

Ethics for Professional Substance Abuse Counselors

(Based on various Codes of Ethics from Alcohol and Drug Boards throughout the U. S.)

NAADAC Code of Ethics

The Revised Code of Ethics is divided under major headings and standards. The sections utilized are:

- I. [The Counseling Relationship](#)
- II. [Evaluation, Assessment and Interpretation of Client Data](#)
- III. [Confidentiality/Privileged Communication and Privacy](#)
- IV. [Professional Responsibility](#)
- V. [Working in a Culturally Diverse World](#)
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- VII. [Supervision and Consultation](#)
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I. The Counseling Relationship

It is the responsibility of the addiction professional to safeguard the integrity of the counseling relationship and to ensure that the client is provided with services that are most beneficial. The client will be provided access to effective treatment and referral giving consideration to individual educational, legal and financial resources needs. Addiction professionals also recognize their responsibility to the larger society and any specific legal obligations that may, on limited occasions, supersede loyalty to clients. The addiction professional shall provide the client and/or guardian with accurate and complete information regarding the extent of the potential professional relationship. In all areas of function, the addiction professional is likely to encounter individuals who are vulnerable and exploitable. In such relationships he/she seeks to nurture and support the development of a relationship of equals rather than to take unfair advantage. In personal relationships, the addiction professional seeks to foster self-sufficiency and healthy self-esteem in others. In relationships with clients he/she provides only that level and length of care that is necessary and acceptable.

Standard 1: Client Welfare

The addiction professional understands that the ability to do good is based on an underlying concern for the well being of others. The addiction professional will act for the good of others and exercise respect, sensitivity and insight. The addiction professional understands that the primary professional responsibility and loyalty is to the welfare of his or her clients, and will work

for the client irrespective of who actually pays his/her fees.

1. The addiction professional understands and supports actions that will assist clients to a better quality of life, greater freedom and true independence.
2. The addiction professional will support clients in accomplishing what they can readily do for themselves. Likewise, the addiction professional will not insist on pursuing treatment goals without incorporating what the client perceives as good and necessary.
3. The addiction professional understands that suffering is unique to a specific individual and not of some generalized or abstract suffering, such as might be found in the understanding of the disorder. On that basis, the action taken to relieve suffering must be uniquely suited to the suffering individual and not simply some universal prescription.
4. Services will be provided without regard to the compensation provided by the client or by a third party and shall render equally appropriate services to individuals whether they are paying a reduced fee or a full fee or are waived from fees.

Standard 2: Client Self Determination

The addiction professional understands and respects the fundamental human right of all individuals to self-determination and to make decisions that they consider in their own best interest. In that regard, the counselor will be open and clear about the nature, extent, probable effectiveness and cost of those services to allow each individual to make an informed decision about his or her care. The addiction professional works toward increased competence in all areas of professional functioning; recognizing that at the heart of all roles is an ethical commitment contributing greatly to the well-being and happiness of others. He/she is especially mindful of the need for faithful competence in those relationships that are termed fiduciary - relationships of special trust in which the clients generally do not have the resources to adequately judge competence.

1. The addiction professional will provide the client and/or guardian with accurate and complete information regarding the extent of the potential professional relationship, including the Code of Ethics and documentation regarding professional loyalties and responsibilities.
 2. Addiction professionals will provide accurate information about the efficacy of treatment and referral options available to the client.
 3. The addiction professional will terminate work with a client when services are no longer required or no longer serve the client's best interest.
 4. The addiction professional will take reasonable steps to avoid abandoning clients who are in need of services. Referral will be made only after careful consideration of all factors to minimize adverse effects.
 5. The addiction professional recognizes that there are clients with whom he/she cannot work effectively. In such cases, arrangements for consultation, co-therapy or referral are made.
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6. The addiction professional may terminate services to a client for nonpayment if the financial contractual arrangements have been made clear to the client and if the client does not pose an imminent danger to self or others. The addiction professional will document discussion of the consequences of nonpayment with the client.

7. When an addiction professional must refuse to accept the client due to inability to pay for services, ethical standards support the addiction professional in attempting to identify other care options. Funding constraints might interfere with this standard.

8. The addiction professional will refer a client to an appropriate resource when the client's mental, spiritual, physical or chemical impairment status is beyond the scope of the addiction professional's expertise.

9. The addiction professional will foster self-sufficiency and healthy self-esteem in others. In relationships with clients, students, employees and supervisors, he/she strives to develop full creative potential and mature, independent functioning.

10. Informed Consent: The addiction professional understands the client's right to be informed about treatment. Informed consent information will be presented in clear and understandable language that informs the client or guardian of the purpose of the services, risks related to the services, limits of services due to requirements from a third party payer, relevant costs, reasonable alternatives and the client's right to refuse or withdraw consent within the time frames covered by the consent. When serving coerced clients, the addiction professional will provide information about the nature and extent of services, treatment options and the extent to which the client has the right to refuse services. When services are provided via technology such as computer, telephone or web-based counseling, clients are fully informed of the limitations and risks associated with these services. Client questions will be addressed within a reasonable time frame.

11. Clients will be provided with full disclosure including the guarantee of confidentiality if and when they are to receive services by a supervised person in training. The consent to treat will outline the boundaries of the client-supervisee relationship, the supervisee's training status and confidentiality issues. Clients will have the option of choosing not to engage in services provided by a trainee as determined by agency policies. Any disclosure forms will provide information about grievance procedures.

Standard 3: Dual Relationships

The addiction professional understands that the goal of treatment services is to nurture and support the development of a relationship of equals of individuals to ensure protection and fairness of all parties.

Addiction professionals will provide services to clients only in the context of a professional setting. In rural settings and in small communities, dual relationships are evaluated carefully and avoided as much as possible.

1. Because a relationship begins with a power differential, the addiction professional will not exploit relationships with current or former clients, current or former supervisees or colleagues for personal gain, including social or business relationships.

2. The addiction professional avoids situations that might appear to be or could be interpreted as a conflict of interest. Gifts from clients, other treatment organizations or the providers of materials or services used in the addiction professional's practice will not be accepted, except when refusal of such gift would cause irreparable harm to the client relationship. Gifts of value over \$25 will not be accepted under any circumstances.

3. The addiction professional will not engage in professional relationships or commitments that conflict with family members, friends, close associates or others whose welfare might be jeopardized by such a dual relationship.

4. The addiction professional will not, under any circumstances, engage in sexual behavior with current or former clients.

5. The addiction professional will not accept as clients anyone with whom they have engaged in romantic or sexual relationships.

6. The addiction professional makes no request of clients that does not directly pertain to treatment (giving testimonials about the program or participating in interviews with reporters or students).

7. The addiction professional recognizes that there are situations in which dual relationships are difficult to avoid. Rural areas, small communities and other situations necessitate discussion of the counseling relationship and take steps to distinguish the counseling relationship from other interactions.

8. When the addiction professional works for an agency such as department of corrections, military, an HMO or as an employee of the client's employer, the obligations to external individuals and organizations are disclosed prior to delivering any services.

9. The addiction professional recognizes the challenges resulting from increased role of the criminal justice system in making referrals for addiction treatment. Consequently he/she strives to remove coercive elements of such referrals as quickly as possible to encourage engagement in the treatment and recovery process.

10. The addiction professional encourages self-sufficiency among clients in making daily choices related to the recovery process and self care.

11. The addiction professional shall avoid any action that might appear to impose on others' acceptance of their religious/spiritual, political or other personal beliefs while also encouraging and supporting participation in recovery support groups.

Standard 4: Group Standards

Much of the work conducted with substance use disorder clients is performed in group settings. Addiction professionals shall take steps to provide the required services while providing clients physical, emotional, spiritual and psychological health and safety..

1. Confidentiality standards are established for each counseling group by involving the addiction professional and the clients in setting confidentiality guidelines.

2. To the extent possible, addiction professionals will match clients to a group in which other clients have similar needs and goals.

Standard 5: Preventing Harm

The addiction professional understands that every decision and action has ethical implication leading either to benefit or harm, and will carefully consider whether decisions or actions have the potential to produce harm of a physical, psychological, financial, legal or spiritual nature before implementing them. The addiction professional recognizes that even in a life well lived, harm may be done to others by thoughtless words and actions. If he/she becomes aware that any word or action has done harm to anyone, he/she readily admits it and does what is possible to repair or ameliorate the harm except where doing so might cause greater harm.

