Dear Applicant:

Enclosed is your informational and application packet for CADC T. 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. You may duplicate this entire packet for distribution to colleagues or other prospective applicants. Please be sure you have the most current version of the application.

Note that supervisors’ and colleagues’ recommendations are to be sent directly to the board. Evaluations may be returned to the applicant only if they have been placed in a sealed envelope with a signature across the back seal. Please duplicate the respective forms and give them to the appropriate persons.

When you have completed your part of the packet, send it to the above address with your application fee of $150. Acceptable payment methods are check/money order made out to ADACBGA or online payment with a credit card under the “Contact Us” page of our website.

Certified Alcohol and Drug Abuse Trainee (CADC T) status is a statewide credential that has been developed by the Alcohol and Drug Abuse Certification Board of Georgia to establish credibility and accountability to those who work in the field of alcohol and drug abuse counseling who have not yet completed the experience required to earn their reciprocal certification (CADC II or CAADC). While not licensed or reciprocal, this status serves as an entry level to the profession of alcohol and drug counseling. The CADC T is held accountable to the professional field while gaining work experience, thereby completing the requirements necessary to achieve their reciprocal certification. The CADC T serves as a transitional certification, expiring and non-renewable after three years.

CADC T certification is renewable annually for a period of 3 years. You must submit an annual supervision report, documentation of a minimum twenty hours of education with three hours in professional ethics, while achieving the requirements of 100 hours of education per year so that at the when the candidate has the required experience hours, they will have accumulated a minimum of 300 hours of education.

IMPORTANT NOTICE ABOUT EDUCATION HOURS
First Year/Application: Candidate must have minimum of 100 hours
Second Year/First Recertification: Candidate must have completed a cumulative minimum of 200 hours
Third Year/Second Recertification: Candidates must have completed a cumulative minimum of 300 hours

The candidate may submit more hours in a particular year, but note that a candidate still must do 20 hours of education for each recertification even if they have exceeded the total hours required. For example, if the candidate turns in 300 hours in year one, the candidate will still need to complete 20 hours of education to recertify. If the candidate submits 100 education hours in the first year, they must submit a minimum of 100 education hours to recertify in the second year.

When the CADC T has completed the required experience hours, the candidate may sit for the computer based written exam. Upon successful completion of the exam, the candidate will receive the appropriate level certification. Should you have any questions, please feel free to contact the office.

**FEE SCHEDULE**
<table>
<thead>
<tr>
<th>APPLICATION FEE</th>
<th>$150.00</th>
</tr>
</thead>
<tbody>
<tr>
<td>RECERTIFICATION FEE</td>
<td></td>
</tr>
<tr>
<td>CADC T (every year)</td>
<td></td>
</tr>
<tr>
<td>Online Recertification</td>
<td>$75.00</td>
</tr>
<tr>
<td>Mail in Recertification</td>
<td>$100.00</td>
</tr>
</tbody>
</table>

**CHECKLIST FOR APPLICATION**

1. Send completed pages 3-7 to ADACBGA.

2. Include check or money order for $150 payable to ADACBGA or pay online with a credit card. **Application fees are non-refundable.**

3. Attach certificates of attendance, inservice reports, and/or other verification of education hours to page 6, numbering the certificates and listing them on the page. A minimum of 100 hours required.

4. Arrange for official college/university transcripts if applicable to be sent to ADACBGA.

5. Have colleagues send forms on pages 8 & 9 to ADACBGA. Two are required.

6. Have supervisor(s) send supervised practical experience forms for the 300 hour practicum on pages 10-14, supervisor’s evaluation on pages 15 & 16 plus the supervisor(s) statement on page 17 to ADACBGA. 300 hours of Supervised Work and 40 hours of Face-to-Face Supervision is required.

7. **SEND MATERIALS REGULAR MAIL ONLY!** Staff may not be available to sign, and your material may be returned. Regular mail is most reliable.

**EDUCATION HOURS**

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

**NOTE:** **6 CONTACT HOURS OF ETHICS EDUCATION MUST BE DOCUMENTED!**

Please list all applicable education on the education page. You may duplicate the page if you need more space. You must document at least 100 hours of classroom/workshop style education related to the 12 core functions of addiction counseling.

