

**ARKANSAS BOARD OF EXAMINERS OF ALCOHOLISM
AND DRUG ABUSE COUNSELORS**

RULE 1

CODE OF ETHICS

SECTION A: THE COUNSELING RELATIONSHIP

I. CLIENT WELFARE

(1) Primary Responsibility

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

(2) 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.

(3) Treatment Plans

Counselors and their clients work jointly in devising 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.III.2)

(4) 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.

II. RESPECTING DIVERSITY

(1) 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.V.1., C.V.2., and D.I.9)

(2) 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.VIII. and F.II.9.)

III. CLIENT RIGHTS

(1) 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.V.1. and G.II.)

(2) Freedom of Choice.

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

(3) Inability to Give Consent

When counseling minors or persons unable to give voluntary informed consent, counselors act in this client's best interest. (See B.III.)

IV. CLIENTS SERVED BY OTHERS

If a client is receiving services from another mental health professional, counselors, and with client consent, inform the professional persons already involved and develop clear agreements to avoid confusion and conflict for the client. (See C.VI.3)

V. PERSONAL NEEDS AND VALUES

(1) 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.

(2) 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.V.1.)

VI. DUAL RELATIONSHIPS

(1) 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 judgement is not impaired and no exploitation occurs. (See F.I.2)

(2) Superior/Subordinate Relationships.

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

VII. SEXUAL INTIMACIES WITH CLIENTS

(1) 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.

(2) Former Clients.

Counselors do not engage in sexual intimacies with former clients.

VIII. 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 clients 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.II and B.IV.4)

IX. GROUP WORK

(1) 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.

(2) Protecting Clients.

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

X. FEES AND BARTERING

(See D.III.1. and D.III.2.)

(1) 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.XI.3.)

(2) 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.X.4.,D.III.1., and D.III.2.)

(3) 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 exploitive, 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.VI.1.)

(4) Pro Bono Service

Counselors contribute to society by devoting a portion of their professional activity to services for which there is little or no financial return (pro bono).

XI. TERMINATION AND REFERRAL

(1) 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.

(2) Inability to Assist Clients.

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

(3) Appropriate Termination.

Counselors should 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.X.2., C.II.7.)

XII. COMPUTER TECHNOLOGY

(1) 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.

(2) 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.

(3) Access to Computer Applications.

Counselors provide for equal access to computer applications in counseling services. (See A.II.1)

SECTION B: CONFIDENTIALITY

I. RIGHT TO PRIVACY

(1) Respect for Privacy

Counselors respect their clients' right to privacy and avoid illegal and unwarranted disclosures of confidential information. (See A.III.1. and B.XI.1.) Counselors will abide by the Federal Mandate 42 CFR Part 2.

(2) Client Waiver

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

(3) 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.

(4) Contagious, Fatal Diseases

A counselor who receives information confirming that a client has a disease commonly known to be both communicable and fatal is justified in disclosing information to an identifiable third party, who by his or her relationship with the client is at high risk of contracting the disease. Prior to making a disclosure the counselor should ascertain that the client has not already informed the third party about his or her disease and that the client is not intending to inform the third party in the immediate future. (See B.I.3. and B.I.6.)

(5) 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.I.3.)

(6) 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.

(7) 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.II.1.)

(8) 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.I.1.)

(9) 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.

II. GROUPS AND FAMILIES

(1) 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.

(2) 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.VIII., B.III., and B.IV.4.)

III. 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.III.3.)

IV. RECORDS

(1) 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.

(2) 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.I.1.)

(3) Permission to Record or Observe.

Counselors obtain permission from clients prior to electronically recording or observing sessions. (See A.III.1.)

(4) 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.VIII., B.I.1., B.II.2.)

(5) 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 Rule 1, Section B. Steps are taken to ensure that receivers of counseling records are sensitive to their confidential nature.

V. RESEARCH AND TRAINING

(1) 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.I.7. and G.III.4.)

(2) 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.III.4.)

VI. CONSULTATION

(1) 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.

(2) 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

I. STANDARDS KNOWLEDGE

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

II. PROFESSIONAL COMPETENCE

(1) Boundaries of Competence

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

(2) 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.

(3) 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.

(4) 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.

(5) 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.I)

(6) 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.

(7) 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.XI.3.)

III. ADVERTISING AND SOCIAL CLIENTS

(1) Accurate Advertising

There are no restrictions on advertising by counselors, except those that can be specifically justified to protect the public from deceptive practices. 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 Postsecondary Accreditation.

(2) 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.

(3) Statements by Others

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

(4) 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.V.3.)

(5) 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.

(6) 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.

(7) Professional Association Involvement.

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

IV. CREDENTIALS

(1) Credentials Claimed.

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

(2) Credential Guidelines

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

(3) 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.

(4) 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.

V. PUBLIC RESPONSIBILITY

(1) Non-discrimination

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.II.1.)

(2) 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.

(3) 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.I.7)

(4) 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.VI.2)

(5) 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.III.4.)

VI. RESPONSIBILITY TO OTHER PROFESSIONALS

(1) 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.

(2) 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.V.4.)

(3) 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.IV.)

SECTION D: RELATIONSHIPS WITH OTHER PROFESSIONALS

I. RELATIONSHIPS WITH EMPLOYERS AND EMPLOYEES

(1) Role Definition

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

(2) 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 know to those concerned.

(3) 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.

(4) Evaluation

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

(5) In-Service

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

(6) Goals

Counselors inform their staff of goals and programs.

(7) Practices

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

(8) Personnel Selection and Assignment

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

(9) 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.II.1. and C.V.1.)

(10) 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.

(11) Exploitive Relationships

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

(12) 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.

II. CONSULTATION (See B.VI.)

(1) 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.

(2) 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.

(3) 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.

(4) Consultant Goals

The consulting relationship is one in which client adaptability and growth toward self-direction are consistently encouraged and cultivated. (See A.I.2.)