1. The addiction professional counselor will refrain from using any methods that could be considered coercive such as threats, negative labeling and attempts to provoke shame or humiliation.
2. The addiction professional develops treatment plans as a negotiation with the client, soliciting the client's input about the identified issues/needs, the goals of treatment and the means of reaching treatment goals.
3. The addiction professional will make no requests of clients that are not necessary as part of the agreed treatment plan. At the beginning of each session, the client will be informed of the intent of the session. Collaborative effort between the client and the addiction professional will be maintained as much as possible.
4. The addiction professional will terminate the counseling or consulting relationship when it is reasonably clear that the client is not benefiting from the exchange.
5. The addiction professional understands the obligation to protect individuals, institutions and the profession from harm that might be done by others. Consequently there is awareness when the conduct of another individual is an actual or likely source of harm to clients, colleagues, institutions or the profession. The addiction professional will assume an ethical obligation to report such conduct to competent authorities.
6. The addiction professional defers to review by a human subjects committee (Institutional Review Board) to ensure that research protocol is free of coercion and that the informed consent process is followed. Confidentiality and deceptive practices are avoided except when such procedures are essential to the research protocol and are approved by the designated review board or committee.
7. When research is conducted, the addiction professional is careful to ensure that compensation to subjects is not as great or attractive as to distort the client's ability to make free decisions about participation.

II. Evaluation, Assessment and Interpretation of Client Data

The addiction professional uses assessment instruments as one component of the counseling/treatment process taking into account the client's personal and cultural background. The assessment process promotes the well-being of individual clients or groups. Addiction professionals base their recommendations/reports on approved evaluation instruments and procedures. The designated assessment instruments are ones for which reliability has been verified by research.

Standard 1: Scope of Competency

The addiction professional uses only those assessment instruments for which they have been adequately trained to administer and interpret.

Standard 2: Informed Consent

Addiction professionals obtain informed consent documentation prior to conducting the assessment except when such assessment is mandated by governmental or judicial entities and such mandate eliminates the requirement for informed consent.

When the services of an interpreter are required, addiction professionals must obtain informed consent documents and verification of confidentiality from the interpreter and client. Addiction professionals shall respect the client's right to know the results of assessments and the basis for conclusions and recommendations. Explanation of assessment results is provided to the client and/or guardian unless the reasons for the assessment preclude such disclosure or if it is deemed that such disclosure will cause harm to the client

Standard 3: Screening

The formal process of identifying individuals with particular issues/needs or those who are at risk for developing problems in certain areas is conducted as a preliminary procedure to determine whether or not further assessment is warranted at that time.

Standard 4: Basis for Assessment

Assessment tools are utilized to gain needed insight in the formulation of the most appropriate treatment plan. Assessment instruments are utilized with the goal of gaining an understanding of the extent of a person's issues/needs and the extent of addictive behaviors.

Standard 5: Release of Assessment Results

Addiction professionals shall consider the examinee's welfare, explicit understanding of the assessment process and prior agreements in determining where and when to report assessment results. The information shared shall include accurate and appropriate interpretations when individual or group assessment results are reported to another entity.

Standard 6: Release of Data to Qualified Professionals

Information related to assessments is released to other professionals only with a signed release of information form or such a release from the client's legal representative. Such information is released only to persons recognized as qualified to interpret the data.

Standard 7: Diagnosis of Mental Health Disorders

Diagnosis of mental health disorders shall be performed only by an authorized mental health professional licensed or certified to conduct mental health assessments or by a licensed or certified addictions counselor who has completed graduate level specific education on diagnosis of mental health disorders.

Standard 8: Unsupervised Assessments

Unless the assessment instrument being used is designed, intended and validated for self-administration and/or scoring, Addiction professional administered tests will be chosen and scored following the recommended methodology.

Standard 9: Assessment Security

Addiction professionals maintain the integrity and security of tests and other assessment procedures consistent with legal and contractual obligations.

Standard 10: Outdated Assessment Results

Addiction professionals avoid reliance on outdated or obsolete assessment instruments. Professionals will seek out and engage in timely training and/or education on the administration, scoring and reporting of data obtained through assessment and testing procedures. Intake data and other documentation obtained from clients to be used in recommending treatment level and in treatment planning are reviewed and approved by an authorized mental health professional or a licensed or qualified addiction professional with specific education on assessment and testing.

Standard 11: Cultural Sensitivity Diagnosis

Addiction professionals recognize that cultural background and socioeconomic status impact the manner in which client issues/needs are defined. These factors are carefully considered when making a clinical diagnosis. Assessment procedures are chosen carefully to ensure appropriate assessment of specific client populations. During assessment the addiction professional shall take appropriate steps to evaluate the assessment results while considering the culture and ethnicity of the persons being evaluated.

Standard 12: Social Prejudice

Addiction professionals recognize the presence of social prejudices in the diagnosis of substance use disorders and are aware of the long term impact of recording such diagnoses. Addiction professionals refrain from making and/or reporting a diagnosis if they think it would cause harm to the client or others.

III. Confidentiality/Privileged Communication and Privacy

Addiction professionals shall provide information to clients regarding confidentiality and any reasons for releasing information in adherence with confidentiality laws. When providing services to families, couples or groups, the limits and exceptions to confidentiality must be reviewed and a written document describing confidentiality must be provided to each person. Once private information is obtained by the addiction professional, standards of confidentiality apply. Confidential information is disclosed when appropriate with valid consent from a client or guardian. Every effort is made to protect the confidentiality of client information, except in very specific cases or situations.

1. The addiction professional will inform each client of the exceptions to confidentiality and only make a disclosure to prevent or minimize harm to another person or group, to prevent abuse of protected persons, when a legal court order is presented, for purpose of research, audit, internal agency communication or in a medical emergency. In each situation, only the information essential to satisfy the reason for the disclosure is provided.

2. The addiction professional will do everything possible to safeguard the privacy and confidentiality of client information, except where the client has given specific, written, informed and limited consent or when the client poses a risk of harm to themselves or others.

3. The addiction professional will inform the client of his/her confidentiality rights in writing as a part of informing the client of any areas likely to affect the client's confidentiality.

4. The addiction professional will explain the impact of electronic records and use of electronic devices to transmit confidential information via fax, email or other electronic means. When client information is transmitted electronically, the addiction professional will, as much as possible, utilize secure, dedicated telephone lines or encryption programs to ensure confidentiality.

5. Clients are to be notified when a disclosure is made, to whom the disclosure was made and for what purposes.

6. The addiction professional will 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.

7. The addiction professional will inform the client(s) of the limits of confidentiality prior to

recording an interview or prior to using information from a session for training purposes.

IV. Professional Responsibility

The addiction professional espouses objectivity and integrity and maintains the highest standards in the services provided. The addiction professional recognizes that effectiveness in his/her profession is based on the ability to be worthy of trust. The professional has taken time to reflect on the ethical implications of clinical decisions and behavior using competent authority as a guide. Further, the addiction professional recognizes that those who assume the role of assisting others to live a more responsible life take on the ethical responsibility of living a life that is more than ordinarily responsible. The addiction professional recognizes that even in a life well-lived, harm might be done to others by words and actions. When he/she becomes aware that any work or action has done harm, he/she admits the error and does what is possible to repair or ameliorate the harm except when to do so would cause greater harm. Professionals recognize the many ways in which they influence clients and others within the community and take this fact into consideration as they make decisions in their personal conduct.

Standard 1: Counselor Attributes

1. Addiction professionals will maintain respect for institutional policies and management functions of the agencies and institutions within which the services are being performed, but will take initiative toward improving such policies when it will better serve the interest of the client.
 2. The addiction professional, as an educator, has a primary obligation to help others acquire knowledge and skills in treating the disease of substance use disorders.
 3. The addiction professional, as an advocate for his or her clients, understands that he/she has an obligation to support legislation and public policy that recognizes treatment as the first intervention of choice for non-violent substance-related offenses.
 4. The addiction professional practices honesty and congruency in all aspects of practice including accurate billing for services, accurate accounting of expenses, faithful and accurate reporting of interactions with clients and accurate reporting of professional activities.
 5. The addiction professional recognizes that much of the property in the substance use disorder profession is intellectual in nature. In this regard, the addiction professional is careful to give appropriate credit for the ideas, concepts and publications of others when speaking or writing as a professional and as an individual.
 6. The addiction professional is aware that conflicts can arise among the duties and rights that are applied to various relationships and commitments of his/her life. Priorities are set among those relationships and family, friends and associates are informed to the priorities established in order to balance these relationships and the duties flowing from them.
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7. When work involves addressing the needs of potentially violent clients, the addiction professional will ensure that adequate safeguards are in place to protect clients and staff from harm.

