam.....	\$250.00

Prevention Certification APS*ACPS*CPS*CPM

Prevention Certification Kit.....	\$65.00
Application Fee (Includes one year Membership).....	\$100.00
Written Exam (IC&RC Reciprocal Level Exam).....	\$250.00

Criminal Justice Certification CCJAP*CCJAS

Criminal Justice Certification Kit.....	\$65.00
Application Fee (Includes one year Membership).....	\$150.00
Written Exam.....	\$250.00

CO-OCCURRING CCDP*CCDP-D

Co-Occurring Kit.....	\$65.00
Application Fee (Includes one year Membership).....	\$150.00
Written Exam.....	\$250.00
Review Course (Written & Oral Exam) Optional.....	\$50.00

Study Guides are Available through the IC&RC.

VII. REQUIREMENTS FOR CERTIFICATION

1. *Completion of Application/Portfolio*
2. *Work Experience:* Must be documented in the Twelve Core Function areas, under approved clinical supervision. Supervised work experience is defined as paid or voluntary experience as a counselor who provides direct counseling services to AODA clients. At least 50% of this experience must have been in the past 5 years. These hours must be documented on the AADAA Supervisor's Form.
3. *Clinical Supervision.* Applicants for AAP must have documented a minimum of (5) hours in each of the Twelve Core Functions. All other applicants must have documented a minimum of 10 hours in each of the Twelve Core Functions. Clinical Supervision is defined as specific aspect of staff development dealing with clinical skills and competencies of each staff member. The structure for Clinical Supervision is typically one-to-one and/or small groups on a regular basis. The methods used are intensive case review and discussion, utilizing direct and indirect observation of clinical practice. These hours must be documented on the AADAA Clinical Supervision Form.
4. *Colleague Forms:* Applicants must have documented (3) colleague forms from those who are familiar with their work.
5. *Education/Training:* 140 clock hours of education related to the Domains and Tasks must be documents for all AAP applicants. 270 clock hours are required for all other applicants. Six of these hours must be in professional ethics and responsibilities. Four of these hours must be in AIDS/HIV Education. Education is defined as formal classroom education (workshops, seminars, institutes, in-

services (not more than 51% may come from in-services), and college/university* work. Education must be specifically related to the knowledge and skills necessary to perform the tasks within each IC&RC performance domain. One clock hour is equal to 50 minutes of continuous instruction. All education must be documented.

6. *International Written Examination:* (Not for AAP) All applicants must pass the IC&RC Written Examination.
7. *Code of Ethics:* All applicants must sign the AADAA Code of Ethics.

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Requirements for AAP Certification

1. 2,000 documented hours of work experience by a Certified Clinical Supervisor, and/or one who meets these qualifications.
2. *150 hours of Clinical Supervision (Minimum of 5 must be in each of the Domains and Tasks of an Addiction Counselor.*
3. *140 Clock Hours of Education related to the Domains and Tasks of an ICRC Certified Counselor; Included in this education must be 4 hours of AIDS/HIV Education and 6 hours of Professional Ethics.*
4. *Passage of a Written Examination (State)*
5. *Signed Code of Ethics*
6. *Signed Releases*
7. *Counselor Supervision Forms Returned and (3) Colleague Forms*

REQUIREMENTS FOR THE ACAP

1. Applicant must submit a completed portfolio/application.
2. *Work Experience:* Must have documented 6,000 hours of work experience. A Bachelor's Degree in a human services field may be substituted for 2,000 hours of work experience. A Master's Degree in a human services field may be substituted for 6,000 hours.
3. *Clinical Supervision:* Must have documented a minimum of 300 hours in the 12 Core Functions. A minimum of 10 hours in each core function must be documented.
4. *Education/Training:* 270 clock hour of education/training must be documented. This education must be in the 12 Core Function Areas and be from an accredited college or university. Must include 6 hours of ethics education and 4 hours of AIDS/HIV education. Original transcripts must be sent from the college or university.
5. *Colleague Forms:* Applicants must have three (3) colleague forms submitted
6. *Passage of the IC&RC Written Examination:*
7. *Will receive the AAP certification upon passage of written exam and completion of #'s 1-6 and 9.*
8. *Submission of the IC&RC Written Case Presentation.*
9. *Passage of the IC&RC Oral Examination.*
10. *Signed Code of Ethics.*

