



# Alcohol & Drug Abuse Certification Board of Georgia

P.O. BOX 250449  
Atlanta, GA 30325

770.825.0481 Fax: 770.790.0018  
ADACBGA.org info@adacbga.org

Dear CRRA Applicant:

Enclosed is your informational packet and application packet for the Certified Recovery Residence Administrator (CRRA). You may duplicate forms as necessary. Please consult your informational packet for details on the requirements for documentation and have transcripts from colleges and universities sent directly to the Board. Please be sure you are submitting the most current version of this application per the revision date in the lower left hand corner of each page. You may duplicate this entire packet for distribution to colleagues or other prospective applicants. When you have completed your part of the packet, send it to the above address with your application fee of \$150. Once your application is complete and approved, you will be notified of eligibility to sit for and how to apply for the exam.

Note: Personal and professional recommendations are to be sent directly to the ADACBGA. They may be returned to the applicant *only* if placed in a sealed envelope with the evaluator's signature across the back seal. Please duplicate the respective forms and give them to the appropriate persons.

A Certified Recovery Residence Administrator (CRRA) is the person responsible for the overall management of the Recovery Residence; supervision of residents and paid or volunteer staff; ensuring appropriate response to resident needs and maintenance of the residence. The CRRA accomplishes these goals being accountable for implementation of and compliance with the National Alliance of Recovery Residences (NARR) Quality Standards and Code of Ethics for Level 1 – 4 Recovery Residences, or equivalent nationally recognized standards and code of ethics. Individuals certified in the field of recovery residence administration have demonstrated competency in five (5) performance domains:

1. Recovery Residence Operations and Administration
2. Ethical Responsibilities
3. Advocacy
4. Mentoring/Education
5. Recovery Support

The CRRA certification is valid for two (2) years from the issue date. In order to maintain your certification you must document a total of 40 hours of continuing education in the two year period, five (5) hours of which must be in professional ethics and submit a recertification fee of \$150.

Once a certification's expiration date has been reached, recertification packets postmarked past that date will be assessed a \$35 late fee for reinstatement. Each month past the due date an additional \$10 will be assessed for reinstatement. Continuing education requirements of 20 contact hours per year must be documented.

If, after all attempts to contact the certificant have failed, portfolios will be discarded once the certificate has expired for 3 years. A new application must be submitted and testing taken again. All prior fees paid will be forfeited.

FEE SCHEDULE:

APPLICATION FEE: \$150.00

EXAM FEE: \$180.00

RECERTIFICATION FEE: \$150.00

CHECKLIST FOR APPLICATION

1. Send completed pages 3-11 to ADACBGA.
2. Include check or money order for \$150 payable to ADACBGA. Online payments are accepted on our website under the "Contact Us" page. Application fees are non-refundable and are forfeited if an applicant's file is closed.
3. Attach copies of certificates of attendance, in-service reports, and/or other verification of education hours to pages 5-10, numbering the certificates and listing them on the page. Do not send originals.
4. Arrange for official college/university transcripts to be sent to ADACBGA.
5. Have evaluators send forms on pages 12 & 13 to ADACBGA. Evaluations are not to be given back to applicant unless placed in a sealed envelope with the evaluator's signature across the back seal.
6. Have supervisor send form on page 14. Supervision forms are not to be given back to applicant unless placed in a sealed envelope with the evaluator's signature across the back seal.
7. SEND MATERIALS REGULAR MAIL ONLY! Staff may not be available to sign, and your materials may be returned. Regular mail is most reliable.
8. Education hours are defined as 50 continuous minutes spent in a formal classroom type of setting (college/university, workshop, seminar). COLLEGE/UNIVERSITY
  - EDUCATION: Semester Hours x 15 = Contact hours; Quarter Hours x 10 = Contact Hours.
  - OTHER EDUCATION: CEU's x 10 = contact hours Actual hours spent in workshop or seminar = contact hours.
    - Inservices, etc. at the workplace will count if related to the core functions of addiction counseling.