8. Addiction professionals shall continually seek out new and effective approaches to enhance their professional abilities including continuing education research, and participation in activities with professionals in other disciplines. Addiction professionals have a commitment to lifelong learning and continued education and skills to better serve clients and the community.

9. The addiction professional respects the differing perspectives that might arise from professional training and experience other than his/her own. In this regard, common ground is sought rather than striving for ascendance of one opinion over another.

10. Addiction professionals, whether they profess to be in recovery or not, must be cognizant of ways in which their use of psychoactive chemicals in public or in private might adversely affect the opinion of the public at large, the recovery community, other members of the addiction professional community or, most particularly, vulnerable individuals seeking treatment for their own problematic use of psychoactive chemicals. Addiction professionals who profess to be in recovery will avoid impairment in their professional or personal lives due to psychoactive chemicals. If impairment occurs, they are expected to immediately report their impairment, to take immediate action to discontinue professional practice and to take immediate steps to address their impairment through professional assistance. (See Standard 2, item 3 below).

Standard 2: Legal and Ethical Standards

Addiction professionals will uphold the legal and ethical standards of the profession by being fully cognizant of all federal laws and laws that govern practice of substance use disorder counseling in their respective state. Furthermore, addiction professionals will strive to uphold not just the letter of the law and the Code, but will espouse aspirational ethical standards such as autonomy, beneficence, non-maleficence, justice, fidelity and veracity.

1. Addiction professionals will honestly represent their professional qualifications, affiliations, credentials and experience.

2. Any services provided shall be identified and described accurately with no unsubstantiated claims for the efficacy of the services. Substance use disorders are to be described in terms of information that has been verified by scientific inquiry.

3. The addiction professional strives for a better understanding of substance use disorders and refuses to accept supposition and prejudice as if it were the truth.

4. The impact of impairment on professional performance is recognized; addiction professionals will seek appropriate treatment for him/herself or for a colleague. Addiction professionals support the work of peer assistance programs to assist in the recovery of colleagues or themselves.

5. The addiction professional will ensure that products or services associated with or provided by the member by means of teaching, demonstration, publications or other types of

media meet the ethical standards of this code.

6. The addiction professional who is in recovery will maintain a support system outside the work setting to enhance his/her own well-being and personal growth as well as promoting continued work in the professional setting.

7. The addiction professional will maintain appropriate property, life and malpractice insurance policies that serve to protect personal and agency assets.

Standard 3: Records and Data

The addiction professional maintains records of professional services rendered, research conducted, interactions with other individuals, agencies, legal and medical entities regarding professional responsibilities to clients and to the profession as a whole.

1. The addiction professional creates, maintains, disseminates, stores, retains and disposes of records related to research, practice, payment for services, payment of debts and other work in accordance with legal standards and in a manner that permits/satisfies the ethics standards established. Documents will include data relating to the date, time and place of client contact, the services provided, referrals made, disclosures of confidential information, consultation regarding the client, notation of supervision meetings and the outcome of every service provided.

2. Client records are maintained and disposed of in accordance with law and in a manner that meets the current ethical standards.

3. Records of client interactions including group and individual counseling services are maintained in a document separate from documents recording financial transactions such as client payments, third party payments and gifts or donations.

4. Records shall be kept in a locked file cabinet or room that is not easily accessed by professionals other than those performing essential services in the care of clients or the operation of agency.

5. Electronic records shall be maintained in a manner that assures consistent service and confidentiality to clients.

6. Steps shall be taken to ensure confidentiality of all electronic data and transmission of data to other entities.

7. Notes kept by the addiction professional that assist the professional in making appropriate decisions regarding client care but are not relevant to client services shall be maintained in separate, locked locations.

Standard 4: Interprofessional Relationships

The addiction professional shall treat colleagues with respect, courtesy, fairness and good faith and shall afford the same to other professionals.

1. Addiction professionals shall refrain from offering 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.
2. The addiction professional shall cooperate with duly constituted professional ethics committees and promptly supply necessary information unless constrained by the demands of confidentiality.
3. The addiction professional shall not in any way exploit relationships with supervisees, employees, students, research participants or volunteers.

V. Working in a Culturally Diverse World

Addiction professionals, understand the significance of the role that ethnicity and culture plays in an individual's perceptions and how he or she lives in the world. Addiction professionals shall remain aware that many individuals have disabilities which may or may not be obvious. Some disabilities are invisible and unless described might not appear to inhibit expected social, work and health care interactions. Included in the invisible disabled category are those persons who are hearing impaired, have a learning disability, have a history of brain or physical injuries and those affected by chronic illness. Persons having such limitations might be younger than age 65. Part of the intake and assessment must then include a question about any additional factor that must be considered when working with the client.

1. Addiction professionals do not discriminate either in their professional or personal lives against other persons with respect to race, ethnicity, national origin, color, gender, sexual orientation, veteran status, gender identity or expression, age, marital status, political beliefs, religion, immigration status and mental or physical challenges.
2. Accommodations are made as needed for clients who are physically, mentally, educationally challenged or are experiencing emotional difficulties or speak a different language than the clinician.

VI. Workplace Standards

The addiction professional recognizes that the profession is founded on national standards of competency which promote the best interests of society, the client, the individual addiction professional and the profession as a whole. The addiction professional recognizes the need for ongoing education as a component of professional competency and development.

1. The addiction professional recognizes boundaries and limitations of their own
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competencies and does not offer services or use techniques outside of their own professional competencies.

2. Addiction professionals recognize the impact of impairment on professional performance and shall be willing to seek appropriate treatment for oneself or for a colleague.

Working Environment

Addiction professionals work to maintain a working/therapeutic environment in which clients, colleagues and employees can be safe. The working environment should be kept in good condition through maintenance, meeting sanitation needs and addressing structural defects.

1. The addiction professional seeks appropriate supervision/consultation to ensure conformance with workplace standards.

2. The clerical staff members of the treatment agency hired and supervised by addiction professionals are competent, educated in confidentiality standards and respectful of clients seeking services.

3. Private work areas that ensure confidentiality will be maintained.

VII. Supervision and Consultation

Addiction professionals who supervise others accept the obligation to facilitate further professional development of these individuals by providing accurate and current information, timely evaluations and constructive consultation. Counseling supervisors are aware of the power differential in their relationships with supervisees and take precautions to maintain ethical standards. In relationships with students, employees and supervisees he/she strives to develop full creative potential and mature independent functioning.

1. Addiction professionals must take steps to ensure appropriate resources are available when providing consultation to others. Consulting counselors use clear and understandable language to inform all parties involved of the purpose and expectations related to consultation.

2. Addiction professionals who provide supervision to employees, trainees and other counselors must have completed education and training specific to clinical and/or administrative supervision. The addiction professional who supervises counselors in training shall ensure that counselors in training adhere to policies regarding client care.

3. Addiction professionals serving as supervisors shall clearly define and maintain ethical professional, personal and social relationships with those they supervise. If other professional roles must be assumed, standards must be established to minimize potential conflicts.

4. Sexual, romantic or personal relationships with current supervisees are prohibited.

5. Supervision of relatives, romantic partners or friends is prohibited.

6. Supervision meetings are conducted at specific regular intervals and documentation of

each meeting is maintained.

7. Supervisors are responsible for incorporating the principles of informed consent into the supervision relationship.

8. Addiction professionals who serve as supervisors shall establish and communicate to supervisees the procedures for contacting them, or in their absence alternative on-call supervisors.

9. Supervising addiction professionals will assist those they supervise in identifying counter-transference and transference issues. When the supervisee is in need of counseling to address issues related to professional work or personal challenges, appropriate referrals shall be provided.

VIII. Resolving Ethical Issues

The addiction professional shall behave in accordance with legal, ethical and moral standards for his or her work. To this end, professionals will attempt to resolve ethical dilemmas with direct and open communication among all parties involved and seek supervision and/or consultation as appropriate.

1. When ethical responsibilities conflict with law, regulations or other governing legal authority, addiction professionals should take steps to resolve the issue through consultation and supervision.

2. When addiction professionals have knowledge that another counselor might be acting in an unethical manner, they are obligated to take appropriate action based, as appropriate, on the standards of this code of ethics, their state ethics committee and the National Certification Commission.

3. When an ethical dilemma involving a person not following the ethical standards cannot be resolved informally, the matter shall be referred to the state ethics committee and the National Certification Commission.