REQUIREMENTS FOR THE CADP

1. Applicant must submit a completed portfolio/application.
2. *Work Experience:* Must have documented 6,000 hours of work experience. A Bachelor's Degree in a human services field may be substituted for 2,000 hours of work experience. A Master's Degree in a human services field may be substituted for 4,000 hours.
3. *Clinical Supervision:* Must have documented a minimum of 300 hours in the 12 Core Functions. A minimum of 10 hours in each core function must be documented.
4. *Education/Training:* 270 clock hour of education/training must be documented. This education must be in the 12 Core Function Areas and be from an accredited college or university. Must include 6 hours of ethics education and 4 hours of AIDS/HIV education. Original transcripts must be sent from the college or university.
5. *Degree Requirement:* Must have a Bachelor's Degree in a human services field.
6. *Passage of the IC&RC Written Examination:*
7. *Colleague Forms:* Three must be submitted.
8. *Will receive the AAP certification upon passage of written exam and completion of #'s 1-7 and # 11.*
9. *Submission of the IC&RC Written Case Presentation.*
10. *Passage of the IC&RC Oral Examination.*
11. *Signed Code of Ethics.*

REQUIREMENTS FOR THE MLAP

1. Applicant must submit a completed portfolio/application.
2. *Work Experience:* Must have documented 6,000 hours of work experience.
3. *Clinical Supervision:* Must have documented a minimum of 300 hours in the 12 Core Functions. A minimum of 10 hours in each core function must be documented.
4. *Education/Training:* 270 clock hour of education/training must be documented. This education must be in the 12 Core Function Areas and be from an accredited college or university. Must include 6 hours of ethics education and 4 hours of AIDS/HIV education. Original transcripts must be sent from the college or university.
5. *Degree Requirement:* Must have a Master's Degree in a human services field.
6. *Passage of the IC&RC Written Examination:*
7. *Colleague Forms:* Must have three (3) colleague forms documented.
8. *Will receive the AAP certification upon passage of written exam and completion of #'s 1-7 and # 10.*
9. *Submission of the IC&RC Written Case Presentation.*
10. *Passage of the IC&RC Oral Examination.*
11. *Signed Code of Ethics.*

Certified Clinical Supervisor Standards

Clinical Supervision is defined as a specific aspect of staff development dealing with the clinical skills and competencies for persons providing counseling. The format for supervision is commonly one-to-one and/or small groups on a regular basis. Methods for review often include case review and discussion, utilizing direct observation of a counselor's evidenced in quality patient/client care.

Certified Clinical Supervisors must meet the following qualifications:

1. Applicant must have a Master's Degree in a social service or related field from an accredited college.
2. Certification as an AODA counselor at the reciprocal level. Must be Must have CADP certification or apply and have completed the CADP certification process.
3. Verification of five (5) years (10,000) hours of counseling experience as an AODA counselor.
4. Verification of two (2) years (4,000) hours of clinical supervision experience in the AODA field.
These two years may be included in the five years of counseling experience and must include the provision of 200 contact hours of face-to-face clinical supervision.
5. Verification of (30) hours of didactic training in clinical supervision. This must include training in each of the following areas: (1) Assessment; (2) Diagnostic Impression; (3) Counselor Development; (3) Management/Administration; (4) Training of Counselors; (5) Program Development; and (6) Professional Conduct.
6. Submission of (3) references from individuals familiar with the applicant's work as a clinical supervisor, one of whom must have supervised the candidate's clinical supervision.
7. Code of Ethics: All applicants must sign the IC&RC CCS Code of Ethics.
8. All applicants must pass the IC&RC Written Examination.
9. This certification will be designated as a Certified Clinical Supervisor (CCS) and will replace the CADP for persons meeting the CCS certifications requirements.
10. Residency: All applicants must reside and or be employed in Alabama at least 51% of the time.
11. There will be a \$150.00 fee for the initial certification for persons currently certified as CADP or MLAP (in good standing). All other applicants will have to complete the CADP or MLAP process.