# CRRA Requirements

CATEGORY	CRRA MINIMUM REQUIREMENTS
Formal Education	High School Diploma, General Equivalency Degree (GED) or higher.
Content-Specific Training	100 hours, allocated as follows: 20 hours in Recovery Residence Operations and Administration 16 in Ethical Responsibility 10 in Advocacy 10 in Mentoring/ Education 10 in Recovery Support 34 hours remaining can be any training relevant to the competencies of CRRA
Related Work Experience	1,000 hours providing related recovery residence administrator, manager, or closely aligned recovery residence services. Both paid and formal, volunteer work experience is eligible for certification purposes; however volunteer experience in the context of a mutual support type group is not eligible for certification purposes. All work experience must be documented.
Supervised On-the-Job Experience	100 hours of supervision. This will be waived if your program is THOR or GARR approved and current with the Certification.
Recommendations for Certification	2 professional letters of recommendation for certification. 1 personal/character reference letter of recommendation
Competency Exam	All candidates must earn a passing score on the CRRA Competency Exam as a condition of reinstatement.
Code of Ethics Standards	Must read and sign an attestation agreeing to comply with the ADACBGA Code of Ethical & Professional Conduct.
Continuing Education	20 hours annually. Training content must be related to at least one of the CRRA performance domains.
Renewal/Recertification	Recertification occurs every two years based on your initial certification date.

## Certified Recovery Residence Administrator Sample Training Topics by Domain

<p><b>1. Recovery Residence Operations and Administration</b></p> <ul style="list-style-type: none"> <li>• Federal and state fair housing laws</li> <li>• Local and state codes and regulations,</li> <li>• NARR Quality Standards for Recovery Residences</li> <li>• Criminal background screening procedures</li> <li>• Reimbursable services/payer types</li> <li>• Basic accounting or bookkeeping</li> <li>• Business skills</li> <li>• Writing policies and procedures</li> <li>• Risk management</li> <li>• General record keeping and documentation</li> <li>• Naloxone use</li> <li>• Ethical business practices</li> <li>• GARR facility certification requirements</li> <li>• Crisis prevention and intervention</li> <li>• Verbal de-escalation/Aggression Control (a subset of crisis prevention and intervention)</li> <li>• Suicide prevention</li> <li>• Fire and safety procedures/regulations</li> <li>• CPR/First Aid</li> <li>• Disaster planning</li> <li>• Responding to emergency and disaster situations</li> <li>• Universal infection control</li> <li>• Food handling</li> <li>• Group process</li> <li>• Mentoring</li> <li>• Leadership</li> <li>• Recognizing and responding to safety risks</li> <li>• Customer service (for better responsiveness to neighbors)</li> <li>• Understanding and identifying licit and illicit drugs</li> <li>• Prescription medication policies and security techniques</li> <li>• Drug and alcohol testing policies and methods</li> </ul>	<p><b>2. Ethical Responsibilities</b></p> <ul style="list-style-type: none"> <li>• Federal, State &amp; other governing laws and regulations</li> <li>• Ethics and professional conduct</li> <li>• Resident/client rights</li> <li>• Cultural competence: personal &amp; organizational</li> <li>• Boundary issues</li> <li>• Confidentiality</li> <li>• Documentation</li> <li>• Networking and public relations</li> <li>• Marketing/ethical marketing practices</li> <li>• Emotional and social intelligence</li> <li>• Using consultation</li> </ul> <p><b>3. Advocacy</b></p> <ul style="list-style-type: none"> <li>• Client rights</li> <li>• Behavioral-health screening tools</li> <li>• Medication management</li> <li>• Signs and symptoms of intoxication &amp; withdrawal</li> <li>• Client rights/confidentiality laws and regulations</li> <li>• Interviewing techniques</li> <li>• Health indicators</li> <li>• Understanding levels of care and best “fit” for residents and peer community</li> </ul> <p><b>4. Mentoring/Education/Recovery Support</b></p> <ul style="list-style-type: none"> <li>• Understanding addiction</li> <li>• Co-occurring disorders</li> <li>• Building rapport</li> <li>• Group process and facilitation</li> <li>• Principles of recovery</li> <li>• Recovery management</li> <li>• Recovery capital</li> <li>• Developing recovery goals and plans</li> <li>• Client-centered principles and practices</li> <li>• Wellness strategies</li> <li>• Lapse/relapse prevention</li> <li>• Motivational Enhancement/Motivational Interviewing</li> <li>• Resource linkage/making referrals</li> <li>• Collaboration methods</li> <li>• Practical living skills</li> <li>• Social development</li> <li>• Use of self-help groups and other recovery</li> </ul>
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ALCOHOL AND DRUG ABUSE  
CERTIFICATION BOARD OF GEORGIA, INC.  
**Certified Recovery Residence Administrator (CRRA)**

**APPLICATION & BIOGRAPHICAL DATA**

Please type or print legibly:

Name: \_\_\_\_\_

Previous or other name(s) used: \_\_\_\_\_

Home address: \_\_\_\_\_

\_\_\_\_\_  
City State Zip County

Work address: \_\_\_\_\_

\_\_\_\_\_  
City State Zip County

Preferred Phone: (\_\_\_\_)-\_\_\_\_\_ Work (\_\_\_\_)-\_\_\_\_\_

\*As a courtesy to certified counselors we will list your county or employment, work phone number and email in a searchable database on our website. Would you like this information listed for public viewing? Yes \_\_\_ No\_\_\_

E-mail address: \_\_\_\_\_

To keep you better informed about ADACBGA, we automatically include you in our electronic mailing list. If you do not wish to receive news and updates you will be asked to opt out. If you would like to unsubscribe, please check here. \_\_\_ Unsubscribe

Date of Birth: \_\_\_\_\_ Last four numbers of Social Security no. XXX-XX-\_\_\_\_\_

Gender: \_\_\_\_\_

Ethnic Affiliation: Caucasian\_\_\_ Black\_\_\_ Asian\_\_\_ Hispanic\_\_\_ Native American\_\_\_ Other\_\_\_ (For statistical purposes only)

Highest Education level completed: High School or GED\_\_\_ Some College \_\_\_ Associate \_\_\_ Bachelors\_\_\_  
Masters\_\_\_ Doctorate\_\_\_

List any other boards by which you are certified or licensed: \_\_\_\_\_

Has certification or license been denied or revoked by any other board: No\_\_\_ Yes\_\_\_

If yes, please explain on a separate sheet.

**ASSURANCE AND RELEASE**

**ETHICS STATEMENT**

**(Please Initial Where Requested as Indication You Have Read and Understand Each Section)**

\_\_\_\_\_(Initial) I hereby attest that all the information given herein is true and complete to the best of my knowledge and belief. I understand that falsification of any portion of this application will result in my being denied certification, or revocation of same, upon discovery

\_\_\_\_\_(Initial) I have read, understand, and agree to act in accordance with the code of ethics recognized by my profession and in compliance with any and all codes of professional conduct in effect in the State of Georgia.

\_\_\_\_\_(Initial) I acknowledge the right of ADACBGA to verify the information in this application or to seek further information from employers, schools or persons mentioned herein.

\_\_\_\_\_(Initial) I further understand that that it is my responsibility to maintain my certification by renewing prior to my expiration date. I understand that it is an ethical violation to provide services if my certification has expired.

\_\_\_\_\_(Initial) I agree to have my current valid certificate from ADACBGA on display or easily accessible if I am treating clients.

\_\_\_\_\_(Initial) I will hold ADACBGA, its Board members, officers, agents, and staff free from any civil liability for damages or complaints by reason of any action that is within the scope and arising out of the performance of their duties which they, or any of them, may take in connection with this application, the attendant examination, the grades with respect to any examination, and/or failure of the Board to bestow upon me certification as an Alcohol and Drug Abuse Counselor.

\_\_\_\_\_(Initial) I further understand that ADACBGA will post on our website and provide to IC&RC my contact information for their data base, along with my certification number, level, expiration date and original certification date.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed name

\*Remember to include your fee of \$150 or make an online payment with a credit card under the "Payment" page of our website.

# Recovery Residence Administrator Code of Ethics

All persons seeking to become a Certified Recovery Residence Administrator, (recovery residence owners, operators,) are expected to adhere to the following Code of Ethics based upon the NARR Code of Ethics. It is the obligation of all recovery residence owners/operators and staff to value and respect each resident and to put each individual's recovery and needs at the forefront of all decision making. To meet this obligation, we adhere to the following principles:

1. Assess each potential resident's needs, and determine whether the level of support available within the residence is appropriate. Provide assistance to the resident for referral in or outside of the residence.
2. Value diversity and non-discrimination.
3. Provide a safe, homelike environment.
4. Maintain an alcohol- and illicit-drug-free environment.
5. Honor individuals' rights to choose their recovery paths within the parameters defined by the residence organization.
6. Protect the privacy and personal rights of each resident.
7. Provide consistent and uniformly applied rules.
8. Provide for the health, safety and welfare of each resident.
9. Address each resident fairly in all situations.
10. Encourage residents to sustain relationships with professionals, recovery support service providers and allies.
11. Take appropriate action to stop intimidation, bullying, sexual harassment and/or otherwise threatening behavior of residents, staff and visitors within the residence.
12. Take appropriate action to stop retribution, intimidation, or any negative consequences that could occur as the result of a grievance or complaint.
13. Provide consistent, fair practices for drug testing that promote the residents' recovery and the health and safety of the recovery environment and protect the privacy of resident information.
14. Provide an environment in which each resident's recovery needs are the primary factors in all decision making.
15. Promote the residence with marketing or advertising that is supported by accurate, open and honest claims.
16. Decline taking a primary role in the recovery plans of relatives, close friends, and/or business acquaintances.
17. Sustain transparency in operational and financial decisions.
18. Maintain clear personal and professional boundaries.
19. Operate within the residence's scope of service and within professional training and credentials.
20. Maintain an environment that promotes the peace and safety of the surrounding neighborhood and the community at large.