4. Addiction professionals will cooperate with investigations, proceedings and requirements of ethics committees.

IX. Communication and Published Works

The addiction professional who submits for publication or prepares handouts for clients, students or for general distribution shall be aware of and adhere to copyright laws.

1. The addiction professional honestly respects the limits of present knowledge in public statements related to alcohol and drug abuse. Statements of fact will be based on what has been empirically validated as fact. Other opinions, speculations and conjectures related to the addictive process shall be represented as less than scientifically validated.
2. The addiction professional recognizes contributions of other persons to their written documents.
3. When a document is based on cooperative work, all contributors are recognized in documents or during a presentation.
4. The addiction professional who reviews material submitted for publication, research or other scholarly purposes must respect the confidentiality and proprietary rights of the authors.

X. Policy and Political Involvement

Standard 1: Societal Obligations

The addiction professional is strongly encouraged to the best of his/her ability, actively engage the legislative processes, educational institutions and the general public to change public policy and legislation to make possible opportunities and choice of service for all human beings of any ethnic or social background whose lives are impaired by alcoholism and drug abuse.

1. The addiction professional understands that laws and regulations exist for the good ordering of society and for the restraint of harm and evil and will follow them, while reserving the right to commit civil disobedience.
2. The one exception to this principle is a law or regulation that is clearly unjust, where compliance leads to greater harm than breaking a law.
3. The addiction professional understands that the determination that a law or regulation is unjust is not a matter of preference or opinion but a matter of rational investigation, deliberation and dispute, and will willingly accept that there may be a penalty for justified civil disobedience.

Standard 2: Public Participation

The addiction professional is strongly encouraged to actively participate in community activities designed to shape policies and institutions that impact on substance use disorders. Addiction professionals will provide appropriate professional services in public emergencies to the greatest extent possible.

Standard 3: Social and Political Action

The addiction professional is strongly encouraged to understand that personal and professional commitments and relationships create a network of rights and corresponding duties and will work to safeguard the natural and consensual rights of each individual within their community. The addiction professional, understands that social and political actions and opinions are an individual's right and will not work to impose their social or political views on individuals with whom they have a professional relationship.

This resource was designed to provide an ethics code and ethical standards that will be used by counseling professionals. These principles of ethical conduct outline the importance of having ethical standards and the importance of adhering to those standards. These principles can help professionals face ethical dilemmas in their practice and explore ways to avoid them.

Please use this resource and share it with your colleagues. For more information contact naadac@naadac.org or 800.548.0497.

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CCBADDC-ALCOHOL/DRUG COUNSELORS

CODE OF ETHICS/CONDUCT

(For all Alcohol/Drug Counselors: Certificants and Registrants)

Principle 1: Non-discrimination

The alcoholism and drug abuse counselor/registrant must not discriminate against clients or professionals based upon race, religion, age, sex, handicaps, national ancestry, sexual orientation or economic condition.

Principle 2: Responsibility

The alcoholism and drug abuse counselor/registrant must espouse objectivity and integrity, and maintain the highest standards in the services the counselor offers.

- a. The alcoholism and drug counselor/registrant, as teacher, must recognize the counselor's primary obligation to help others acquire knowledge and skill in dealing with the disease of chemical dependency.
- b. The alcoholism and drug abuse counselor/registrant, as practitioner, must accept the professional challenge and responsibility deriving from the counselor's work.
- c. The alcoholism and drug counselor/registrant, who supervises others, accepts the obligation to facilitate further professional development of these individuals by providing accurate and current information, timely evaluations and constructive consultation.

Principle 3: Competence

The alcoholism and drug abuse counselor/registrant must recognize that the profession is founded on national standards of competence which promote the best interests of society, of the client, of the counselor and of the profession as a whole. The counselor/registrant must recognize the need for ongoing education as a component of professional competency.

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

Principle 4: Legal Standards and Moral Standards

The alcoholism and drug abuse counselor/registrant must uphold the legal and accepted moral codes, which pertain to professional conduct.

- a. The alcoholism and drug abuse counselor/registrant must not claim directly or by implication, professional qualifications/affiliations that the counselor does not possess.
- b. The alcoholism and drug abuse counselor/registrant must not use the affiliation with the California Certification Board of Alcohol/Drug Counselors (and/or CAADAC) for purposes that are not consistent with the stated purposes of the Association.
- c. The alcoholism and drug abuse counselor/registrant must 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 alcoholism and drug abuse counselor/registrant must not associate with the development or promotion of books or other products offered for commercial sale must be responsible for ensuring that such books or products are presented in a professional and factual way.
- e. The alcoholism and drug abuse counselor/registrant must not attempt to secure certification or registration (or certification renewal) by fraud, deceit, or misrepresentation on any application or other documents submitted to the certifying organization whether engaged in by an applicant for certification or registration or in support of any application for certification or registration. Any altered documents as identified by staff in the application or renewal process will be denied immediately and reapplication may be required and the CCBADC Chairperson may deny application or reapplication as a result of such fraudulent activity.
- f. The alcoholism and drug abuse counselor/registrant must not violate, attempt to violate, or conspire to violate any regulation or law adopted by the California Alcohol and Drug Program Administration or CCBADC Policies and/or Code of Ethics.

Principle 5: Public Statements

The alcoholism and drug abuse counselor/ registrant must respect the limits of present knowledge in public statements concerning alcoholism and other forms of drug addiction.

- a. The alcoholism and drug abuse counselor/registrant who represents the field of AOD counseling to clients, other professionals, or to the general public must report fairly and accurately the appropriate information.
- b. The alcoholism and drug abuse counselor/registrant must acknowledge and document materials and techniques used.
- c. The alcoholism and drug abuse counselor/registrant who conducts training in alcoholism or drug abuse counseling skills or techniques must indicate to the audience the requisite training/qualifications required to properly perform these skills and techniques.

Principle 6: Publication Credit

The alcoholism and drug abuse counselor/registrant must assign credit to all who have contributed to the published material and for the work upon which the publication is based.

- a. The alcoholism and drug abuse counselor/registrant must 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 must be identified as a first listed.
- b. The alcoholism and drug abuse counselor/registrant must acknowledge in footnotes or an introductory statement minor contributions of a professional character, extensive clerical or similar assistance and other minor contributions.
- d. The alcoholism and drug abuse counselor/registrant must acknowledge, through specific citations, unpublished, as well as published material, that has directly influences the research or writing.
- e. The alcoholism and drug abuse counselor/registrant who complies and edits for publication the contributions of others must list oneself as editor, along with the names of those who have contributed.

Principle 7: Client Welfare

The alcoholism and drug abuse counselor/registrant must respect the integrity and protect the welfare of the person or group with whom the counselor is working.

- a. The alcoholism and drug abuse counselor/registrant must define for self and others the nature and direction of loyalties and responsibilities and keep all parties concerned informed of these commitments.
- b. The alcoholism and drug abuse counselor/registrant, in the presence of professional conflict must be concerned primarily with the welfare of the client.

- c. The alcoholism and drug abuse counselor/registrant must terminate a counseling or consulting relationship when it is reasonably clear that the client is not benefiting from it.
- d. The alcoholism and drug abuse counselor/registrant, in referral cases, must 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 alcohol and drug abuse counselor/registrant must carefully consider the welfare of the client by weighing the benefits of continued treatment or termination and must act in the best interest of the client.
- e. The alcoholism and drug abuse counselor/registrant who asks a client to reveal personal information from other professionals or allows information to be divulged must inform the client of the nature of such transactions. The information released or obtained with informed consent must be used for expressed purposes only.
- f. The alcoholism and drug abuse counselor/registrant must not use a client in a demonstration role in a workshop setting where such participation would potentially harm the client.
- g. The alcoholism and drug abuse counselor/registrant must 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 alcoholism and drug abuse counselor/registrant must collaborate with other health care professional(s) in providing a supportive environment for the client who is receiving prescribed medications.

Principle 8: Confidentiality

The alcoholism and drug abuse counselor/registrant must embrace, as a primary obligation, the duty of protecting the privacy of clients and must not disclose confidential information acquired, in teaching, practice or investigation.

- a. The alcoholism and drug abuse counselor/registrant must 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 alcoholism and drug abuse counselor/registrant must make provisions for the maintenance of confidentiality and the ultimate disposition of confidential records.
- c. The alcoholism and drug abuse counselor/registrant must 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 alcoholism and drug abuse counselor/registrant must 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 must present only data germane to the purpose of the evaluation and every effort must be made to avoid undue invasion of privacy.
- e. The alcoholism and drug abuse counselor/registrant must 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 alcoholism and drug abuse counselor/registrant must inform the prospective client of the important aspects of the potential relationship.