ICRC RECIPROCAL LEVEL CERTIFICATIONS (CPS and CPM):

Certified Prevention Specialist (CPS)

1. Two (2) years (4,000 hours) experience in prevention.
2. 100 hours of prevention education / training (50% must be in alcohol, tobacco and other drug use abuse training).
3. Bachelor's Degree in a related field.
4. Supervisor's evaluations.
5. Three (3) Colleague Evaluations.
6. Signed "Code of Ethics" and "Releases"
7. 120 hours of Supervised Practical Experience (minimum of 10 in each domain).
8. Passage of the IC&RC Prevention Exam.
9. Required Education (can be included in the 100 hours of education/ training)
 - a. Four (4) hours of Prevention Specific AIDS/HIV education.
 - b. Six (6) hours of Prevention Specific Ethics education.
 - c. Four (4) hours of Disruptive Audience education.
10. Must reside and/or be employed in Alabama 51% of the time.

Certified Prevention Manager (CPM)

1. Three years (6,000) hours of managerial / supervisory experience in substance abuse prevention.
2. 100 hours of prevention education / training (50% must be in alcohol, tobacco and other drug use abuse training).
3. Bachelor's Degree in a related field.
4. Supervisor's evaluations.
5. Three (3) Colleague Evaluations.
6. Signed "Code of Ethics" and "Releases"
7. 120 hours of Supervised Practical Experience (minimum of 10 in each domain).
8. Passage of the IC&RC Prevention Exam.
9. Required Education (can be included in the 100 hours of education/ training)
 - a. Four (4) hours of Prevention Specific AIDS/HIV education.
 - b. Six (6) hours of Prevention Specific Ethics education.
 - c. Four (4) hours of Disruptive Audience education.
10. Must reside and/or be employed in Alabama 51% of the time.

UPGRADING FROM ACAP to CADP or CADP to MLAP

A counselor proceeds from ACAP or CADP, with the accumulation of addiction counseling experience, supervised practical experience, and/or training. The procedure includes 3 steps:

1. A letter requesting an upgrade package is sent (Cost: \$5.00).
2. Completion of the upgrade package and completion of all marked items/documentation of additional hours of experience, education, or supervision necessary to upgrade to ACAP or CADP (forms will be included in the upgrade package). If your date is more than one year prior to submitting for an upgrade, the charge will be \$50.00.
3. Submission of an oral case presentation is necessary upon acceptance of additional information.

A counselor who applies for the AAP, and then accumulates the necessary hours for ACAP or CADP, must complete the AAP process before upgrading. A counselor who is upgrading can apply the hours of experience and education, accumulated for the AAP, to the upgrade, and continue to accumulate hours in both education and experience, while in the process of obtaining initial certification as an AAP. The hours obtained after

applying for AAP can only be used to meet CADP requirements. CEU's earned for AAP renewal may be used towards upgrading to ACAP or CADP.

The AAP certificate is renewed on a yearly basis. During the first year, there is no charge for upgrading from AAP to CADP. During the second year, there is a \$50.00 fee. A counselor who has not upgraded by the end of the third year will have to reapply and pay the certification fee of \$150.00 in order to upgrade. Applicants applying for AAP after July 1992, will be required to take the ICRC exam, and all AAP applicants must meet CADP educational requirements when upgrading; a Bachelor's Degree in a social services field will be required for upgrading. A counselor can remain an AAP indefinitely by paying the yearly renewal fee and meeting the Contact Hour requirements outlined in this manual. There is no degree requirement for upgrading to ACAP.

CERTIFIED ALCOHOL AND DRUG ABUSE PROFESSIONAL **(CADP)**

CORE FUNCTIONS

This section identifies valid experience requirements for the ACAP, CADP and MLAP applicants. The certification process measures competency in the twelve (12) identified counselor core functions and a variety of skill areas. These functions are tasks performed by all Addiction Professionals to various degrees and are included in the requirements of the majority of credentialing bodies nationwide. Addiction professionals are not required to be experts in all these functions, but will gain proficiency as they gain experience.

AAP applicants are required to be able to document a minimum of 5 hours in each category under supervision. Applicants for ACAP, CADP and MLAP are required to have a minimum of 10 hours in each category under supervision.