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Printed Name

Signature

Date

EDUCATION Table

Number each copied certificate, list them in order on this sheet, and attach to the cover sheet. Duplicate this sheet as needed.

No.	Title	Date	Overview	Hours

PLEASE ATTACH COPIES OF CERTIFICATES OR REPORTS OF INSERVICE HOURS TO THIS COVER SHEET IN THE ORDER THEY ARE LISTED. SEND PHOTOCOPIES ONLY, ORIGINALS WILL NOT BE RETURNED.

**REFERENCE FORM (Page 1 of 2)**

Applicant Name: \_\_\_\_\_

Evaluator Name: \_\_\_\_\_



Relationship to Applicant: \_\_\_\_\_

EvaluatorAddress:\_\_\_\_\_

Evaluator Telephone:\_\_\_\_\_

How long have you known applicant?\_\_\_\_\_

Please describe the reasons that you would or would not endorse the applicant to work in the addiction field as a Recovery Residence Administrator: (You may type a response and attach if preferred)

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I HEREBY CERTIFY THAT THIS RATING IS, TO THE BEST OF MY KNOWLEDGE, TRUTHFUL, AND REFLECTS AS ACCURATELY AS POSSIBLE MY KNOWLEDGE OF THE APPLICANT.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

The Alcohol and Drug Abuse Certification Board of Georgia reserves the right to request further information from you concerning this applicant. PLEASE RETURN THIS FORM DIRECTLY TO:

ALCOHOL AND DRUG ABUSE CERTIFICATION BOARD OF GEORGIA  
6755 Peachtree Industrial Blvd. #110, Atlanta, GA 30360

**Please do not return this form to the applicant unless it is placed in a sealed envelope with the evaluator’s signature across the back seal.**

**REFERENCE FORM (page 2 of 2)**

APPLICANT’S NAME \_\_\_\_\_

EVALUATOR’S NAME \_\_\_\_\_

Following are the skills and knowledge needed by Alcohol and Drug Abuse Counselors. Please evaluate the above named applicant based on the abilities you have seen him/her demonstrate. Use the following scale to evaluate the applicant:

- 1 = NOT APPLICABLE
- 2 = POOR
- 3 = AVERAGE

4 = ABOVE AVERAGE  
5 = EXCELLENT

Skills and Knowledge Rating

- \_\_\_\_ Common sense in dealing with others
- \_\_\_\_ Respect for others
- \_\_\_\_ Care and concern for others
- \_\_\_\_ Empathy for others
- \_\_\_\_ Flexibility with others
- \_\_\_\_ Spontaneity with others
- \_\_\_\_ Capacity for confrontation with others
- \_\_\_\_ Capacity for appropriate self-disclosure
- \_\_\_\_ Concreteness
- \_\_\_\_ Ability to communicate effectively with others
- \_\_\_\_ Ability to set boundaries with others
- \_\_\_\_ Knowledge of the addictions field
- \_\_\_\_ Capacity for acting in an ethical manner
- \_\_\_\_ Ability to set limits with others
- \_\_\_\_ Ability to facilitate appropriate change
- \_\_\_\_ Knowledge of physical, behavioral, attitudinal, and effective manifestations of addictions

GENERAL REMARKS: \_\_\_\_\_  
\_\_\_\_\_

Evaluators Signature: \_\_\_\_\_ Date \_\_\_\_\_

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**SUPERVISED PRACTICAL EXPERIENCE**

APPLICANT'S NAME \_\_\_\_\_

SUPERVISOR/ TITLE \_\_\_\_\_

PROFESSIONAL LICENSES AND/OR CERTIFICATES YOU HOLD \_\_\_\_\_

AGENCY \_\_\_\_\_ PHONE \_\_\_\_\_

How long have you supervised this applicant?