- a. The alcoholism and drug abuse counselor/registrant must 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 alcoholism and drug abuse counselor/registrant must inform the designated guardian or responsible person of the circumstances, which may influence the relationship, when the client is a minor or incompetent.
- c. Dual Relationships:

- i. The alcoholism and drug abuse counselor/registrant must seek to nurture and support the development of a relationship with clients as equals rather than to take advantage of individuals who are vulnerable and exploitable.
- ii. The alcoholism and drug abuse counselor/registrant must not engage in professional relationships or commitments that conflict with family members, friends, close associates or others whose welfare might be jeopardized by such a dual relationship.
- iii. Because all relationship begins with a power differential, the alcoholism and drug abuse counselor/registrant must not exploit relationships with current or former clients for personal gain, including social or business relationships.
- iv. Engaging in sexual relations with a client or with a former client within two years from the termination date of therapy with the client, soliciting sexual relations with a client, or committing an act of sexual abuse, or sexual misconduct with a client, or committing an act punishable as a sexually related crime, if that act or solicitation is substantially related to the qualifications, functions, or duties of an alcohol and other drug counselor/registrant.
- v. The alcoholism and drug abuse counselor/registrant must not accept gifts from clients, other treatment organizations or the providers of materials or services used in practice.

Principle 10: Inter-professional Relationships

The alcoholism and drug abuse counselor/registrant must treat colleagues with respect, courtesy and fairness, and must afford the same professional courtesy to other professionals.

- a. The alcoholism and drug abuse counselor/registrant must 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 alcoholism and drug abuse counselor/registrant must cooperate with duly constituted professional ethics committees, staff requests and promptly supply necessary information unless constrained by the demands of confidentiality. Failure to cooperate with the committee or staff may result in immediate suspension until such time cooperation is given. Additionally, the alcoholism and drug abuse counselor/registrant may not use threatening gestures, behaviors or other forms of coercion with the committee, colleagues, members, staff or other individuals.
- c. The alcoholism and drug abuse counselor/registrant must not in any way exploit relationships with supervisees, employees, students, research participants or volunteers.

Principle 11: Remuneration

The alcoholism and drug abuse counselor/registrant must establish financial arrangements in professional practice and in accordance with the professional standards that safeguard the best interests of the client, of the counselor and of the profession.

- a. The alcoholism and drug abuse counselor/registrant must inform the client of all financial policies. In circumstances where an agency dictates explicit provisions with its staff for private consultations, clients must be made fully aware of these policies.
- b. The alcoholism and drug abuse counselor/registrant must not send or receive any commission or rebate or any other form of remuneration for referral of clients for professional services. The counselor must not engage in fee splitting.
- c. The alcoholism and drug abuse counselor/registrant in clinical or counseling practice must 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 alcoholism and drug abuse counselor/registrant must 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 client 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

CCBADC

The alcoholism and drug abuse counselor/registrant must advocate changes in public policy and legislation to afford opportunity and choice for all persons whose lives are impaired by alcoholism and other forms of drug addiction. The counselors must inform the public through active civic and professional participation in community affairs of the effects of alcoholism and drug addiction and must act to guarantee that all persons, especially the needy and disadvantaged, have access to the necessary resources and services. The alcoholism and drug abuse counselor/registrant must adopt a personal and professional stance, which promotes the well being of all human beings.

The CCBADC is comprised of certified counselors who, as responsible health care professionals, believe in the dignity and worth of human beings. In practice of their profession they assert that the ethical principles of autonomy, beneficence and justice must guide their professional conduct. As professionals dedicated to the treatment of alcohol and drug dependent clients and their families, they believe that they can effectively treat its individual and families manifestations. CCBADC certified counselors dedicate themselves to promote the best interest of their society, of their clients, of their profession, and of their colleagues.

CALIFORNIA AOD COUNSELORS: CERTIFICANTS AND REGISTRANTS—UNIFORM CODE OF CONDUCT FINAL VERSION JUNE 29, 2009

*Note: This code of conduct does not replace the existing Code of Ethics as defined by the CCBADC it merely enhances it. Additionally, the **CCBADC requires the most stringent rules be applied whether defined by CCBADC Code of Ethics or ADP's Uniform Code of Conduct.***

This Code of Conduct shall prohibit registrants and certified alcohol and other drug (AOD) counselors from:

1. Securing a certification or registration by fraud, deceit, or misrepresentation on any application submitted to the certifying organization whether engaged in by an applicant for certification or registration or in support of any application for certification or registration.
2. Administering to himself or herself any controlled substance as defined in section 4021 of the Business and Professions Code, or using any of the dangerous drugs or devices specified in section 4022 of the Business and Professions Code or using any alcoholic beverage to the extent, or in a manner, as to be dangerous or injurious to the person applying for a certification or holding a registration or certification, or to any other person, or to the public, or, to the extent that the use impairs the ability of the person applying for or holding a registration or certification to conduct with safety to the public the counseling authorized by the registration or certification.
3. Gross negligence or incompetence in the performance of alcohol and other drug counseling.
4. Violating, attempting to violate, or conspiring to violate any regulation adopted by ADP.
5. Misrepresentation as to the type or status of certification or registration held by the person, or otherwise misrepresenting or permitting misrepresentation of his or her education, professional qualifications, or professional affiliations to any person or entity, and failure to state proper certification or licensure initials and numbers on business cards, brochures, websites, etc.
6. Impersonation of another by any counselor or registrant, or applicant for a certification or registration, or, in the case of a counselor, allowing any other person to use his or her certification or registration.
7. Aiding or abetting any uncertified or unregistered person to engage in conduct for which certification or registration is required.
8. Providing services beyond the scope of his/her registration or certification as an AOD counselor or his or her professional license, if the individual is a licensed counselor as defined in Section 13015.
9. Intentionally or recklessly causing physical or emotional harm to any client.
10. The commission of any dishonest, corrupt, or fraudulent act substantially related to the qualifications, functions, or duties of a counselor or registrant.
11. Engaging in sexual relations with a client or with a former client within two years from the termination date of therapy with the client, soliciting sexual relations with a client, or committing an act of sexual abuse, or sexual misconduct with a client, or committing an act punishable as a sexually related crime, if that act or solicitation is substantially related to the qualifications, functions, or duties of an alcohol and other drug counselor.

12. Engaging in a social or business relationship with clients, program participants, patients, or residents or other persons significant to them while they are in treatment and exploiting former clients, program participants, patients, or residents.
13. Verbally, physically or sexually harassing, threatening, or abusing any participant, patient, resident, their family members, other persons who are significant to them, or other staff members.
14. Failure to maintain confidentiality, except as otherwise required or permitted by law, including but not limited to Code of Federal Regulations, Title 42, Part 2.
15. Advertising that in reasonable probability will cause an ordinarily prudent person to misunderstand or be deceived; makes a claim either of professional superiority or of performing services in a superior manner, unless that claim is relevant to the service being performed and can be substantiated with objective scientific evidence; makes a scientific claim that cannot be substantiated by reliable, peer reviewed, published scientific studies.
16. Failure to keep records consistent with sound professional judgment, the standards of the profession, and the nature of the services being rendered.
17. Willful denial of access to client records as otherwise provided by law.

**CALIFORNIA CERTIFICATION BOARD OF
ALCOHOL & DRUG COUNSELORS (CCBADDC)**

REGISTERED RECOVERY WORKER

SCOPE OF PRACTICE

PURPOSE

- A. To assure a consistent standard of quality education, training and experience for the Registered Recovery Worker (RRW.)
- B. Registration is necessary to safeguard the public health, safety, and welfare, and to protect the public from unauthorized service delivery by unqualified alcohol and drug service providers and unprofessional contact by alcohol and drug service requirements.

REQUIREMENTS

- A. Competency requirements shall include the below listed functions taken from TAP 21 as listed below:
 - ◆ Screening
 - ◆ Intake
 - ◆ Orientation
 - ◆ Referral
 - ◆ Consultation
 - ◆ Case Management
 - ◆ Crisis Intervention
 - ◆ Client, Family & Community Education
 - ◆ Reports & Record Keeping
- B. The Registered Recovery Worker, as previously described, must renew registration annually by meeting the following criteria:
 - 1. Documentation at a minimum of ten (10) contact hours of Personal Development skills.
 - 2. Will ascribe to the RRW Code of Ethics and the RRW Scope of Practice/Uniform Code of Conduct at each registration renewal period.
 - 3. The Registered Recovery Worker is required to become certified as an Alcohol and Drug Counselor within 5 years of the date of the initial registration.