Transcripts: Documentation in the form of official college/university transcripts for all courses claimed must be sent directly from the college/university to:

Alcohol and Drug Abuse Certification Board of Georgia, Inc.  
P.O. BOX 250449  
Atlanta, GA 30325

Revised 4/2018
Name: ___________________________________________________________________________

*A valid state or federally issued photo ID must be submitted with this application

Any other or previous name(s) used: ________________________________________________

Address:  _______________________________________________________________________

________________________________________________________________________________

City  State  Zip  County

Work Name and address: __________________________________________________________

________________________________________________________________________________

City  State  Zip  County

e-mail: ___________________________ Gender: ____________________________

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

Preferred Phone: (___)-__________  Work (___)-______________

*As a courtesy to certified counselors we will list your county of employment, work phone number and email in a searchable database on our website. Would you like this information listed for public viewing? Yes _____ No____

Date of Birth: ___________________________  Social Security no. XXX-XX-__________

Ethnic Affiliation: ________________________________ (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.

Revised  4/2018
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 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 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 Trainee.

_______(Initial) I further understand that ADACBGA will post on our website and provide to IC&RC my contact information for their database, 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.
Applicant Name: ___________________________________________________________

SUPERVISED DIRECT WORK EXPERIENCE
PAID OR VOLUNTEER

List in order, with last location first. Listing must demonstrate 300 hours for those candidates with a bachelor or above degree in a human service area.

Agency:______________________________________________________________
Address:________________________________________________________________
City, state, zip:___________________________________________________________
Supervisor:_____________________________________________________________
Dates and hours of service:________________________________________________

Agency:______________________________________________________________
Address:________________________________________________________________
City, state, zip:___________________________________________________________
Supervisor:_____________________________________________________________
Dates and hours of service:________________________________________________

Agency:______________________________________________________________
Address:________________________________________________________________
City, state, zip:___________________________________________________________
Supervisor:_____________________________________________________________
Dates and hours of service:________________________________________________
Applicant Name: _______________________________________________________

EDUCATION (100 hours minimum, 300 total required)

<table>
<thead>
<tr>
<th>No.</th>
<th>Title</th>
<th>Dates</th>
<th>Topic</th>
<th>Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Ethics</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

PLEASE ATTACH CERTIFICATES OR REPORTS OF INSERVICE HOURS TO THIS COVER SHEET

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

Please list the names, addresses and phone numbers of the supervisor(s) to whom you have given evaluation forms. You must have an evaluation for all hours counted toward supervised work experience. If this is not possible due to external circumstances (e.g. death, supervisor moved and unavailable), please explain.

NAME___________________________________________________________
ADDRESS________________________________________________________________
PHONE________________________________________________________________

NAME____________________________________________________________
ADDRESS________________________________________________________________
PHONE________________________________________________________________

NAME____________________________________________________________
ADDRESS________________________________________________________________
PHONE________________________________________________________________

Please list the names of two individuals to whom you have given colleague evaluation forms. These should be people, other than supervisors, who know you professionally and can attest to your professional skills.

NAME___________________________________________________________
ADDRESS________________________________________________________________
PHONE________________________________________________________________

NAME___________________________________________________________
ADDRESS________________________________________________________________
PHONE________________________________________________________________
COLLEAGUE EVALUATION FORM

Applicant name____________________________________________________

Name, title of evaluator_______________________________________________

Address________________________________________________________________
____________________________________________________________________

Telephone_________________________________________________________

How long have you known applicant?___________________________________

Relationship to applicant?_____________________________________________

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
P.O BOX 250449
Atlanta, GA 30325

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

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:

- NA = NOT APPLICABLE
- 1 = POOR
- 2 = FAIR
- 3 = AVERAGE
- 4 = ABOVE AVERAGE
- 5 = EXCELLENT

Acceptable scores are fair (2) or above.