From (m/y) \_\_\_\_\_ to (m/y) \_\_\_\_\_

**Purpose:** The supervised practical experience is to document that the candidate has received supervision directly relating to the CRRA domains. Methods of supervision that will be accepted include activities designed to provide training of specific recovery coach functions. These activities are monitored by supervisory personnel who provide timely positive and negative feedback to assist the counselor in this learning process. Methods of such supervision could be joining sessions and later reviewing them, case presentations, group or individual staffings, teaching about various methods, etc.

**Supervised Practical Experience Requirements:**

- Candidates must complete 100 hours of Supervision
- Candidates must receive a minimum of 25 hours face-to-face supervision.

Please specify the amount of time the applicant spent actually performing each of the following activities and the amount of time spent in face to face supervision with you.

CRRA DOMAINS (See pg. 19 for definitions)	# hours experience	# hours face to face supervision
Recovery Residence Management		
Advocacy		
Mentoring/ Education		
Recovery Support		
Ethical Responsibility		

\*Supervisor must also fill out an evaluation form.

The Alcohol and Drug Abuse Certification Board of Georgia reserves the right to request further information from you concerning this applicant. PLEASE RETURN THIS FORM DIRECTLY TO:

ALCOHOL AND DRUG ABUSE CERTIFICATION BOARD OF GEORGIA  
PO Box 250449, Atlanta, GA 30325

**Please do not return this form to the applicant unless it is placed in a sealed envelope with the supervisor's signature across the back seal.**

**Do not return this form to the applicant,  
unless it has been placed in a sealed envelope with your signature across the back seal!**

**SUPERVISOR EVALUATION**

(PG. 1 of 2)

APPLICANT'S NAME \_\_\_\_\_

SUPERVISOR'S NAME \_\_\_\_\_

PLEASE USE THE FOLLOWING RATING SCALE TO EVALUATE THE APPLICANT'S SKILLS IN THE AREAS REQUESTED:

- NA = NOT APPLICABLE
- 1 = POOR
- 2 = FAIR

- 3 = AVERAGE
- 4 = ABOVE AVERAGE
- 5 = EXCELLENT

The items below represent skills needed by addictions counselors in the core functions. Please evaluate the applicant's abilities in each area. Acceptable scores are fair (2) or above.

Score	Function
	Screening - the process by which a client is determined appropriate and eligible for admission to a particular program.
	Intake - The administrative and initial assessment procedures for admission to a program
	Orientation - describing to the client the general nature and goals of the program, rules governing client conduct and infractions that can lead to disciplinary action or discharge from the program, the hours and times services are available, treatment costs to be borne by the client if any, and client rights.
	Assessment - those procedures by which a counselor identifies and evaluates an individual's strengths, weaknesses, problems, and needs for the development of the treatment plan.
	Treatment Planning - the process by which the counselor and the client identify and rank problems needing resolution, establish agreed upon immediate and long term goals, decide on a treatment process and the resources to be utilized.
	Individual Counseling - a one-to-one counselor-client process for the purpose of assessing a client's problems and facilitating appropriate changes.
	Group Counseling - A process involving several clients for the purpose of jointly exploring the client's problems and facilitating appropriate changes.
	Family Counseling - A process of exploring the dynamics of the family system and facilitating appropriate changes.
	Case Management – Activities which bring services, agencies, resources or people together within a planned framework of action toward the achievement of established goals. It may involve liaison activities and collateral contacts.
	Crisis Intervention - those services which respond to an alcohol and/or other drug abuser's needs during acute emotional and/or physical distress.

PG. 2 of 2

Applicant Name: \_\_\_\_\_

	Client Education – Provision of information to individuals and groups concerning alcohol and other drug abuse and the available services and resources.
	Referral - Identifying the needs of the client that cannot be met by the counselor or agency and assisting the client to utilize the support systems and community resources available.
	Reports and Record Keeping - charting the results of the assessment and treatment plan, writing reports, progress notes, discharge summaries and other client-related data.
	Consultation - relating with counselors and other professionals in regard to client treatment and services to assure comprehensive, quality care for the client.

Using the same scale, please evaluate the applicant on the following areas of interpersonal relationships with clients, based on your observations:

Score	Relationship Areas
	Respect for the client
	Care and concern for the client
	Genuineness with the client
	Empathy with the client
	Flexibility with the client
	Judgment with the client
	Spontaneity with the client
	Capacity for confrontation with the client
	Capacity for appropriate self-disclosure
	Sense of immediacy
	Concreteness
	Ability to set appropriate boundaries

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**Alcohol and Drug Abuse Certification Board of Georgia, Inc.**  
**6755 Peachtree Industrial Blvd. #110**  
**Atlanta, GA 30360**

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**SUPERVISOR'S STATEMENT**

Applicant's name \_\_\_\_\_

Supervisor's name \_\_\_\_\_

Program name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

How long have you supervised this applicant?