III. FEES FOR REFERRAL

(1) 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.X.1., A.XI.2., and C.III.4.)

(2) Referral Fees

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

IV. 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.I.5., and B.I.6.)

SECTION E: EVALUATION, ASSESSMENT, AND INTERPRETATION

I. General

(1) Appraisal Techniques

The primary purpose of educational and psychological 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 nontest data.

(2) Client Welfare.

Counselors promote the welfare and best interests of the client in the development, publication, and utilization of educational and psychological 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.

II. COMPETENCE TO USE AND INTERPRET TESTS

(1) 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 psychological assessment techniques by persons under their supervision.

(2) 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.

(3) Decisions Based on Results

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

(4) 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.V.3.)

III. INFORMED CONSENT

(1) 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.

(2) Recipients of Results.

The examinee's welfare, explicit understanding, and prior agreement determine who receives the test results. Counselors include accurate and appropriate interpretations with any release of individual or group test results. (See B.I.1. and C.V.3.)

IV. RELEASE OF INFORMATION TO COMPETENT PROFESSIONALS

(1) 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.V.3)

(2) Release of Raw Data

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.I.1.)

V. PROPER DIAGNOSIS OF MENTAL DISORDERS

(1) Proper Diagnosis

Counselors take special care to provide proper diagnosis of mental disorders. Assessment techniques (including personal interview) used to determine client care (e.g. locus of treatment, type of treatment, or recommended follow-up) are carefully selected and appropriately used. (See A.III.1. and C.V.3.)

(2) Cultural Sensitivity

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

VI. TEST SELECTION

(1) Appropriateness of Instruments

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

(2) 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.

VII. CONDITIONS OF TEST ADMINISTRATION

(1) 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.

(2) Computer Administration

Counselors are responsible for ensuring that administration programs function properly to provide clients with accurate results when computer or other electronic methods are used for test administration. (See A.XII.2.)

(3) 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.

(4) Disclosure of Favorable Conditions

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

VIII. 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.II.1.)

IX. TEST SCORING AND INTERPRETATION

(1) 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.

(2) 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.

(3) Testing Service

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.

X. 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.

XI. 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.

XII. TEST CONSTRUCTION

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

SECTION F: TEACHING, TRAINING, AND SUPERVISION

I. COUNSELOR EDUCATORS AND TRAINERS

(1) 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 students 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.

(2) Relationship Boundaries with Students and Supervisees

Counselors clearly define and maintain ethical, professional, and social relationship boundaries with their students and supervisees. They are aware of the differential in power that exists and the student's or supervisee's possible incomprehension of that power differential. Counselors explain to students and supervisees the potential for the relationship to become exploitive.

(3) Sexual Relationships.

Counselors do not engage in sexual relationships with students or supervisees and do not subject them to sexual harassment. (See A.VI. and C.V.2.)

(4) Contributions to Research

Counselors give credit to students 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.IV.2. and G.IV.3.)

(5) Close Relatives

Counselors do not accept close relatives as students or supervisees.

(6) Supervision Preparation.

Counselors who offer clinical supervision services are adequately prepared in supervision methods and techniques. Counselors who are doctoral students serving as practicum or internship supervisors to master's level students are adequately prepared and supervised by the training program.

(7) 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.

(8) Endorsement.

Counselors do not endorse students or supervisees for certification, licensure, employment, or completion of an academic or training program if they believe students 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.

II. COUNSELOR EDUCATION AND TRAINING PROGRAMS

(1) Orientation

Prior to admission, Counselors orient prospective students 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) student and supervisee evaluation and dismissal policies and procedures, and (7) up-to-date employment prospects for graduates.

(2) Integration of Study and Practice

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

(3) Evaluation

Counselors clearly state to students 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 students and supervisees with periodic performance appraisal and evaluation feedback throughout the training program.

(4) Teaching Ethics

Counselors make students and supervisees aware of the ethical responsibilities and standards of the profession and the student's and supervisee's ethical responsibilities to the profession. (See C.I. and F.III.5.)

(5) Peer Relationships

When students or supervisees are assigned to lead counseling groups or provide clinical supervision for their peers, counselors take steps to ensure that students 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 students or supervisees are assigned to lead counseling groups or provide clinical supervision.

(6) Varied Theoretical Positions

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.VI.1.)

(7) 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 student or supervisee, 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.

(8) Dual Relationships as Supervisors.

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

(9) Diversity in Programs

Counselors are responsive to their institution's and program's recruitment and retention needs for training program administrators, faculty, and students with diverse backgrounds and special needs. (See A.II.1.)

III. STUDENTS AND SUPERVISEES

(1) Limitations

Counselors, through ongoing evaluation and appraisal, are aware of the academic and personal limitations of students and supervisees that might impede performance. Counselors assist students and supervisees in securing remedial assistance when needed and dismiss from the training program 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 students or supervisees for assistance. Counselors assure that students and supervisees have recourse to address decisions made, to require them to seek assistance, or to dismiss them.

(2) Self-Growth Experiences

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

(3) Counseling for Students and Supervisees

If students or supervisees request counseling, supervisors or counselor educator provide them with acceptable referrals. Supervisors or counselor educators do not serve as counselor to

students or supervisees over whom they hold administrative, teaching, or evaluative roles unless this is a brief role associated with a training experience. (See A.VI.2.)

(4) Clients of Students 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 students 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 students and supervisees to use any information concerning the counseling relationship in the training process. (See B.I.5.)

(5) Standards for Students and Supervisees

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

IV. QUALIFICATION FOR DIRECT CLINICAL SUPERVISION

(1) Who Can Provide Direct Clinical Supervision?

Direct clinical supervision is provided by a Clinical Supervisor as specified in 2c below.