ROLE OF THE REGISTERED RECOVERY WORKER

Under general supervision of appropriately qualified staff, the Registered Recovery Worker shall:

- A. Assist and support clients with alcohol/drug abuse or dependence, their family members and others to:
 - 1. attain and maintain abstinence as appropriate,
 - 2. develop a program tailored to the individual in support of a recovery process,
 - 3. affect an improved quality of living.

Under general supervision of appropriately qualified staff, the Registered Recovery Worker shall:

- B. Provide quality assistance and support for clients with alcohol/drug abuse or dependence, their family members and others by the following means:
 - 1. Providing current and accurate information and education on the disease of alcoholism and other drug dependency issues and recovery processes,
 - 2. Assisting in identifying and understanding the defense mechanisms that support addiction,
 - 3. Facilitating in self-exploration the consequences of alcoholism and other drug dependence,
 - 4. Utilizing the skills and knowledge in screening, intake, orientation, referral, consultation, case management, crisis intervention, client, family & community education, and report & record keeping,
 - 5. Assisting in relapse prevention planning and recognizing relapse symptoms and behavior patterns,
 - 6. Providing current and accurate information and education to identify and understand the roles of family members and others in the alcoholism/drug dependency system,
 - 7. Educating on how self-help groups, such as Alcoholics Anonymous, Al-Anon, Women for Sobriety, Narcotics Anonymous, Secular Organization for Sobriety, Co-dependents Anonymous, etc., complement alcoholism/drug addiction or dependency treatment as well as the unique role of each in the recovery process,
 - 8. Assisting clients in establishing life management skills to support a recovery process,
 - 9. Facilitating problem solving and the development of alternatives to alcohol/drug use or abuse and related problems of family members and others,
 - 10. Utilizing the appropriate skills to assist in developing sobriety life management and communication skills that support recovery, including:

Active Listening	Intervention	Leading	Confrontation
Summarizing	Feedback	Reflection	Concreteness
Empathy	Education		
 - 11. Maintaining appropriate records in a confidential manner,
 - 12. Providing all services in accordance with the Registering Authority (California Certification Board for Alcohol and Drug Abuse Counselors) signed Code of Ethics and Scope of Practice/Uniform Code of Conduct for Registered Recovery Workers.
- C. Providing support as part of a treatment team and referring clients, family members and others to other appropriate health professionals as needed.

SETTING FOR DELIVERY OF SERVICES

- A. The Registered Recovery Worker may provide the identified services to individuals with alcohol/drug addiction or dependence, their family members and others in:
 - 1. Hospitals,
 - 2. Agencies,
 - 3. Other facilities where alcohol and/or drug services are delivered.

DEFINITIONS

- A. The RRW is a person who must be in the process of becoming certified and has five years from the date of registering with the Certifying Organization (CCBADDC) received the required education which encompasses a competency-based core of knowledge and skills to assist alcohol/drug-affected persons, as well as those affected by the alcohol/drug affected person.

Certified Prevention Specialist Code of Ethics

(Adapted from the International Certification & Reciprocity Consortium)

PREAMBLE

The Principles of Ethics are a model of standards of exemplary professional conduct. These Principles of the Code of Ethical Conduct for Prevention Professionals express the professional's recognition of his or her responsibilities to the public, to service recipients, and to colleagues. They guide members in the performance of their professional responsibilities and express the basic tenets of ethical and professional conduct. The Principles call for commitment to honorable behavior, even at the sacrifice of personal advantage. These principles should not be regarded as limitations or restrictions, but as goals toward which Prevention Professionals should constantly strive. They are guided by core values and competencies that have emerged with the development of the field.

PRINCIPLE 1: Non-Discrimination

Prevention Specialists shall not discriminate against service recipients or colleagues based on race, religion, national origin, sex, age, sexual orientation, economic condition, or physical, medical, or mental disability. Prevention Specialists should broaden her/his understanding and acceptance of cultural and individual differences, and, in so doing, render services and provide information sensitive to those differences.

PRINCIPLE 2: Competence

Prevention Specialists shall observe the profession's technical and ethical standards, strive continually to improve personal competence and quality of service delivery, and discharge professional responsibility to the best of his/her ability. Competence is derived from a synthesis of education and experience. It begins with the mastery of a body of knowledge and skill competencies. The maintenance of competence requires a commitment to learning and professional improvement that must continue throughout the professional's life.

a. Prevention Specialists should be diligent in discharging responsibilities. Diligence imposes the responsibility to render services carefully and promptly, to be thorough, and to observe applicable technical and ethical standards.

b. Due care requires a Prevention Specialist to plan and supervise adequately and evaluate, to the extent possible, any professional activity for which she/he is responsible.

c. A Prevention Specialist should recognize limitations and boundaries of competencies and not use techniques or offer services outside of his/her competencies. Each professional is responsible for assessing the adequacy of her/his own competence for the responsibility to be assumed.

d. Ideally, Certified Prevention Specialists should supervise Prevention Specialists. When this is not available, Prevention Specialists should seek peer supervision or mentoring from other competent prevention professionals.

e. When a Prevention Specialist has knowledge of unethical conduct or practice on the part of an agency or Prevention Specialist, he/she has an ethical responsibility to report the conduct or practices to appropriate funding or regulatory bodies or to the public.

f. A Prevention Specialist should recognize the effect of impairment on professional performance and should be willing to seek appropriate treatment for her/himself.

PRINCIPLE 3: Integrity

To maintain and broaden public confidence, Prevention Specialists should perform all responsibilities with the highest sense of integrity. Personal gain and advantage should not subordinate service and the public trust. Integrity can accommodate the inadvertent error and the honest difference of opinion. It cannot accommodate deceit or subordination of principle.

a. All information should be presented fairly and accurately. Each Prevention Specialist should document and assign credit to all contributing sources used in published material or public statements.

b. Prevention Specialists should not misrepresent either directly or by implication professional qualifications or affiliations.

c. Where there is evidence of impairment in a colleague or a service recipient, a Prevention Specialist should be supportive of assistance or treatment.

d. A Prevention Specialist should not be associated directly or indirectly with any service, products, individuals, and organization in a way that is misleading.

PRINCIPLE 4: Nature of Services

Practices shall do no harm to service recipients. Services provided by Prevention Specialists shall be respectful and non-exploitive.

a. Services should be provided in a way which preserves the protective factors inherent in each culture and individual.

b. Prevention Specialists should use formal and informal structures to receive and incorporate input from service recipients in the development, implementation, and evaluation of prevention services.

c. Where there is suspicion of abuse of children or vulnerable adults, the Prevention Specialist shall report the evidence to the appropriate agency and follow up to ensure that appropriate action has been taken.

PRINCIPLE 5: Confidentiality

Confidential information acquired during service delivery shall be safeguarded from disclosure, including – but not limited to – verbal disclosure, unsecured maintenance of records, or recording of an activity or presentation without appropriate releases. Prevention Professionals are responsible for knowing the confidentiality regulations relevant to their prevention specialty.

PRINCIPLE 6: Ethical Obligations for Community and Society

According to their consciences, Prevention Specialists should be proactive on public policy and legislative issues. The public welfare and the individual's right to services and personal wellness should guide the efforts of Prevention Specialists to educate the general public and policy makers. Prevention Specialists should adopt a personal and professional stance that promotes health.

**CALIFORNIA ASSOCIATION FOR
ALCOHOL/DRUG EDUCATORS
CODE OF ETHICS**

**Certified Addictions Treatment Counselor
(CATC, CATC-I, REGISTRANT, CPS, CCS)**

The following Code of Ethics applies to the following individuals: certified AOD counselors holding a Certified Addictions Treatment Counselor (hereinafter referred to as "CATC") credential at any and all tier levels (I, II, III, IV, V and N); Certified Addictions Treatment Counselor Interns (hereinafter referred to as CATC-I); individuals registered to obtain certification by the California Association for Alcohol/Drug Educators (hereinafter referred to as "Registrant"); and individuals holding a CAADE Prevention Specialist (hereinafter referred to as "CPS") Credential and; individuals holding a Certified Clinical Supervisor (CCS) Credential.