<table>
<thead>
<tr>
<th>No.</th>
<th>Skills and Knowledge</th>
<th>Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Common sense in dealing with client</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Respect for client</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Care and concern for client</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Empathy with client</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Flexibility with client</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Spontaneity with client</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Capacity for confrontation with client</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Capacity for appropriate self-disclosure</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Concreteness</td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>Ability to communicate effectively with client and co-workers</td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>Ability to treat client information in accordance with state and federal regulations</td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>Knowledge of addictions field</td>
<td></td>
</tr>
<tr>
<td>13</td>
<td>Capacity for acting in an ethical manner</td>
<td></td>
</tr>
<tr>
<td>14</td>
<td>Ability to set limits with client</td>
<td></td>
</tr>
<tr>
<td>15</td>
<td>Ability to facilitate appropriate change in client regarding chemical use</td>
<td></td>
</tr>
<tr>
<td>16</td>
<td>Ability to apply knowledge of physical, behavioral, attitudinal, and effective manifestations of addictions to determine its existence and degree of progression</td>
<td></td>
</tr>
</tbody>
</table>

GENERAL REMARKS:__________________________________________________________________________
                                                                                       __________
                                                                                       _____________________________________
                                                                                       _____________________________________
MISSION:

The Alcohol and Drug Abuse Certification Board of Georgia, Inc., is an independent, non-governmental, 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 substance 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.
This manual describes and outlines the requirements for certification for professionals desiring certification as alcohol and drug abuse counselors from the Alcohol and Drug Abuse Certification Board of Georgia, Inc. It also describes and outlines the requirements for certification as a Certified Alcohol and Drug Counselor Trainee from the Alcohol and Drug Abuse Certification Board of Georgia, Inc. This credential is offered at the State level only. The CADC T was designed as an entry level certification for applicants who had not yet completed the experience hours necessary to earn their reciprocal certifications (CADC I AND IIs or CAADCs). The CADC T status acknowledges the competency of work experience, drug and alcohol abuse counseling education and supervised training, while encouraging the CADC T to continue progressing toward a reciprocal certification.

An Alcohol and Drug Counselor is a person who, by virtue of special knowledge, training and experience, is uniquely able to inform, motivate, guide and assist persons affected by problems related to the use, abuse and/or addiction to alcohol and other drugs. For the purpose of certification, a counselor is defined as a person who has primary responsibility for client care with clients having a primary diagnosis of alcohol and/or drug abuse or dependence, prepares and reviews treatment plans, and documents client progress. A CADC T is defined as a person who, under the supervision of a CADC II level counselor or higher, has primary responsibility for client care with clients having a primary diagnosis of alcohol and/or drug abuse or dependence, prepares and reviews treatment plans, and documents client progress.

The CADC T applicant must document a minimum of 270 hours of education specific to the 12 core functions of alcohol and drug counseling with a minimum of six (6) hours of professional ethics education and a 300 hour supervised practical experience in the 12 core functions, as well as a supervision contract to qualify.

The skills necessary to perform the following functions in a variety of treatment settings must be demonstrated to complete certification as an Alcohol and Drug Abuse Counselor.

These 12 Core Functions are:

1. **Screening**: The process by which a client is determined appropriate and eligible for admission to a particular program.
2. **Intake**: The administrative and initial assessment procedures for admission to a program.
3. **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 during which various services are available and the patient schedule, treatment costs to be borne by the client, if any, and the client’s rights.
4. **Assessment**: Those procedures by which a counselor/program identifies and evaluates an individual’s strengths, weaknesses, problems and needs for the development of the treatment plan.
5. **Treatment Planning**: The process by which the counselor and the client identify and rank problems needing resolution, establish agreed upon immediate and long term goals, and decide on the treatment methods and resources to be used.
6. **Counseling**: The utilization of special skills to assist individuals, families or groups in achieving objectives through exploration of a problem and its ramifications, examination of attitudes and feelings, consideration of alternative solutions, and decision making.
7. **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.
8. **Crisis Intervention**: Those services which respond to an alcohol and/or drug abuser’s needs during acute emotional and/or physical distress.
9. **Client Education**: Provision of information to individuals and groups concerning alcohol and other drug abuse and the available services and resources.

10. **Referral**: Identifying 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.