(2) Clinical Supervision and Related Terms Defined

- a. Clinical Supervision is a disciplined tutorial process of planning, directing, monitoring, and evaluating the work of a counselor credentialed or working towards a credential as a Licensed Alcoholism and Drug Abuse Counselor or a Certified Alcoholism and Drug Abuse Technician by the SBEADAC.
- b. Direct Clinical Supervision is the process of performing the duties identified in “a” above under direct contact between the supervisor and the applicant. Such direct contact must include face-to-face individual and group sessions, and may also include phone, and video conferences.
- c. A Clinical Supervisor is a LADAC, or a CS (Clinical Supervisor) who has worked a minimum of three years in the capacity described in “a” above in a Substance Use Disorder or a Co-occurring Disorder (Substance Use & Mental Health) treatment program, has completed 36 hours in the Six Domains of Clinical Supervision, and passed the IC&RC (International Certification & Reciprocity Consortium) Clinical Supervision Examination. Other Behavioral Healthcare professional with specific SUD and supervision credentials, as well as documented experience, may qualify as a Clinical Supervisor following review and approval by the Board.
- d. A **Registered Clinical Supervisor** is a LADAC or a CS that works in the capacity described in “a” above, meets criteria in “c” above, and is registered with SBEADAC. Proof of passing the CS Exam must be sent to the SBEADAC to become registered. Other Behavioral Healthcare professional with specific SUD credentials may apply for registration with SBEADAC by submitting documentation of equivalent training, experience, and credentials for review and approval.

- e. The 12 Core Functions encompass the main duties of an addiction treatment counselor; they are: Screening, Intake, Orientation, Assessment, Treatment Planning, Counseling, Case Management, Crisis Intervention, Client Education, Referral, Report & Record Keeping, and Consultation. Specific training in Ethics is also required.
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(3) Minimum Requirements

Any person providing direct supervision must complete a minimum of six (6) domains of training at six (6) hours each for a total of thirty-six (36) hours of required training in the performance domains for clinical supervision to include:

- (a) Domain 1. “Counselor Development”
- (b) Domain 2. “Professional and Ethical Standards”
- (c) Domain 3. “Program Development and Quality Assurance”
- (d) Domain 4. “Performance Evaluation”
- (e) Domain 5. “Administration”
- (f) Domain 6. “Treatment Knowledge”; and

furnish documentation of the above qualifications to the Board. Upon successful completion of the above requirements the applicant will be granted the title of “Registered Clinical Supervisor”.

(4) Additional Requirements

Each Registered Clinical Supervisor must complete six (6) hours of clinical supervision training during each two (2) year licensing cycle in order to maintain their Registered Clinical Supervisor status.

SECTION G: RESEARCH AND PUBLICATION

I. RESEARCH RESPONSIBILITIES

(1) 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.

(2) 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.VI.)

(3) 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.

(4) 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.

(5) Minimal Interference

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

(6) Diversity

Counselors are sensitive to diversity and research issues with special populations. They seek consultation when appropriate. (See A.II.1. and B.VI.)

II. INFORMED CONSENT

(1) 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.I.6.)

(2) Deception

Counselors do not conduct research involving deception.

(3) 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.

(4) 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.I.5.)

(5) 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.

(6) Commitments to Participants

Counselors take reasonable measures to honor all commitments to participants.

(7) 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.

(8) 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.

(9) 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.

III. REPORTING RESULTS

(1) 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.

(2) 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.

(3) 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.

(4) 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.I.7 and B.V.1)

(5) Replication Studies

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

IV. PUBLICATION

(1) 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.I.4 and G.IV.3.)

(2) 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.

(3) Student 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.I.4. and G.IV.1.)

(4) 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.

(5) 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

I. 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 member 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.III.5)

II. SUSPECTED VIOLATIONS

(1) 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.II.4. and H.II.5.)

(2) 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.

(3) 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.

(4) 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.

(5) 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 state or national ethics committees, unless this action conflicts with confidentiality rights that cannot be resolved.

(6) 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.

III. COOPERATION WITH ETHICS COMMITTEES

Counselors assist in the process of enforcing the Code of Ethics. Counselors cooperate with investigations, proceedings, and requirements of the SBEADAC 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 SBEADAC policies and procedures and use it as a reference in assisting the enforcement of the Code of Ethics.

IV. ETHICAL VIOLATIONS

(1) Self Report

As a condition of adherence to the process of enforcing the Code of Ethics any counselor charged with a violation by a board of professional associates shall report such actions to the SBEADAC Ethics Committee within thirty (30) days of said charges. (See H.III.)

(2) Discovery of Charges and/or Sanctions

The SBEADAC may initiate a request for the status of any ethical charge brought against a licensee by any other licensing jurisdiction or board and monitor the findings for disposition. (See H.I. and F.III.5.)

BOARD OF EXAMINERS OF ALCOHOLISM AND DRUG ABUSE COUNSELORS

RULE 2

STANDARDS OF PRACTICE

All members of the SBEADAC 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.II.1)

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.III.1.)

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.VI.1. and A.VI.2.)

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.IX.2.)

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.X.1-4. and A.XI.3)

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.XI.1.)

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.XI.2.)

SECTION B: CONFIDENTIALITY

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

Counselors must keep information related to counseling services confidential unless disclosure 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.I.1-6. and CFR-42 part 2)

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

Counselors must take measures to ensure that privacy and confidentiality of clients are maintained by subordinates. (See B.I.8.)

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.II.1.)

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.II.2.)

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.IV.2)

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.IV.3.)

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.IV.5.)

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.V.1)

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.II.1.)

Standard of Practice Eighteen (SP 18): Continuing Education

Counselors must engage in continuing education to maintain their professional competence (See C.II.6.)

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.II.6.)

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

Counselors must accurately represent their credentials and services when advertising. (See C.III.1)

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.III.4)

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.IV.1)

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

Counselors must not engage in sexual harassment. (See C.V.2.)