From (m/y) \_\_\_\_\_ to (m/y) \_\_\_\_\_

Number of Face-to-Face supervision hours: \_\_\_\_\_ (total of 100 hours required)

Number of residents candidate supervises \_\_\_\_\_

\_\_\_\_\_  
*Please add any comments on an additional sheet of paper.*

I HEREBY CERTIFY THAT I HAVE OBSERVED AND HAVE FIRSTHAND KNOWLEDGE OF THIS APPLICANT'S WORK AND THAT THE ABOVE INFORMATION IS, TO THE BEST OF MY KNOWLEDGE, TRUE

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

***PLEASE RETURN DIRECTLY TO:***  
**Alcohol and Drug Abuse Certification Board of Georgia, Inc.**  
**PO Box 250449**  
**Atlanta, GA 30325**

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## ALCOHOL AND DRUG ABUSE CERTIFICATION

### BOARD OF GEORGIA, INC.

#### MISSION:

The Alcohol and Drug Abuse Certification Board of Georgia, Inc., is an independent, non-governmental and non-profit body.

This Board was formed in 1992 to offer certification to Alcohol and Drug Abuse Counselors and to supervisors in alcohol and drug counseling and is based on the standards and methods offered by the International Certification and Reciprocity Consortium/Alcohol and Other Drug Abuse, a multi-state and nation body organized to promote uniform professional standards and quality for the substance abuse counseling profession and to give the profession greater visibility in the U.S. and abroad. As a result of membership in IC&RC/AODA, our certified counselors may relocate to other states, the military services and other countries, and transfer their certification with a minimum of effort and expense.

Our goal is to provide competency-based certification that will assure quality care for those affected by sub-stance abuse. Certification is a voluntary process whereby professionals with a special interest in providing treatment to substance abusers and their families may receive recognition for their competency. The purpose is to establish professional standards which enable counselors, allied health professionals, health service providers, third party payors, employers, and the general public to recognize qualified professionals in this field. Certification offers evidence that standards of knowledge, skill, experience, and demonstration of competency have been met.

#### INFORMATION FOR THE CANDIDATE:

This manual describes and outlines the requirements for certification for professionals desiring certification as a Certified Recovery Residence Administrator (CRRRA) from the Alcohol and Drug Abuse Certification Board of Georgia, Inc.

## 10 Principles of Recovery

- ***Recovery emerges from hope:*** The belief that recovery is real provides the essential and motivating message of a better future – that people can and do overcome the internal and external challenges, barriers, and obstacles that confront them.
- ***Recovery is person-driven:*** Self-determination and self-direction are the foundations for recovery as individuals define their own life goals and design their unique path(s) towards those goals.
- ***Recovery occurs via many pathways:*** Individuals are unique with distinct needs, strengths, preferences, goals, culture, and backgrounds including trauma experiences that affect and determine their pathway(s) to recovery.
- ***Recovery is holistic:*** Recovery encompasses an individual’s whole life, including mind, body, spirit, and community.
- ***Recovery is supported by peers and allies:*** Mutual support and mutual aid groups, including the sharing of experiential knowledge and skills, as well as social learning, play an invaluable role in recovery.

***Recovery is supported through relationship and social networks:*** An important factor in the recovery process is the presence and involvement of people who believe in the person’s ability to recover; who offer hope, support, and encouragement; and who also suggest strategies and resources for change.

- ***Recovery is culturally-based and influenced:*** Culture and cultural background in all of its diverse representations including values, traditions, and beliefs are keys in determining a person’s journey and unique pathway to recovery.
- ***Recovery is supported by addressing trauma:*** The experience of trauma (such as physical or sexual abuse, domestic violence, war, disaster, and others) is often a precursor to or associated with alcohol and drug use, mental health problems, and related issues.
- ***Recovery involves individual, family, and community strengths and responsibility:*** Individuals, families, and communities have strengths and resources that serve as a foundation for recovery.
- ***Recovery is based on respect:*** Community, systems, and societal acceptance and appreciation for people affected by mental health and substance use problems. (SAMSHA, 2011)

## **CODE OF PROFESSIONAL ETHICS**

Modeled after the National Association of Alcoholism and Drug Abuse Counselors (NAADAC) Ethical Standards.

### **Principle 1: Non-Discrimination**



The Certified Recovery Residence Administrator should not discriminate against clients or professionals based on race, religion, age, sex, handicaps, national ancestry, sexual orientation or economic condition.