Ethical Standards
Revised July 29, 2011

SPECIFIC PRINCIPLES

Principle 1: Non-Discrimination

The CATC (I, II, III, IV, V, N), CATC-I, Registrant, CPS, and/or CCS, shall not discriminate against clients or professionals based on race, religion, age, gender, disability, national ancestry, sexual orientation or economic condition.

A. The CATC (I, II, III, IV, V, N), CATC-I, Registrant, CPS, and/or CCS shall be knowledgeable about disabling conditions, demonstrate empathy in interactions with clients with disabilities, and make available physical, sensory, and cognitive accommodations that allow clients with disabilities to receive services.

Principle 2: Responsibility

The CATC (I, II, III, IV, V, N), CATC-I, Registrant, CPS, and/or CCS shall espouse objectivity and integrity, and maintain the highest standards in the services the CATC (I, II, III, IV, V, N), CATC-I, Registrant, CPS, and/or CCS offers.

A. The CATC (I, II, III, IV, V, N), CATC-I, Registrant, CPS, and/or CCS shall maintain respect for institutional policies and management functions of the agencies and institutions within which the services are being performed, but may take appropriate initiative toward improving such policies when it will better serve the interest of the client.

B. The CATC (I, II, III, IV, V, N), CATC-I, Registrant, and/or CPS shall not verbally, physically, or sexually harass, threaten, or abuse another staff member.

C. The CATC (I, II, III, IV, V, N), CATC-I, Registrant, and/or CPS who is aware of unethical conduct or unprofessional modes of practice shall report such inappropriate behavior to the appropriate authority.

D. An applicant who sits for the CATC examination shall be responsible for assuring that he/she has met all of the requirements for certification except passage of that examination, and that he/she has appropriately documented his/her compliance.

Principle 3: Competence

The CATC (I, II, III, IV, V, N), CATC-I, Registrant, CPS, and/or CCS shall recognize that the profession is founded on national standards of competency which promote the best interests of society, of the client, of the CATC (I, II, III, IV, V, N), CATC-I, Registrant, CPS, and/or CCS and of the profession as a whole. The CATC (I, II, III, IV, V, N), CATC-I, Registrant, CPS, and/or CCS shall recognize the need for ongoing education and clinical supervision as a component of professional competency.

A. The CATC (I, II, III, IV, V, N), Registrant, and/or C.P.S shall recognize professional boundaries and limitations of the CATC's, Registrant's, and/or CPS' competencies and only offer/provide services or use techniques within the scope of his/her registration or certification as an AOD counselor.

B. The CATC (I, II, III, IV, V, N), CATC-I, Registrant, CPS, and/or CCS shall be sensitive to the potential harm to clients of any personal impairment and shall be willing to seek appropriate treatment for himself/herself. The CATC (I, II, III, IV, V, N), CATC-I, Registrant, CPS, and/or CCS shall support employee assistance programs in this respect.

Principle 3.5: Supervision

Any experience obtained under the supervision of a spouse or relative by blood or marriage shall not be credited toward the required hours of supervised experience. Any experience obtained under the supervision of a supervisor with whom the applicant has a personal relationship that undermines the authority or effectiveness of the supervision shall not be credited toward the required hours of supervised experience.

Principle 4: Legal and Ethical Standards

The CATC (I, II, III, IV, V, N), Registrant, and/or C.P.S shall abide by and uphold the ethical standards contained in this Code of Conduct.

A. The CATC (I, II, III, IV, V, N), CATC-I, Registrant, CPS, and/or CCS shall be fully cognizant and abide by all state and federal laws and laws governing the practice of alcoholism and drug abuse counseling, including but not limited to regulations protecting participant's, patient's, or resident's rights to confidentiality in accordance with the Code of Federal Regulations, Title 42, Part 2, Sections 2.1 et seq., and the Counselor Certification Regulations in the California Code of Regulations, Title 9, Sections 13000 et seq.

B. The CATC (I, II, III, IV, V, N), CATC-I, Registrant, CPS, and/or CCS shall not claim either directly, or by implication, professional qualifications/affiliations that the CATC (I, II, III, IV, V, N), CATC-I, Registrant, CPS, and/or CCS does not possess.

C. The CATC (I, II, III, IV, V, N), CATC-I, Registrant, CPS, and/or CCS will not use, possess, or be under the influence of alcohol or illicit drugs on program premises or while attending or conducting program services.

D. The CATC (I, II, III, IV, V, N), CATC-I, Registrant, CPS and/or CCS shall cooperate with investigations into alleged violations of this Code of Conduct, whether initiated by the California Department of Alcohol and Drug Programs, or the California Association of Alcohol/Drug Educators, and shall supply information requested during the course of any investigation unless disclosure of the information would violate the confidentiality requirements of the Code of Federal Regulations, Title 42,

Part 2, Sections 2.1 et seq. By registering with, or being certified by CAADE, Registrant, CATC (I, II, III, IV, V, N), and/or CPS authorizes CAADE to release any and all information CAADE, its board, or its agents possess, and hereby releases CAADE, its board, or its agents from any liability therefor.

Principle 5: Publication Credit

The CATC (I, II, III, IV, V, N), CATC-I, Registrant, CPS, and/or CCS shall assign credit to all who have contributed to the published material and for the work upon which the publication is based.

A. The CATC (I, II, III, IV, V, N), CATC-I, Registrant, CPS, and/or CCS who publishes books or articles and/or makes professional presentations will assure that all sources of information and contributions are properly cited.

Principle 6: Client Welfare

The CATC (I, II, III, IV, V, N), CATC-I, Registrant, CPS, and/or CCS shall hold the welfare of the client paramount when making any decisions or recommendations concerning referral, treatment procedures or termination of treatment.

A. The CATC (I, II, III, IV, V, N), CATC-I, Registrant, CPS, and/or CCS shall disclose to clients that she/he operates under a code of ethics and that same shall be made available to the client if requested.

B. The CATC (I, II, III, IV, V, N), CATC-I, Registrant, CPS, and/or CCS shall terminate a counseling or consulting relationship when it is reasonably clear to the CATC (I, II, III, IV, V, N), CATC-I, Registrant, CPS, and/or CCS that the client is not benefiting from the relationship.

C. The CATC (I, II, III, IV, V, N), CATC-I, Registrant, CPS, and/or CCS shall not use or encourage a client's participation in any demonstration, research, or other non-treatment activities when such participation would have potential harmful consequences for the client or when the client is not fully informed.

D. The CATC (I, II, III, IV, V, N), CATC-I, Registrant, CPS, and/or CCS shall take care to provide services in an environment that will ensure the privacy and safety of the client at all times, and ensures the appropriateness of service delivery.

E. The CATC (I, II, III, IV, V, N), Registrant, and/or CPS shall not verbally, physically, or sexually harass, threaten, or abuse a client, a client's family members, or any other person known to be significant to the client.

Principle 7: Confidentiality

The CATC (I, II, III, IV, V, N), CATC-I, Registrant, CPS, and/or CCS working in the best interest of the client shall embrace, as a primary obligation, the duty of protecting client's rights under confidentiality and shall not disclose confidential information acquired in teaching, practice, or investigation without appropriately executed consent.

A. The CATC (I, II, III, IV, V, N), CATC-I, Registrant, CPS, and/or CCS shall provide the client his/her rights regarding confidentiality, in writing, as part of informing the client in any areas likely to affect the client's confidentiality. This includes the recording of the clinical interview, the use of material for insurance purposes, and the use of material for training or observation by another party.

B. The CATC (I, II, III, IV, V, N), CATC-I, Registrant, CPS, and/or CCS shall make appropriate provisions for the maintenance of confidentiality and the ultimate disposition of confidential records. The CATC (I, II, III, IV, V, N), CATC-I, Registrant, CPS, and/or CCS shall ensure that data obtained, including any form of electronic communication, are secured by the available security methodology. Data shall be limited to information that is necessary and appropriate to the services being provided, and shall be accessible only to appropriate personnel.

C. The CATC (I, II, III, IV, V, N), CATC-I, Registrant, CPS, and/or CCS shall adhere to all federal and state laws regarding confidentiality and the CATC (I, II, III, IV, V, N), CATC-I, Registrant, CPS, and/or CCS' responsibility to report clinical information in specific circumstances, such as child or elder abuse or duty to warn, to the appropriate authorities and their supervisor.