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.V.5.)

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.VI.3)

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.I.3.)

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.I.8.)

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

Counselors must not engage in exploitive relationships with individuals over whom they have supervisory, evaluative, or instructional control or authority. (See D.I.11.)

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.III.1)

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

Counselors must not accept referral fees. (See D.III.2)

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 psychological assessment techniques by unqualified persons under their supervision. (See E.II.1.)

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.II.2.)

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.III.1.)

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.III.2.)

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.XI.)

SECTION F: TEACHING, TRAINING, AND SUPERVISION

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

Counselors must not engage in sexual relationships with their students and supervisees. (See F.I.3.)

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

Counselors must give credit to students or supervisees for their contributions to research and scholarly projects. (See F.I.4.)

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.I.6.)

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

Counselors must clearly state to students and supervisees, in advance of training, the levels of competency expected, appraisal methods, and timing of evaluations. Counselors must provide students and supervisees with periodic performance appraisal and evaluation feedback throughout the training program. (See F.II.3.)

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 students 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 students and supervisees in securing remedial assistance, when needed, and must dismiss from training program students 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 students 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.III.2.)

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

Students and supervisees preparing to become counselors must adhere to the Code of Ethics and the Standards of Practice of counselors. (See F.III.5.)

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.I.3.)

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

Counselors must keep confidential information obtained about research participants. (See G.II.4.)

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.III.1.)

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.III.2.)

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

Counselors must give appropriate credit to those who have contributed to research. (See G.IV.1. and G.IV.2)

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.II.1.)

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.II.6.)

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.III.)

POLICIES AND PROCEDURES FOR RESPONDING TO MEMBERS' REQUESTS FOR INTERPRETATIONS OF THE ETHICAL STANDARDS

Section A: Appropriate Requests

- (1) SBEADAC members may request that the Committee issue formal interpretations of the Code of Ethics for the purpose of guiding the member's own professional behavior.
- (2) Requests for interpretations will not be considered in the following situations:
 - i) The individual requesting the interpretations is not an SBEADAC member, or
 - ii) The request is intended to determine whether the behavior of another mental health professional is unethical. In the event a SBEADAC member believes the behavior of another mental health professional is unethical, the SBEADAC member should resolve the issue directly with the professional, if possible, and should file an ethical complaint if appropriate.

Section B: Procedures

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

**ARKANSAS BOARD OF EXAMINERS OF ALCOHOLISM
AND DRUG ABUSE COUNSELORS**

RULE 3

SCOPE OF PRACTICE

I. PURPOSE

The Scope of Practice Statement is intended to provide a definition of a professional alcoholism and drug abuse counselor's rights and responsibilities and to distinguish this profession from other behavioral healthcare professionals.

II. INTRODUCTION

Alcohol and other drug abuse 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 persons with alcohol and other drug problems and persons with co-occurring psychiatric disorders within our diverse society.

III. FOUNDATIONS FOR ALCOHOL AND DRUG ABUSE COUNSELING

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

- (1) Pharmacology and psychopharmacology of alcohol and drugs (drugs of abuse and drugs used in the treatment of addictions and other psychiatric disorders).
- (2) Addiction processes including models and theories of addiction; social and cultural context of addiction; biological, psychological and social effects of addiction; and the differentiation and interrelations 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; co-occurring psychiatric disorders; 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 patient's individual characteristics and needs; and the use of other resources in securing the best available services for the patient.
- (5) Professional standards of practice, including recognizing the needs of diverse populations relating to issues of ethnicity, race, gender, sexual orientation, HIV/AIDS and co-occurring psychiatric disorders; adherence to ethical and professional standards of conduct; commitment to continuing education and clinical supervision; awareness of policies and procedures for patients 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 abuse 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

- (a) Screening of alcohol and drug problems
- (b) Assessment of alcohol and drug problems
- (c) Screening for the presence of other psychiatric disorders
- (d) Diagnosis of alcohol and drug problems

(2) Treatment Planning

- (a) Case management
- (b) Implementing the treatment plan
- (c) Consulting
- (d) Continuing assessment and treatment planning
- (e) Referral
- (f) Cultural diversity
- (g) Patient advocacy

(3) Counseling

- (a) Individual counseling
- (b) Group counseling
- (c) Family counseling

(4) Education and Prevention

- (a) Patient
- (b) Family
- (c) Community

(5) Documentation

(6) Professional and Ethical Standards

**ARKANSAS BOARD OF EXAMINERS FOR ALCOHOLISM
AND DRUG ABUSE COUNSELORS**

RULE 4

RULES GOVERNING ALCOHOLISM AND DRUG ABUSE COUNSELORS

I. STATEMENT OF ORGANIZATION AND OPERATIONS

Under enactment by the 82nd General Assembly of the State of Arkansas, 1999, the State Board of Examiners of Alcoholism and Drug Abuse Counselors (SBEADAC) was created and charged to provide for the licensure and registration of Alcoholism and Drug Abuse Counselors; and for other purposes.

II. MISSION STATEMENT

The mission of the State Board of Examiners of Alcoholism and Drug Abuse Counselors is to protect the public by upholding the standards of practice for alcoholism and drug abuse counselors.

III. GENERAL ORGANIZATION OF THE STATE BOARD OF EXAMINERS OF ALCOHOL AND DRUG ABUSE COUNSELORS

(1) OFFICERS

The officers of the agency will be Chairperson, Vice Chairperson, and Secretary/Treasurer. Election of officers will be held annually. These officers shall perform the duties prescribed by applicable law, this rule, and the parliamentary authority adopted by the agency.

(2) PUBLIC MEETINGS

The business of the agency will be conducted in public meetings pursuant to Robert's Rules of Order. All meetings will be conducted in conformity with the Arkansas Freedom of Information Act. Regular meetings will be held at the discretion of the Board. Special meetings will be held on the call of the Chair or upon the written request of five (5) members of the Board.