The Twelve Core Functions of a Counselor

Core Function	Definition
1. Client Screening	The process by which a client is determined appropriate and eligible for admission to a particular program.
2. Client Intake	The administrative and initial assessment procedures for admission to a program.
3. Client Assessment	Those procedures by which a counselor/program identifies and evaluates an individual's strengths, weaknesses, problems and needs for the development of the treatment plan.
4. Treatment Planning	Process by which the counselor and the client - identify and rank problems needing resolution - establish agreed upon immediate and long term goals - decide on a treatment process and the resources to be utilized, including other health and human service professionals as needed.
5. Client Orientation	Process by which the counselor and the client - identify and rank problems needing resolution - establish agreed upon immediate and long term goals - decide on a treatment process and the resources to be utilized, including other health and human service professionals as needed.
6. Counseling : Individual, Group, & Family	Describing to the client: <ul style="list-style-type: none"> • general nature and goals of the program • rules governing client conduct and infractions that can lead to disciplinary action or discharge from the program • in a nonresidential program, the hours during which services are available • treatment costs to be paid by the client, if any • client rights
7. Crisis Intervention	Those services which respond to an alcohol

	and/or other drug abuser's needs during acute emotional and/or physical distress.
8. Referral	Identifying the needs of the client that cannot be met by the counselor or agency and assisting the client to utilize the support systems and community resources available.
9. Consultation with Other Professionals	Relating with other professionals to assure comprehensive, quality care for and in regard to the client.
10. Reports and Record Keeping	Charting the results of the assessment; keeping records and treatment plan; writing reports, progress notes, discharge summaries and other client-related data; and handling records in accordance with federal and state confidentiality regulations and the client's best interests.
11. Client Education	Provision of information to individuals and groups concerning alcohol and other drug abuse and the available services and resources.
12. Case Management	Activities which bring services, agencies, resources or people together within a planned framework of action for the achievement of established goals. It may involve liaison activities and collateral contacts.

VIII. APPEALS PROCEDURE

When an applicant is denied certification, questions the results of the portfolio review, Questions examination results or is subject to an action by AADAA or its agents that He/she deems unjustified, the applicant has the right to an inquiry and appeal.

INQUIRY:

If an applicant (complainant) feels that an action taken by AADAA or its agents is unjustified (e.g. denial of certification), he/she is entitled to a written summary from AADAA or its agents that explains the reasons for the action. If the complainant does not agree with the AADAA decision, he/she may request an appeal.

APPEAL: The applicant may appeal the decision of AADAA within thirty (30) days of receipt of the summary notice of denial or any other action deemed unjustified by sending a certified letter to the President of the Board at the AADAA office.

The President or designated board member will review the written appeal and appoint a three member hearing committee of certified counselors to hold an oral hearing with the complainant within thirty (30) days of receipt of the certified letter.

The complainant will be informed of the results of the hearing by certified mail. These results are considered final unless the complainant requests a further hearing by the board.

The hearing committee will report the results of the hearing to the Certification Board at its next meeting. If the Board has received an objection to the decision, it will review the entire matter.

The Certification Board will review the findings of the hearing committee and the objections of the complainant. It will notify the complainant of its final decision by certified mail within thirty (30) days of its meeting.

IX. RECIPROCITY

Nonresidents of the State of Alabama can acquire certification in the State of Alabama through reciprocity. Applications for reciprocity may be obtained from either the state in which they are certified or by contacting ICRC (International Certification Reciprocity Consortium). Reciprocity acquired through ICRC is valid in over 62 states and countries, including the Air Force, the Navy, the Army and the Marines. Residents of the State of Alabama who wish to transfer their certification to another state may obtain application from the AADAA office by written request.

ACAP, CADP and MLAP level certification is eligible for reciprocity. The reciprocity does not apply to those who are Associate Level addiction counselors (AAP).

For further information about reciprocity, please contact the AADAA office at:

**P.O. Box 310
Eva, Al 35621
Phone: 256-796-4490**

X. RENEWAL/RECERTIFICATION REQUIREMENTS

Certification is maintained and renewed every year provided the following criteria are met throughout the year:

1. There is a maintenance/renewal fee of \$60.00 per year.

Recertifications/renewals are performed quarterly. Based upon the quarter system, members would renew as follows:

Those certified in January, February or March would renew in January.