**Principle 2: Responsibility**

The Certified Recovery Residence Administrator should espouse objectivity and integrity and maintain the highest standards in the services the recovery coach offers.

- a. The Certified Recovery Residence Administrator, as teacher, should recognize the recovery coach's primary obligation to help others acquire the knowledge and skill in dealing with the disease of chemical de-pendency.
- b. The Certified Recovery Residence Administrator, as a practitioner, should accept the professional challenge and responsibility deriving from the recovery coach's work.

**Principle 3: Competence**

The Certified Recovery Residence Administrator should recognize that the profession is founded on national standards of competency which promote the best interests of society, of the client and of the profession as a whole. The recovery coach should recognize the need for ongoing education as a component of professional competency.

- a. The Certified Recovery Residence Administrator should prevent the practice of substance abuse peer coaching by unqualified and unauthorized persons.
- b. The Certified Recovery Residence Administrator who is aware of unethical conduct or of unprofessional modes of practice should report such violations to the appropriate certifying authority.
- c. The Certified Recovery Residence Administrator should recognize boundaries and limitations of the recovery coach's competencies and not offer services or use techniques outside of these professional competencies.
- d. The Certified Recovery Residence Administrator should recognize the effect of professional impairment on professional performance and should be willing to seek appropriate treatment for oneself or for a colleague. The recovery coach should support peer assistance programs in this respect.

**Principle 4: Legal Standards and Moral Standards**

The Certified Recovery Residence Administrator should uphold the legal and accepted moral codes which pertain to professional conduct.

- a. The Certified Recovery Residence Administrator should not claim either directly or by implication, professional qualifications/affiliations that the recovery coach does not possess.
- b. The Certified Recovery Residence Administrator should not use the affiliation with the ADACBGA for purposes that are not consistent with the stated purposes of the board.
- c. The Certified Recovery Residence Administrator should not associate with or permit the recovery coach's name to be used in connection with any services or products in a way that is incorrect or misleading.

d. The Certified Recovery Residence Administrator associated with the development or promotion of books or other products offered for commercial sale should be responsible for ensuring that such books or products are presented in a professional and factual way.

#### **Principle 5: Public Statements**

The Certified Recovery Residence Administrator should respect the limits of present knowledge in public statements concerning alcoholism and other forms of drug addiction.

- a. The Certified Recovery Residence Administrator who represents the field of alcoholism, peer coaching to clients, other professionals or to the general public should report fairly and accurately the appropriate information.
- b. The Certified Recovery Residence Administrator should acknowledge and document materials and techniques used.
- c. The Certified Recovery Residence Administrator who conducts training in alcoholism or drug abuse peer coaching skills or techniques should indicate to the audience the requisite training/qualifications required to properly perform these skills and techniques.

#### **Principle 6: Publication Credit**

The Certified Recovery Residence Administrator should assign credit to all who have contributed to the published material and for the work upon which the publication is based.

- a. The Certified Recovery Residence Administrator should recognize joint authorship, major contributions of a professional character, made by several persons to a common project. The author who has made the principle contribution to a publication should be identified as first listed.
- b. The Certified Recovery Residence Administrator should acknowledge in footnotes or an introductory statement minor contributions of a professional character, extensive clerical or similar assistance and other minor contributions.
- c. The Certified Recovery Residence Administrator should acknowledge, through specific citations, unpublished, as well as published material, that has directly influenced the research or writing.
- d. The Certified Recovery Residence Administrator who compiles and edits for publication the contributions of others should list oneself as editor, along with the names of those others who have contributed.

#### **Principle 7: Client Welfare**

The Certified Recovery Residence Administrator should respect the integrity and protect the welfare of the person or group with whom the recovery coach is working.

- a. The Certified Recovery Residence Administrator should define for self and others the nature and direction of loyalties and responsibilities and keep all parties concerned informed of these commitments.
- b. The Certified Recovery Residence Administrator, in the presence of professional conflict should be concerned primarily with the welfare of the client.
- c. The Certified Recovery Residence Administrator should terminate peer coaching or consulting relationship when it is reasonably clear to the recovery coach that the client is not benefiting from it.

d. The Certified Recovery Residence Administrator, in referral cases, should assume the responsibility for the client's welfare either by termination by mutual agreement and/or by the client becoming engaged with another professional. In situations when a client refuses treatment, referral or recommendations, the Certified Recovery Residence Administrator should carefully consider the welfare of the client by weighing the benefits of continued treatment or termination and should act in the best interests of the client.

e. The Certified Recovery Residence Administrator who asks a client to reveal personal information from other professionals or allows information to be divulged should inform the client of the nature of such transactions. The information released or obtained with informed consent should be used for express purposes only.

f. The Certified Recovery Residence Administrator should not use a client in a demonstration role in a workshop setting where such participation would potentially harm the client.

g. The Certified Recovery Residence Administrator should ensure the presence of an appropriate setting for clinical work to protect the client from harm and the recovery coach and the profession from censure.

h. The Certified Recovery Residence Administrator should collaborate with other health care professionals in providing a supportive environment for the client who is receiving prescribed medications.