(3) QUORUM

Seven members of the Board shall constitute a quorum.

(4) COMMITTEES

The Board may create standing and ad hoc committees. The Board Chairman will select members of committees. A quorum for the transaction of committee business is a majority of the number of voting members of the committee.

(5) AGENDA

The Board Administrator will prepare the agenda for regular and special meetings. The agenda will be distributed to Board members.

The order of the agenda items is intended to be flexible and may be adjusted to meet the needs of the Board. Additionally, the agenda may be amended by appropriate motion.

IV. RULE MAKING

(1) AUTHORITY

The SBEADAC has been authorized by the Legislature to promulgate rules. Ark. Code Ann. § 17-27-406. The SBEADAC follows the procedural requirements of the Arkansas Administrative Procedure Act, in particular Ark. Code Ann. § 25-15-203 and § 25-15-204. Additionally, the agency is required to abide by the provisions of Ark. Code Ann. § 10-3-309.

(2) INITIATION OF RULE-MAKING

The process of adopting a new rule or amending or repealing an existing rule (hereinafter referred to as “rule-making”) may be initiated by the SBEADAC. Third persons outside the agency may petition for the issuance, amendment, or repeal of any rule.

(3) PETITION TO INITIATE RULE-MAKING

Third parties may initiate rule-making to adopt, amend, or repeal a rule by filing a petition with the agency to initiate rule-making. The petition must contain the name, address, and telephone number of the petitioner, the specific rule or action requested the reasons for the rule or action requested.

The petition to initiate rule-making shall be filed with the SBEADAC.

Within thirty (30) days after submission of the petition, the agency will either deny the petition, stating its reasons in writing, or will initiate rule-making. A special meeting will be called if necessary to meet this time frame.

V. EMERGENCY RULE-MAKING

A. REQUEST FOR EMERGENCY RULE-MAKING

The proponent of a rule may request that SBEADAC adopt an emergency rule. In addition to the text of the proposed rule or amendment to an existing rule and any other information required by SBEADAC, the proponent will provide a written statement setting out the facts or circumstances that would support a finding of imminent peril to the public health, safety, or welfare.

B. FINDING OF AN EMERGENCY

Upon receipt of the written statement requesting an emergency rule-making and documents or other evidence submitted in support of the assertion that an emergency exists, the agency will make an independent judgment as to whether the circumstances and facts constitute an imminent peril to the public health, safety, or welfare requiring adoption of the rule upon fewer than thirty (30) days' notice. If the SBEADAC determines that the circumstances warrant emergency rule-making, it will make a written determination that sets out the reasons for the agency's finding that an emergency exists. Upon making this finding, the agency may proceed to adopt the rule without prior notice or hearing, or it may determine to provide an abbreviated notice and hearing.

C. EFFECTIVE DATE OF EMERGENCY RULE

The emergency rule will be effective immediately upon filing, or at a stated time less than thirty (30) days thereafter, if the agency finds that this effective date is necessary because of imminent peril to the public health, safety, or welfare. The SBEADAC will file with the rule its written findings justifying the determination that emergency rule-making is appropriate and, if applicable, the basis for the effective date of the emergency rule being less than thirty (30) days after the filing of the rule pursuant to Ark. Code Ann. § 25-15-204(e). The SBEADAC will take appropriate measures to make emergency rules known to persons who may be affected by them.

VI. LICENSURE INFORMATION

(1) GENERAL

All SBEADAC action regarding licensure shall be governed by Ark. Code Ann. § 17-27-401 *et seq.*

(2) REQUIREMENT TO KEEP CURRENT ADDRESSES ON FILE

All persons holding a license or permit issued by the SBEADAC are required to provide the agency with information so that the agency can remain in contact and provide notice of complaints and/or hearings. The licensee or permit holder is required to provide written notice to the board of any change in business and/or residence address within ten (10) working days of the change. Service of notices of hearing sent by certified mail will be addressed to the latest address on file with the agency.

(3) LEVELS OF LICENSURE

A three-tier licensure system is currently available. The most significant difference in level of licensure relates to the level of education:

- (1)** Licensed Alcoholism and Drug Abuse Counselor (LADAC) – holds a masters degree in the health or behavioral sciences field or other appropriate field from an accredited college or university;
- (2)** Licensed Associate Alcoholism and Drug Abuse Counselor (LAADAC) – holds a baccalaureate degree in the health or behavioral sciences field or other appropriate field from an accredited college or university;
- (3)** Certified Alcoholism and Drug Abuse Technician (CADAT) – holds a high school diploma or equivalent.

All applications are reviewed by the Credentialing Committee and presented to the Board for approval at the next regularly scheduled meeting following receipt of all required documents.

(4) QUALIFICATIONS AND STANDARDS FOR REGISTERED CLINICAL SUPERVISORS

- i) To qualify as a registered clinical supervisor, a counselor must:
 - (1)** Be a licensed Alcoholism and Drug Abuse Counselor (LADAC) in good standing;
 - (a)** Possess three (3) years' experience providing clinical supervision in a treatment setting that provides addiction counseling;
 - (b)** Complete six (6) hours of targeted training in each of the following six (6) domains of clinical supervision as specified by The International Certification & Reciprocity Consortium/Alcohol and Other Drug Abuse, Inc. (ICRC/AODA):

- a. Domain 1. “Counselor Development”
- b. Domain 2. “Professional and Ethical Standards”
- c. Domain 3. “Program Development and Quality Assurance”
- d. Domain 4. “Performance Evaluation”
- e. Domain 5. “Administration”
- f. Domain 6. “Treatment Knowledge”; and

- (c) Counselor must pass CS (Clinical Supervision) exam.
- (d) Furnish documentation of the above qualifications to the Board.