Those certified in April, May, or June would renew in April.

Those certified in July, August, or September would renew in July.

Those certified in October, November, or December would renew in October.

The renewal fee **does include** membership fees. Renewals must be made in the month of renewal. All renewals after this date must pay a \$10.00 late fee for each month thereafter that the fees are not paid.

The certified must accumulate 20 hours of Continuing Education (20 contact hours) per year. Documentation of these are to be submitted with the maintenance fees. The certified has the option of allowing his/her certification to go into an inactive status. The certified can stay in this mode for no longer than 3 years. In order to become active again, the certified must submit proof of all the contact hours required, the maintenance fees required, as well as the most current application fees.

All certificates will have an expiration date located on the lower left hand side of the

certificate. THIS IS YOUR RENEWAL DATE.

General members who are not certified will renew their status as members for \$35.00 per year (\$25.00 if income is less than \$25,000 per year).

4 Hours of AIDS/HIV Education and 4 hours of Ethics Education must be renewed along with and made part of recertification hours every two years.

CODE OF ETHICS

Preamble

The certification Board for Addiction Professionals of Alabama provides this Code of Ethics for each of its certified members. Certified Addiction Professionals believe in the dignity and worth of the individual. They are committed to increasing knowledge of human behavior, to the understanding of themselves and others, and to relieving human suffering. While pursuing these endeavors they make every reasonable effort to protect the welfare of those who seek their services and to protect any subject who may be the object of study. They use their skills only for purposes consistent with these values and do not knowingly permit their misuses by others. While demanding for themselves freedom of inquiry and communication, addiction professionals accept the responsibility this freedom confers: competence; objectivity in the application skills; and the concern for the best interests of clients, colleagues, and society in general. In the pursuit of these ideals, addiction professionals subscribe to the principles of Ethical Standards that are presented in this document.

1. RESPONSIBILITY TO CLIENTS:

In their commitment to advancing the welfare of alcohol and drug dependent individuals and their families, addiction professionals value objectivity and integrity. They accept the consequences of their work and make every effort to insure that their services are used appropriately. In providing services they maintain the highest standards.

ADDICTION PROFESSIONALS:

- 1.1 Do not discriminate against or refuse professional service to anyone on the basis of race, religion, natural origin, disability, gender, or sexual orientation.
- 1.2 Avoid exploiting the trust and dependency of their clients and make every effort to avoid dual relationships with clients that would impair professional judgment or increase the risk of exploitation. Examples of such dual relationships include, but are not limited to: business or sexual relationships with clients.
- 1.3 Do not use their professional relationship with clients to further their own interests.
- 1.4 Continue therapeutic relationships only so long as it is reasonably clear that clients are benefiting from the relationship. They assist persons in obtaining other therapeutic services if they are unable or unwilling, for appropriate reasons, to see a person who has requested professional help. They do not abandon or neglect clients in treatment without making reasonable arrangements for the continuation of such treatment.

2. CONFIDENTIALITY:

Addiction Professionals have a primary objection to respect the confidentiality of client information. They reveal such information to others only with the written consent of the person or the person's legal representative, except in those unusual circumstances in which not doing so would result in clear danger to the person or to others. Where appropriate, addiction professionals inform clients of the legal limits of confidentiality.

ADDICTION PROFESSIONALS:

- 2.1 Cannot disclose client confidences to anyone, except: (1) As mandated by law; (2) to prevent a clear and immediate danger to a person or persons; (3) where the addiction professional is a defendant in a civil, criminal or disciplinary action arising from the therapy (in which case client confidences may only be disclosed in the course of the action); or (4) if there is a waiver previously obtained in writing, and then such information may only be revealed in accordance with the terms of the waiver.
- 2.2 Use clinical materials in teaching, writing, and public presentations only if a written waiver has been received in accordance with paragraph 2.1(4), or when appropriate steps have been taken to protect client identify.
- 2.3 Store or dispose of client records in ways that maintain confidentiality.

3. PROFESSIONAL COMPETENCE AND INTEGRITY:

The maintenance of high standards of professional competence and integrity are responsibilities shared by all addiction professionals. They recognize the boundaries of competence and the limitations of techniques and only provide services, use techniques, or offer opinions as professionals meeting recognized standards. Throughout their careers, addiction professionals maintain knowledge of professional information related to the services they render.