11. **Reports and Record Keeping**: Charting the results of the assessment and treatment plan, writing reports, progress notes, discharge summaries and other client-related data.

12. **Consultation**: Relating with counselors and other professionals in regard to client treatment and services to assure comprehensive, quality care for the client.
PORTFOLIO REQUIREMENTS:

Applicants must live and/or work within the jurisdiction of the ADACBGA. at least 51% of the time, or live in a nearby jurisdiction where IC&RC certification is not available.

1. **Experience:** Defined as supervised, paid or voluntary work experience in which the applicant has direct contact and responsibility for the AODA client. A total of 300 hours work experience must be documented.

2. **Education:** Defined as formal classroom style education (workshops, conferences, seminars, institutes, in-services, and college/university work). One clock hour of education is equal to fifty (50) minutes of continuous instruction. For the purpose of certification, clock hours of education must be related to the knowledge and skill base associated with the counselor core functions. A minimum of six (6) hours of professional ethics education must be documented as a part of the educational hours required. A total of 270 hours of addiction-specific education must be documented by copies of transcripts, certificates of attendance, in-service reports, etc. Such college/university credits must be from a college or university licensed or accredited by the local government in order to be eligible. All CADC T candidates for certification must have a high school diploma or its equivalent.

3. **Supervised Practical Training:** Defined as a supervised AODA setting which teaches the knowledge and skills of professional AODA counseling. This training may be part of the eligible work experience or may be completed under more than one supervisor or agency. A recommended minimum ratio is one (1) hour of supervision to ten (10) hours of practical experience. Examples of such training are observation, co-leading a skill area, solo experience, group supervision and supervision of process. A total of 300 supervised training hours must be documented, with a minimum of 10 hours in each of the twelve counselor core functions. The following credentials are acceptable for Clinical Supervision and are required to provide proof of credential: CCS; CADC II; CCDP, CCDP-D, CAADC; CAC II; MAC or LPC/LCSW/LMFT; MD who have a minimum of 5 hours of Co-Occurring or Addiction specific Continuing Education hours per year, certification of attendance/completion must be on file.

4. **Evaluations:** The applicant must provide three professional evaluations with an acceptable score on each one. One evaluation must be from the latest work experience supervisor; the other two must be from professionals who have had the opportunity to observe the applicant’s skills and competencies. Evaluations must be returned directly to the board by the raters. Or they may be returned to the applicant only if they have been placed in a sealed envelope with a signature across the back seal.

5. **Code of Ethics:** The counselor must sign the code of ethics form provided in their application packet.

Once an applicant has been notified that their application is complete, they must sit for the written examination within three years, or their application will expire and be closed. A new application with all required paperwork must be resubmitted in order to become certified.

**EXAMINATION**

The tests administered by SMT are based on the Role Delineation Study for Alcohol and Drug Abuse Counselors, and Advanced Alcohol and Drug Abuse Counselors, conducted by the IC&RC. The tests have been proved valid, reliable, and legally defensible. In order to sit for the examination, the applicant must be eligible for the CADC I or II or CAADC examination, at which time a letter of instruction on how to register for the computer based examination will be sent to the applicant. The fee is $180.

Applicants must successfully pass the exam within 2 years, and may only fail 2 times, or begin the application process over again, with new paperwork, supervision, education hours, and payment of fees.
Maintenance of CADC-T Status: Each year the CADC T must document completion of 20 contact hours of professional education and development with three (3) of these hours being in professional ethics, and submit an annual supervision report (by a CADC II level or higher). Supervision is defined as a minimum of one (1) hour face-to-face weekly supervision with a CADC II, CAADC, CCS or Licensed Professional. CADC T’s are not to practice independently.
CODE OF PROFESSIONAL ETHICS

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

Principle 1: Non-Discrimination

The substance abuse professional 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 substance abuse professional should espouse objectivity and integrity and maintain the highest standards in the services the counselor offers.

a. The substance abuse professional, as teacher, should recognize the counselor’s primary obligation to help others acquire the knowledge and skill in dealing with the disease of chemical dependency.

b. The substance abuse professional, as practitioner, should accept the professional challenge and responsibility deriving from the counselor’s work.