- (2) Upon successful completion of the above requirements the applicant will be granted the title of “Registered Clinical Supervisor”.
- (3) Each Registered Clinical Supervisor must complete six (6) hours of clinical supervision training during each two (2) year licensing cycle in order to maintain their Registered Clinical Supervisor status.

(5) APPLYING FOR LICENSURE

All applications for licensure must be post marked to SBEADAC at 4815 W. Markham, Slot 42A Little Rock, AR, 72205. Hand delivered application packets will not be accepted. The following are the requirements for licensure and the required documentation that must be submitted to the Credentialing Committee of the Arkansas State Board of Examiners of Alcoholism and Drug Abuse Counselors:

- (1) The Applicant must be twenty-one (21) years of age or older.
- (2) Applicant must submit either a copy of a valid driver’s license or a copy of a birth certificate.
- (3) The Applicant must hold a (1) masters degree or higher; (2) a baccalaureate degree; or (3) a high school diploma or equivalent.

The Applicant must submit an official transcript, which must be mailed directly from the college or university to SBEADAC at 4815 W. Markham, Slot 42A Little Rock, AR, 72205.

(4) The applicant must verify three (3) years or six thousand (6000) hours of supervised experience in the treatment of Substance Use Disorders (SUD). To meet this experience requirement, applicant must be under the direct supervision of a Licensed Alcoholism and Drug Abuse Counselor (LADAC) who is a Registered Supervisor in good standing with BEADAC, a Clinical Supervisor (CS) in good standing with the Arkansas Substance Abuse Certification Board (ASACB), or another licensed Behavioral Healthcare professional with specific SUD treatment experience and credentials who has registered as a Clinical Supervisor with this board. Supervision preference is with a LADAC Registered Supervisor or a CS. An applicant for licensure may contact the BEADAC for a current list of approved supervisors. Applicants are strongly encouraged to confirm eligibility of a potential supervising professional prior to beginning formal supervision by sending the professional’s credential and resume to the BEADAC for review and approval.

(5) The Applicant must successfully complete a minimum of two hundred seventy (270) clock hours of approved education. Approved education must be directly related to alcoholism and/or drug abuse counseling subjects, theory, practice, or research.

All education hours are subject to review and approval by the SBEADAC Credentialing Committee.

(6) The Applicant must submit a completed registration application form, which shall be provided by the SBEADAC. The registration application form can be accessed through the SBEADAC website at www.sbeadac.org.

(7) The applicant shall submit a notarized “Statement of Agreement” that certifies under penalty of perjury, that all education and experience requirements have been met. It is strongly recommended that both the applicant and approved supervisor maintain detailed record of supervision topics, timeline, and job duties for the required minimum period of three (3) years or 6000 hours of supervised experience. The BEADAC reserves the right to call for such record as needed for confirmation or in matters of dispute. The “Statement of Agreement” can be accessed through the SBEADAC website at www.sbeadac.org.

(8) The Applicant must submit a signed written agreement to abide by the “Code of Ethics”. The Code of Ethics and a verification page can be accessed through the SBEADAC website at www.sbeadac.org.

(9) The Applicant must submit three (3) letters of reference.

(10) The applicant must submit a “Supervision Verification” form provided by the SBEADAC. Detailed supervision record (see 7 above) to be maintained by applicant and supervisor and made available to the Board when requested must include supervisor’s observation of applicant’s ethical demonstration of the 12 Core Functions in a SUD or Co-occurring Disorder treatment program. Minimum 300 hours must be in direct clinical supervision. The “Supervision Verification” form can be accessed through the SBEADAC website.

(11) The applicant must submit a “Supervised Work Experience” form provided by the SBEADAC. Detailed work experience that includes specific duties performed under each “Job Title” must be kept by applicant and supervisor (see 7 above) ready for submission when requested by the Board. The “Supervised Work Experience” form and a list of Registered Supervisors can be accessed through the SBEADAC website.

(12) The Applicant must remit the appropriate examination fee of \$265.00. The check or Money order shall be made payable to SBEADAC.

(13) The Applicant must pass a national qualifying written examination prescribed by The SBEADAC, sufficient to ensure professional competence in keeping with the Highest standards of the alcoholism and drug abuse counseling profession.

APPLYING FOR RELICENSURE

i. Counselors applying for relicensure must submit the following in one packet, addressed to SBEADAC, 4815 W. Markham, Slot 42A Little Rock, AR, 72205:

1. The Counselor shall submit the biennial renewal fee and the Licensure Renewal Form.

The biennial renewal fees shall be as follows:

License	Date submitted by:	Amount	License	Date submitted by:	Amount	License	Date submitted by:	Amount
LADAC	Dec. 31	\$250	LAADAC	Dec. 31	\$200	CADAC	Dec. 31	\$150
	Jan. 31	\$300		Jan. 31	\$250		Jan. 31	\$200
	Feb. 29	\$350		Feb. 29	\$300		Feb. 29	\$250
	Mar. 31	\$400		Mar. 31	\$350		Mar. 31	\$300
	April 30	\$450		April 30	\$400		April 30	\$350

To avoid possible delays in processing your license, it is preferable that all renewal material and fees be submitted by November 1 of the year prior to the renewal year.

- ii. The Counselor shall submit the Continuing Education Documentation Form, which shall be provided by SBEADAC. A copy of the Continuing Education Documentation Form can be accessed at www.sbeadac.org. See section VII. below for continuing education requirements for relicensure.
 1. The Counselor shall submit the Contact Information Form, which shall be provided by the SBEADAC. A copy of the Contact Information Form can be accessed at www.sbeadac.org.
 2. Failure to pay the biennial renewal fee within the time stated shall automatically suspend the right of any licensee to practice while delinquent.
 3. If all licensure renewal materials and fees are not submitted by December 31 of the year prior to the year for which the license is being renewed, the Counselor’s license expires, effective December 31 of that year. Unless your license is renewed by December 31, the Counselor’s license will automatically be suspended until all delinquent materials are submitted and approved by the Board. If your license is not reinstated within four (4) months, you must apply as a new applicant.
- iii. A Counselor who practices while his or her license is suspended is in violation of Act 443 of 2009.