ADDICTION PROFESSIONALS:

- 3.1 Accurately represent their competence, education, training and experience.
- 3.2 As supervisors, perform duties based on careful preparation so that supervision is accurate, up-to-date and scholarly.
- 3.3 Recognize the need for and obligation to professional growth through continuing education, are open to new procedures, and are sensitive to differences between groups of people and changes in expectations and values over time.

- 3.4 Should have an understanding of counseling or educational measurement, validation problems, and other test research where they have the responsibility for decisions involving individuals or policies based on test results. Test users should know and understand the literature relevant to the tests used and testing problems with which they deal.
- 3.5 Do not attempt to advise on, diagnose, or treat problems outside the recognized boundaries of their competence.
- 3.6 Seek appropriate professional assistance for their own personal problems or conflicts that are likely to impair their work performances and their clinical judgment.
- 3.7 Do not engage in sexual or other harassment of clients, students, employees, supervisees, trainees or colleagues.
- 3.8 Are aware that, because of their ability to influence and alter the lives of others, they must exercise special care when making public their professional recommendations and opinions through testimony or other public statements.

4. RESPONSIBILITY TO STUDENTS, EMPLOYEES AND SUPERVISEES:

Addiction Professionals do not exploit the trust and dependency of students and supervisees.

ADDICTION PROFESSIONALS:

- 4.1 Are cognizant of their potentially influential position with respect to students, employees and supervisees; avoid exploiting the trust and dependency of such persons; and make every effort to avoid dual relationships that could impair professional judgment or increase the risk of exploitation.
- 4.2 Do not permit students, employees, or supervisees to perform or to represent themselves as competent to perform professional services beyond their training, level of experience, and competence.

5. RESPONSIBILITY TO THE PROFESSION:

Addiction Professionals act with due regard to the needs and feelings of their colleagues in the field of addictions and other professions. They respect the prerogatives and obligations of the institutions or organizations with which they are associated.

ADDICTION PROFESSIONALS:

- 5.1 Understand the areas of competence of related professions and make full use of other professional, technical, and administrative resources that best serve the interests of clients.
- 5.2 Remain accountable to the standards of the profession when acting as members or employees of organizations.
- 5.3 As writers and researchers: (1) assign publication credit to those who have contributed to a publication in proportion to their contributions; (2) cite appropriately reasonable precautions to insure that the materials are accurately and factually promoted and advertised; and (3) are adequately formed of and abide by relevant laws and regulations regarding the conduct of research with human participants.
- 5.4 Recognize a responsibility to participate in activities that contribute to a better community and society, including devoting a portion of their professional activity to services for which there is little or no financial return.
- 5.5 Are concerned with developing laws and regulations pertaining to the field of addiction that serve the public interest, and with altering such laws and regulations that are not in the public interest. They also encourage public participation in the designing and delivery of services and in the regulation of practitioners.
- 5.6 Having first-hand knowledge of an ethical violation should attempt to rectify the situation. Failing an informal solution, addiction professionals should bring such unethical activities to the Certification Board for Addiction Professionals.

6. FEES:

Addiction Professionals charge fees only where they are licensed to do so. In such cases, they make financial arrangements with clients that conform to accepted professional practices and that are reasonably understandable.

ADDICTION PROFESSIONALS:

- 6.1 Do not offer or accept payment for referrals.
- 6.2 Do not charge excessive fees for services.
- 6.3 Disclose their fee structure to clients at the onset of treatment.

7. ADVERTISING:

Addiction Professionals engage in appropriate informational activities, including those that enable the public to choose addiction professionals on an informed basis.

ADDICTION PROFESSIONALS:

- 7.1 Accurately represent their competence, education, training, and experience relevant to their practice as an addiction professional.
- 7.2 Claim as evidence of educational qualifications only those degrees from regionally accredited institutions or from institutions accredited by states, which licenses or certify addictions professionals.
- 7.3 Do not use a name which could mislead the public concerning the identity, responsibility, source, and status of those practicing under that name and do not represent themselves as being partners or associates of a firm if they are not.
- 7.4 Assure that advertisements and publications, whether in directories, announcement cards, newspapers, or on radio or television, are formulated to convey information that is necessary for the public to make an appropriate selection.
- 7.5 Do not use any professional identification (such as a professional card, office sign, letterhead, or telephone or association directory listing), if it includes a statement or claim that is false, fraudulent, misleading, or deceptive.
- 7.6 Correct, wherever possible, false, misleading or inaccurate information and representations made by others concerning the addiction professional's qualifications, services or products.