### **Principle 8: Confidentiality**

The Certified Recovery Residence Administrator should embrace, as a primary obligation, the duty of protecting the privacy of clients and should not disclose confidential information acquired, in teaching, practice or investigation.

a. The Certified Recovery Residence Administrator should inform the client and obtain agreement in areas likely to affect the client's participation including the recording of an interview, the use of interview material for training purposes and observation of an interview by another person.

b. The Certified Recovery Residence Administrator should make provisions for the maintenance of confidentiality and the ultimate disposition of confidential records.

c. The Certified Recovery Residence Administrator should reveal information received in confidence only when there is clear and imminent danger to the client or to other persons and then only to appropriate professional workers or public authorities.

d. The Certified Recovery Residence Administrator should discuss the information obtained in clinical or consulting relationships only in appropriate settings and only for professional purposes clearly concerned with the case. Written and oral reports should present only data germane to the purpose of the evaluation and every effort should be made to avoid undue invasion of privacy.

e. The Certified Recovery Residence Administrator should use clinical and other material in classroom teaching and writing only when the identity of the persons involved is adequately disguised.

### **Principle 9: Client Relationships**

The Certified Recovery Residence Administrator should inform the prospective client of the important aspects of the potential relationship.

- a. The Certified Recovery Residence Administrator should inform the client and obtain the client's agreement in areas likely to affect the client's participation including the recording of an interview, the use of interview material for training purposes and/or observation of an interview by another person.
- b. The Certified Recovery Residence Administrator should inform the designated guardian or responsible person of the circumstances which may influence the relationship, when the client is a minor or incompetent.
- c. The Certified Recovery Residence Administrator should not enter into a professional relationship with members of one's own family, intimate friends or close associates or others whose welfare might be jeopardized by such a dual relationship.
- d. The Certified Recovery Residence Administrator should not engage in any type of sexual activity with a client

#### **10: Interprofessional Relationships**

The Certified Recovery Residence Administrator should treat colleagues with respect, courtesy and fairness and should afford the same professional courtesy to other professionals.

- a. The Certified Recovery Residence Administrator should not offer professional services to a client in recovery coaching with another professional except with the knowledge of the other professional or after the termination of the client's relationship with the other professional.
- b. The Certified Recovery Residence Administrator should cooperate with duly constituted professional ethics committees and promptly supply necessary information unless constrained by the demands of confidentiality.

#### **Principle 11: Remuneration**

The Certified Recovery Residence Administrator should establish financial arrangements in professional practice and in accord with the professional standards that safeguard the best interests of the client, of the recovery coach and of the profession.

- a. The Certified Recovery Residence Administrator should consider carefully the ability of the client to meet the financial cost in establishing rates for professional services.
- b. The Certified Recovery Residence Administrator should not send or receive any commission or rebate or any other form of remuneration for referral of clients for professional services. The counselor should not engage in fee splitting.
- c. The Certified Recovery Residence Administrator in clinical or peer recovery coaching practice should not use one's relationship with clients to promote personal gain or the profit of an agency or commercial enterprise of any kind.
- d. The Certified Recovery Residence Administrator should not accept a private fee or any other gift or gratuity for professional work with a person who is entitled to such services through an institution or agency. The policy of a particular agency may make explicit provisions for private work with its clients by members of its staff and in such instances the client must be fully apprised of all policies affecting the client.

#### **Principle 12: Societal Obligations**

The Certified Recovery Residence Administrator should advocate changes in public policy and legislation to afford opportunity and choice for all persons whose lives are impaired by the disease of alcoholism or other forms of drug addiction. The recovery coach should inform the public through active civic and professional participation in community

affairs of the effects of alcoholism and drug addiction and should act to guarantee that all persons, especially the needy and disadvantaged, have access to the necessary resources and services. The Certified Recovery Residence Administrator should adopt a personal and professional stance which promotes the well-being of all human beings.