(4) CONTINUING EDUCATION

The State Board of Examiners of Alcoholism and Drug Abuse Counselors require that during the two year licensure cycle, a Counselor obtain forty (40) hours of continuing education. No license shall be renewed unless the renewal application is accompanied by evidence satisfactory to the Board of completion during the previous twenty-four (24) months of relevant professional or continuing education experience. Of the thirty (30) hours required, a minimum of twenty (15) hours must be specific to addiction counseling or co-occurring disorders. No more than fifty percent (50%) of the total requisite hours may be obtained through online courses.

The following is a list of approved sponsors for continuing education which will be accepted by the SBEADAC:

- a. Arkansas Substance Abuse Certification Board (ASACB)
- b. Arkansas Association of Alcoholism and Drug Abuse Counselors (AAADAC)
- c. The University of Arkansas at Little Rock MidSOUTH Summer School (MSSS) and MidSOUTH Addiction Training Network (MSATN)
- d. Arkansas Mental Health Conference
- e. Veterans Administration
- f. National Association of Alcoholism and Drug Abuse Counselors (NAADAC)
- g. National Board for Certified Counselors (NBCC)
- h. National Association of Social Workers (NASW)

i. American Psychological Association (APA)

All other continuing education courses not sponsored by the above would require prior approval by the SBEADAC. The burden of proof for validating the quality/quantity of education hours would be shared by the Counselor and the education services provider.

(5) ADJUDICATIVE HEARINGS

a. SCOPE OF THIS CHAPTER

This chapter applies in all administrative adjudications conducted by the SBEADAC. This procedure is developed to provide a process by which the agency formulates orders (for example, an order revoking a license to practice).

b. AUTHORITY OF THE BOARD

The SBEADAC may deny, revoke, or suspend any license, registration, or certificate upon proof that the person has willfully or repeatedly violated any of the provisions of Ark. Code Ann. § 17-27-401 *et seq.* or any rule or regulation promulgated by the SBEADAC or upon proof that a person has practiced outside the scope of practice for which he or she is licensed or certified under this subchapter.

c. APPEARANCES

1. Any party appearing in any agency proceeding has the right, at his or her own expense, to be represented by counsel.
2. The respondent may appear in his or her own behalf.
3. Any attorney representing a party to an adjudicatory proceeding must file notice of appearance as soon as possible.
4. Service on counsel of record is the equivalent of service on the party represented.
5. On written motion served on the party represented and all other parties of record, the presiding officer may grant counsel of record leave to withdraw for good cause shown.

d. CONSOLIDATION

If there are separate matters that involve similar issues of law or fact, or identical parties, the matters may be consolidated if it appears that consolidation would promote the just, speedy, and inexpensive resolution of the proceedings, and would not unduly prejudice the rights of a party.

e. SERVICE OF PAPERS

Unless the presiding officer otherwise orders, every pleading and every other paper filed for the proceeding shall be served on each party or the party's representative at the last address of record.

f. INITIATION AND NOTICE OF HEARING

1. An administrative adjudication is initiated by the issuance by the SBEADAC of a notice of hearing.
2. The notice of hearing will be sent to the respondent by U.S. Mail, return receipt requested, delivery restricted to the named recipient or his agent.

Notice shall be sufficient when it is so mailed to the respondent's latest address on file with the SBEADAC.

3. Notice will be mailed at least thirty (30) days before the scheduled hearing.
4. The notice will include:
 - i. A statement of the time, place, and nature of the hearing;
 - ii. A statement of the legal authority and jurisdiction under which the hearing is being held; and
 - iii. A short and plain statement of the matters of fact and law asserted.

g. PROCEEDINGS

The person charged may appear in person or by counsel, testify, produce evidence and witnesses on his or her behalf, cross examine witnesses, and is entitled on application to the SBEADAC to the issuance of subpoenas to compel the attendance of witnesses and the production of documentary evidence.

h. SUBPOENAS

1. At the request of any party, the agency shall issue subpoenas for the attendance of witnesses at the hearing. The requesting party shall specify whether the witness is also requested to bring documents and reasonably identify said documents.
2. A subpoena may be served by any person specified by law to serve process or by any person who is not a party and who is eighteen (18) years of age or older. Delivering a copy to the person named in the subpoena shall make service. Proof of service may be made by affidavit of the person making service. The party seeking the subpoena shall have the burden of obtaining service of the process and shall be charged with the responsibility of tendering appropriate mileage fees and witness fees pursuant to Rule 45 of the Arkansas Rules of Civil Procedure. The witness must be served at least two days prior to the hearing. For good cause shown, the SBEADAC may authorize the subpoena to be served less than two days before the hearing.
3. Any motion to quash or limit the subpoena shall be filed with the agency and shall state the grounds relief upon.
4. The Board may invoke the aid of the circuit court for the county in which the hearing is held to enforce compliance with its subpoena.

i. CONTINUANCES

The SBEADAC Chair may grant a continuance of hearing for good cause shown. Requests for continuances will be made in writing. In determining whether to grant a continuance, the SBEADAC Chair may consider:

- a. Prior continuances;
- b. The interests of all parties;
- c. The likelihood of informal settlements;
- d. The existence of an emergency;
- e. Any objection;
- f. Any applicable time requirement;
- g. The existence of a conflict of the schedules of counsel, the parties, or witnesses;
- h. The time limits of the request; and
- i. Other relevant factors.
- j. The SBEADAC Chair may require documentation of any grounds for continuance.

j. DEFAULT

If a party fails to appear or participate in an administrative adjudication after proper service of notice, the SBEADAC may proceed with the hearing and render a decision in the absence of the party.

k. FINAL ORDER

The SBEADAC will serve on the respondent a written order that reflects the action taken by the agency. The order will include a recitation of facts found based on testimony and other evidence presented and reasonable inferences derived from the evidence pertinent to issues of the case. It will also state conclusions of law and directives or other disposition entered against or in favor of the respondent.