Principle 3: Competence

The substance abuse professional 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 counselor should recognize the need for ongoing education as a component of professional competency.

a. The substance abuse professional should prevent the practice of substance abuse counseling by unqualified and unauthorized persons.

b. The substance abuse professional who is aware of unethical conduct or of unprofessional modes of practice should report such violations to the appropriate certifying authority.

c. The substance abuse professional should recognize boundaries and limitations of the counselor’s competencies and not offer services or use techniques outside of these professional competencies.

d. The substance abuse professional 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 counselor should support peer assistance programs in this respect.

Principle 4: Legal Standards and Moral Standards

The substance abuse professional should uphold the legal and accepted moral codes which pertain to professional conduct.

a. The substance abuse professional should not claim either directly or by implication, professional qualifications/affiliations that the counselor does not possess.

b. The substance abuse professional should not use the affiliation with the ADACBGNA for purposes that are not consistent with the stated purposes of the board.

c. The substance abuse professional should not associate with or permit the counselor’s name to be used in connection with any services or products in a way that is incorrect or misleading.

d. The substance abuse professional 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 substance abuse professional should respect the limits of present knowledge in public statements concerning alcoholism and other forms of drug addiction.

a. The substance abuse professional who represents the field of alcoholism counseling to clients, other professionals or to the general public should report fairly and accurately the appropriate information.

b. The substance abuse professional should acknowledge and document materials and techniques used.

c. The substance abuse professional who conducts training in alcoholism or drug abuse counseling skills or techniques should indicate to the audience the requisite training/qualifications required to properly perform these skills and techniques.

Principle 6: Publication Credit

Revised 4/2018
The substance abuse professional should assign credit to all who have contributed to the published material and for the work upon which the publication is based.

a. The substance abuse professional 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 substance abuse professional 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 substance abuse professional should acknowledge, through specific citations, unpublished, as well as published material, that has directly influenced the research or writing.
d. The substance abuse professional 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 substance abuse professional should respect the integrity and protect the welfare of the person or group with whom the counselor is working.

a. The substance abuse professional 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 substance abuse professional, in the presence of professional conflict should be concerned primarily with the welfare of the client.
c. The substance abuse professional should terminate counseling or consulting relationship when it is reasonably clear to the counselor that the client is not benefiting from it.
d. The substance abuse professional, 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 substance abuse professional 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 substance abuse professional 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 substance abuse professional should not use a client in a demonstration role in a workshop setting where such participation would potentially harm the client.
g. The substance abuse professional should ensure the presence of an appropriate setting for clinical work to protect the client from harm and the counselor and the profession from censure.
h. The substance abuse professional should collaborate with other health care professionals in providing a supportive environment for the client who is receiving prescribed medications.

Principle 8: Confidentiality

The substance abuse professional 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 substance abuse professional 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 substance abuse professional should make provisions for the maintenance of confidentiality and the ultimate disposition of confidential records.
c. The substance abuse professional 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 substance abuse professional 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 substance abuse professional 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 substance abuse professional should inform the prospective client of the important aspects of the potential relationship.

a. The substance abuse professional 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 substance abuse professional 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 substance abuse professional 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 substance abuse professional should not engage in any type of sexual activity with a client.

**Principle 10: Interprofessional Relationships**

The substance abuse professional should treat colleagues with respect, courtesy and fairness and should afford the same professional courtesy to other professionals.

a. The substance abuse professional should not offer professional services to a client in counseling 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 substance abuse professional should cooperate with duly constituted professional ethics committees and promptly supply necessary information unless constrained by the demands of confidentiality.

**Principle 11: Remuneration**

The substance abuse professional should establish financial arrangements in professional practice and in accord with the professional standards that safeguard the best interests of the client, of the counselor and of the profession.

a. The substance abuse professional should consider carefully the ability of the client to meet the financial cost in establishing rates for professional services.

b. The substance abuse professional 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 substance abuse professional in clinical or counseling 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 substance abuse professional 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 substance abuse professional 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 counselor 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 substance abuse professional should adopt a personal and professional stance which promotes the well-being of all human beings.