VIOLATIONS OF THIS CODE SHOULD BE REPORTED TO:

Ethics Chair
AADAA
P.O. Box 310
Eva, Al. 35621

ADMINISTRATIVE HEARING PROCEDURES
FOR
ETHICAL STANDARDS VIOLATIONS

.01 RIGHT TO HEARING:

When the Board proposed to deny, suspend or revoke a certificate or certification, or at any other time when it deems a hearing appropriate, it shall give notice to the person(s) affected of the right to an administrative hearing. The notice will be mailed by certified mail to such person at his last known address. Such person may assert his right to a hearing by mailing to the Board a Request for Administrative Hearing pursuant to .02(c) of this Section, except that attempts at informal resolution are not required, and a hearing will be granted provided that the container of the request bears a postmark dated prior to the date of which the Board proposed to act or such other date as may be specified in the notice.

.02 REQUESTS FOR HEARING:

(a) Any time an individual believe his rights, duties or privileges have been affected by Board's administrative action, but has not received notice of a right to an administrative hearing for certification or recertification.

(b) Before an individual may file a request, he must first exhaust all reasonable efforts to resolve the issue formally with the Board.

(c) Subsequent to such formal action, if still dissatisfied, the individual should submit a request to: AADAA, P.O. Box 310 Eva Al 35621, with the container of the request bearing the notation, "Request for Administrative Hearing". That request should contain the following information:

- (1) Name and address of the petitioner.
- (2) A concise statement of the action taken by the Board which is challenged.
- (3) A concise statement of the way in which the petitioner has been aggrieved.
- (4) A clear and specific statement of request for a hearing.

(d) A request for a hearing will be acknowledged promptly and, if deemed appropriate, a hearing will be scheduled.

.03 GRANTING OR DENYING HEARING REQUESTS:

(a) The board will decide whether to grant a request for a hearing at its next regularly scheduled meeting following receipt of the request.

(b) A denial of a request for a hearing will be issued promptly following a decision. Such denial shall contain a statement of the reasons leading the Board to deny the request.

(c) Approval of a request for a hearing will be signified by the issuing of a notice explained in Rule .04 of this Section.

.04 NOTICE OF HEARING:

Notices of administrative hearings of the Alabama Alcohol and Drug Abuse Association:

(a) Shall give the name, position, address, and telephone number of a member, employee, or agent of the Board to contact for further information or discussion.

(b) Shall include a statement that failure to inform the office of the Board, within ten (10) days after notice is received, of intent not to appear at any hearing or pre-hearing conference scheduled in the hearing notice will be deemed a waiver of the right to a hearing.

(c) May give notice of date and place for a pre-hearing conference, if any.

(d) May schedule the date of the hearing.

(e) May include any other information deemed relevant to informing the party or parties as to the procedure of the hearing.

.05 WHO SHALL HEAR CONTESTED CASES:

The Board will hear all administrative hearings. The chairman or his designee shall be responsible for the conduct of the hearing.

.06 PETITIONS FOR INTERVENTION:

(a) A person desiring to intervene in a contested case must file a written petition with the Alabama Alcohol and Drug Abuse Association, at the address shown in Rule .02 of this Section. The container of such request should bear the notation, "PETITION TO INTERVENE IN THE CASE OF (name of case)".

(b) The petition must include the following information:

- (1) Name and address of petitioner
- (2) Business or occupation of petitioner, where relevant
- (3) A full identification of the hearing in which petitioner is seeking to intervene
- (4) Statutory or non-statutory grounds for intervention any, if not, so state
- (5) Any claim or defense in respect of which intervention is sought
- (6) A summary of the arguments or evidence petition seeks to present

(c) The Board will mail copies of the petition to the parties of the case, with the costs, at the rate of twenty-five (\$.25) per page, chargeable to the petitioner.