(6) ACTIONS TAKEN UPON LICENSE

a. DENIAL OF LICENSE

1. If a preliminary determination is made that an application should be denied, the SBEADAC will inform the applicant of the opportunity for a hearing on the application.
2. The grounds or basis for the proposed denial of a license will be set forth in writing by the agency. Any hearing on the denial of a license will be conducted in accordance with Ark. Code Ann. § 25-15-208 and Ark. Code Ann. § 25-15-213, and unless otherwise provided by law, the applicant has the burden of establishing entitlement to the license.

b. SUSPENSION, REVOCATION, ANNULMENT OR WITHDRAWAL

1. Prior to the entry of a final order to suspend, revoke, annul, or withdraw a license, or to impose other sanctions upon a licensee, the agency will serve the licensee a notice of hearing in the manner set forth herein above and in Ark. Code Ann. § 25-15-208.
2. The agency has the burden of proving the alleged facts and violations of law stated in the notice.

c. EMERGENCY ACTION

1. If the agency finds that the public health, safety, or welfare imperatively requires emergency action and incorporates that finding in its order, the agency can summarily suspend, limit, or restrict a license.
2. An emergency adjudicative order must contain findings that the public health, safety, and welfare imperatively require emergency action to be taken by the agency. The written order must include notification of the date on which agency proceedings are scheduled for completion.
3. The written emergency adjudicative order will be immediately delivered to persons who are required to comply with the order. One or more of the following procedures will be used:
 - i. Personal delivery;
 - ii. Certified mail, return receipt requested, to the last address on file with the agency;
 - iii. First class mail to the last address on file with the agency;
 - iv. Fax may be used as the sole method of delivery if the person required to comply with the order has filed a written request that agency orders be sent by fax and has provided a fax number for that purpose;

- v. Unless the written emergency order is served by personal delivery on the same day that the order issues, the agency shall make reasonable immediate efforts to contact by telephone the persons who are required to comply with the order.
- vi. Unless otherwise provided by law, within ten (10) days after emergency action taken pursuant to paragraph IX.3. of this rule, the SBEADAC must initiate a formal suspension or revocation proceeding.

d. VOLUNTARY SURRENDER OF LICENSE

The licensee, in lieu of formal disciplinary proceedings, may offer to surrender his or her license, subject to the agency's determination to accept the proffered surrender, rather than conducting a formal disciplinary proceeding.

e. DUTY OF SANCTIONED PROFESSIONAL

In every case in which a professional's license is revoked, suspended, or surrendered, the professional shall, within thirty (30) days of the revocation, suspension or surrender, do the following:

- a. Return his or her license and any license pocket cards to the SBEADAC office;
- b. Notify all of his or her clients in writing that his or her license has been revoked, suspended, or surrendered;
- c. Notify all clients to make arrangements for other professional services, calling attention to any urgency in seeking the substitution of another licensed professional;
- d. Deliver to all clients any papers or property to which they are entitled, or notify the client of a suitable time and place where the papers and other property may be obtained, calling attention to any urgency for obtaining the papers or other property;
- e. Refund any part of the fees paid in advance that have not been earned;
- f. Keep and maintain a record of the steps taken to accomplish the foregoing;
- g. File with the SBEADAC a list of all other state, federal, and administrative jurisdictions by which he or she is licensed. Upon such filing, the SBEADAC will notify those entitled of the revocation, suspension, or surrender; and

- h. The professional shall, within thirty (30) days of revocation, suspension, or surrender of the license, file an affidavit with the agency that he or she has fully complied with the provisions of the order and completely performed the foregoing or provide a full explanation of the reasons for his or her non-compliance. Such affidavit shall also set forth the address where communications may thereafter be directed to the respondent.

(7) REINSTATEMENT AFTER SUSPENSION

- a. An order suspending a license may provide that a person desiring reinstatement may file with the Chair of the SBEADAC a verified petition requesting reinstatement.
- b. The petition for reinstatement must set out the following:
 - a. That the individual has fully and promptly complied with the requirements of section IX.5. of these rules pertaining to the duty of a sanctioned professional;
 - b. That the individual has refrained from practicing in this profession during the period of suspension;
 - c. That the individual's license fee is current or has been tendered to the SBEADAC;
 - d. That the individual has fully complied with any requirements imposed as conditions for reinstatement.
 - e. Any knowing misstatement of fact may constitute grounds for denial or revocation of reinstatement.
 - f. Failure to comply with the provisions of sections IX.5.of this Rule precludes consideration for reinstatement.
 - g. No individual will be reinstated unless the SBEADAC approves reinstatement by majority vote.

(8) RE-LICENSURE FOR REVOKED OR SURRENDERED LICENSE

- a. No individual who has had his or her license revoked or who has surrendered his or her license will be licensed, except on petition made to the SBEADAC.
- b. The applicant bears the burden of proof that he is rehabilitated following the revocation or surrender of his license, that he can engage in the conduct authorized by the license without undue risk to the public health, safety, and welfare and that he is otherwise qualified for the license pursuant to Ark. Code Ann. § 17-27-401 *et seq.*
 - a. The agency may impose any appropriate conditions or limitations on a license to protect the public health, safety, and welfare.

- b. The person seeking re-licensure must pass a national qualifying written examination prescribed by the SBEADAC, sufficient to ensure professional competence in keeping with the highest standards of the alcoholism and drug abuse counseling profession.