(d) If the Board determines to allow intervention, notice of that decision will be issued promptly to all parties and to the petitioner. In cases of discretionary intervention, such notification will include a statement of any limitations of time, subject matter, evidence or whatever else is deemed necessary, which are imposed on the intervening party.

(e) If the Board's decision is to deny intervention, the petitioner will be notified promptly. Such notice will be in writing, will state all reasons for the decision, and will be issued to the petitioner and to all parties.

.07 DISQUALIFICATION OF BOARD MEMBER:

(a) Self-disqualification of Board Member.

If for any reason the Board member determines that personal bias or other factors render him unable to conduct or participate in the hearing and perform all duties in an impartial manner, he shall submit, in writing to the Board, his disqualification and the reasons.

(b) Petition for Disqualification:

If for any reason any party in a contested case believes that the Board member is personally biased or otherwise unable to conduct or participate in the hearing and perform all duties in an impartial manner, the party may file a sworn, notarized, affidavit with the Board. The container of such affidavit should bear the notation, "AFFIDAVIT OF DISQUALIFICATION OF BOARD MEMBER IN THE CASE OF (name of case)".

(c) Content of Affidavit:

The Affidavit must state all facts the party deems relevant to the disqualification of the Board member.

(d) Timeliness of Affidavit:

An Affidavit of disqualification will be considered timely if filed at least ten (10) days before the commencement of the hearing. Any other affidavit will be considered timely provided it is filed at the first opportunity after the party becomes aware of the facts which give rise to a reasonable belief that the Board member may be disqualified under this Rule.

(e) Procedure for Determining Disqualification:

1. The chairperson of the Board may appoint a member of the Board to investigate the allegations of the affidavit and report his findings and recommendations to the Board.

2. The Board, with the advice of such assistants as it deems appropriate, shall decide whether to disqualify the challenged individual.

3. The person whose qualifications are to be determined will not participate in the decision, but will have the right to furnish information to the Board.

4. A record of proceedings and the reasons for decisions reached will be maintained as part of the contested case.

(f) Disqualification or withdrawal of a Board member because of personal bias or otherwise will not require the hearing to be postponed unless a quorum is not available.

.09 FAILURE TO APPEAR:

(a) Should a party fail to appear at a scheduled hearing, the Board may proceed with the hearing in the party's absence, or it may order a continuance, adjournment, or it may dismiss the proceeding.

(b) Continuances or adjournments will be granted only in compelling circumstances. Usually only one such postponement will be allowed.

(c) Should a party fail to appear at a hearing following the granting of one continuance or adjournment or after a prior failure to appear, the proceeding will be dismissed with prejudice as to such party.

(d) If a hearing is conducted or a decision is reached in an administrative hearing in the absence of a party, or if a dismissal is entered prior to the granting of one continuance, that party may file a written petition with the Board for a reopening of the case. The container of such petition should bear the notation, "PETITION FOR REOPENING HEARING OF (name of case)".

(e) Petitions for reopening a case will not be granted except when the petitioner can show that the reasons for his failure to appear were justifiable and unavoidable and that fairness required reopening the case.

(f) The decision of the Board will be in writing and a copy will be sent to the petitioner and made a part of the record of the hearing.

.10 SIMPLIFICATION OF ISSUES:

The parties to a contested case, specifically including the Board, may agree in advance to simplify the hearing by:

1. Decreasing the number of issues to be contested at the hearing.
2. Accepting the validity of certain proposed evidence.
3. Accepting the findings in some other case with relevance to the case at hand.
4. Agreeing to such other matters as may expedite the hearing.

SUSPENSION/REVOCATION OF CERTIFICATION

Certification may be suspended or revoked upon the presentation of evidence satisfactorily documenting violation of Ethical Standards to the full Board. The Board is authorized to refuse to grant or renew or may suspend a certificate on the following grounds:

1. Conviction of a felony under the laws of the United States.
2. Conviction of any crime, an essential element of which is dishonesty, deceit or fraud.
3. Fraud or deceit in obtaining a certificate as a certified professional.
4. Dishonesty, fraud or gross negligence in the practice of a certified professional.
5. Violation of any rule of professional ethics and professional conduct adopted by the Board.