D. The CATC (I, II, III, IV, V, N), CATC-I, Registrant, CPS, and/or CCS shall discuss the information obtained in clinical, consulting, or observational relationships only in appropriate settings for professional purposes and on a need-to-know basis. Written and oral reports must present only data germane and pursuant to the purpose of evaluation, diagnosis, progress, and compliance. Every effort shall be made to avoid undue invasion of privacy.

E. The CATC (I, II, III, IV, V, N), CATC-I, Registrant, CPS, and/or CCS shall use clinical and other material in teaching and/or writing only when there is no identifying information used about the parties involved.

Principle 8: Client Relationships

It is the responsibility of the CATC (I, II, III, IV, V, N), CATC-I, Registrant, CPS, and/or CCS to safeguard the integrity of the counseling relationship and to ensure that the client has reasonable access to effective treatment. The CATC (I, II, III, IV, V, N), CATC-I, Registrant, CPS, and/or CCS shall provide the client and/or guardian with accurate and complete information regarding the extent of the potential professional relationship.

A. The CATC (I, II, III, IV, V, N), CATC-I, Registrant, CPS, and/or CCS shall 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 CATC (I, II, III, IV, V, N), CATC-I, Registrant, CPS, and/or CCS shall not engage in dual relationships with clients that have any significant probability of causing harm to the client, or the counseling relationship. A dual relationship occurs when a CATC (I, II, III, IV, V, N), CATC-I, Registrant, CPS, and/or CCS and his/her client engage in a separate and distinct relationship, either simultaneously with the therapeutic relationship or within two years following the termination of the professional relationship. As a general rule, a CATC (I, II, III, IV, V, N), CATC-I, Registrant, CPS, and/or CCS should not provide services to friends, family members, or any person with whom they have or have had a social, business, or financial relationship.

C. The CATC (I, II, III, IV, V, N), CATC-I, Registrant, CPS, and/or CCS shall not exploit relationships with current or former clients for personal or financial gain, including social or business relationships. This could include, but not be limited to, borrowing from or loaning money to clients; accepting gifts from clients; accepting favors from clients such as volunteer labor; or accepting goods or

services in lieu of payment.

D. The CATC (I, II, III, IV, V, N), CATC-I, Registrant, CPS, and/or CCS shall not under any circumstances engage in sexual behavior (both verbal and non-verbal) with clients, clients' family members, or other persons known to be significant to the client, either simultaneously with the therapeutic relationship or within two years following the termination of the professional relationship.

(i)The CATC (I, II, III, IV, V, N), CATC-I, Registrant, CPS, and/or CCS does not engage in sexual intimacies with former clients even after a two-year interval except in the most unusual circumstances. The CATC (I, II, III, IV, V, N), CATC-I, Registrant, CPS, and/or CCS who engages in such activity after the two years following cessation or termination of counseling and of having no sexual contact with the former client bears the burden of demonstrating that there has been no exploitation, in light of all relevant factors, including (1) the amount of time that has passed since counseling terminated; (2) the nature, duration, and intensity of the counseling; (3) the circumstances of termination; (4) the client's personal history; (5) the client's current mental status; (6) the likelihood of adverse impact on the client; and (7) any statements or actions made by the CATC (I, II, III, IV, V, N), CATC-I, during the course of counseling suggesting or inviting the possibility of a post-termination sexual or romantic relationship with the client.

E. The CATC (I, II, III, IV, V, N), CATC-I, Registrant, CPS, and/or CCS shall not accept as clients anyone with whom they have engaged in sexual behavior.

F. The CATC (I, II, III, IV, V, N), CATC-I, Registrant, CPS, and/or CCS will avoid dual relationships with current or past clients in self-help based recovery groups (such as A.A., N.A., Al-Anon, Smart Recovery, etc.) by not sponsoring a current or former client; by not having as a client a former sponsor or sponsee; by avoiding meetings, whenever possible, where clients are present; and by maintaining clear and distinct boundaries between the professional counselor and self-help sponsor roles.

G. The CATC (I, II, III, IV, V, N), CATC-I, Registrant, CPS, and/or CCS will refrain from promoting or advocating any particular religious orientation or from utilizing any particular religious doctrine as part of a treatment program, except in those circumstances where such a religious orientation is an accepted part of the program's mission and clients have voluntarily agreed to participate in such a program.

Principle 9: Interprofessional Relationships

The CATC (I, II, III, IV, V, N), CATC-I, Registrant, CPS, and/or CCS shall treat colleagues with respect, courtesy, fairness, and good faith and shall afford the same to other professionals.

A. The CATC (I, II, III, IV, V, N), CATC-I, Registrant, CPS, and/or CCS shall refrain from offering 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 CATC (I, II, III, IV, V, N), CATC-I, Registrant, CPS, and/or CCS shall cooperate with duly constituted professional ethics committees and promptly supply necessary information unless constrained by the demands of confidentiality.

C. The CATC (I, II, III, IV, V, N), CATC-I, Registrant, CPS, and/or CCS shall not in any way exploit relationships with supervisees, employees, students, research participants, volunteers, or clients.

D. The CATC (I, II, III, IV, V, N), CATC-I, Registrant, CPS, and/or CCS shall seek resolution of workplace or professional issues in an appropriately assertive, understanding, and sensitive manner, utilizing established protocols when such exist.

Principle 10: Financial Arrangements

A. The CATC (I, II, III, IV, V, N), CATC-I, Registrant, CPS, and/or CCS shall inform the client of all financial policies.

B. The CATC (I, II, III, IV, V, N), CATC-I, Registrant, CPS, and/or CCS shall consider the ability of a client to meet the financial cost in establishing rates for professional services (sliding fee scale).

C. The CATC (I, II, III, IV, V, N), CATC-I, Registrant, CPS, and/or CCS shall not engage in fee splitting. The CATC (I, II, III, IV, V, N), CATC-I, Registrant, CPS, and/or CCS shall not send or receive any commission or rebate or any other form of remuneration for referral of clients for professional services.

D. The CATC (I, II, III, IV, V, N), CATC-I, Registrant, CPS, and/or CCS, in the practice of counseling, shall not at any time use one's relationship with clients for personal gain or for the profit of an agency or any commercial enterprise of any kind.

Principle 11: Societal Obligations

The CATC (I, II, III, IV, V, N), CATC-I, Registrant, CPS, and/or CCS shall to the best of his/her ability actively engage the legislative processes, educational institutions, and the general public to change public policy and legislation to make possible opportunities and choice of service for all human beings of any ethnic or social background whose lives are impaired by alcoholism and/or drug abuse.

Preamble:

The Florida Certification Board (referred to herein as "the Board" or "FCB") provides certification for substance abuse counselors, prevention specialists, behavioral health technicians, and criminal justice professionals in the State of Florida. The purpose of the FCB's voluntary certification process is to assure consumers, the public, and employers that individuals certified by FCB are capable and competent, have been through a certain organized set of experiences, and have been judged to be qualified. FCB is dedicated to the principle that professionals in the field of alcohol and drug treatment must conform their behavior to the highest standards of ethical practice. To that end, the FCB has adopted this *Certified Professional Code of Ethics* (referred to herein as "the Code" or "the Code of Ethics"), to be applied to all professionals, certified or seeking certification.

The Board is committed to investigate and sanction those certified professionals or those seeking certification who breach this Code. Certified professionals or those seeking certification are therefore encouraged to thoroughly familiarize himself/herself with the Code and to guide their behavior according to the Rules set forth within this Code.

The FCB's Disciplinary Procedures are available for download at <http://www.flcertificationboard.org/Ethics.cfm>. Complaint Forms and Procedures may also be found at this site.

Glossary

Consumer	Any person seeking or assigned the services of a FCB certified professional or person seeking certification, regardless of the certified professional or person seeking certification's work setting.
Complainant	A person who files a formal complaint with the FCB against a certified professional or a person seeking certification under FCB jurisdiction.
Certified Professional	Any person who holds any credential issued by FCB.
Ethics Committee	FCB standing committee charged with the responsibility of sanctioning certified professionals or persons seeking certification who breach the Code of Ethics, as well as amending and reviewing all appropriate documentation, and charged with all other responsibilities deemed necessary.
Hearing Officer	A non-voting member of a Hearing Committee appointed by the Board who presides over a Respondent's appeal hearing. The Hearing Officer may or may not be a certified professional.
Immediate Family	A spouse, child, parents, parent-in-laws, siblings, grandchild, grandparents, and other household members of the Certified Professional or Person Seeking Certification.

Person Seeking Certification	Any individual who has an application for certification, at any level, on file with the FCB.
Respondent	A certified professional or person seeking certification who is the subject of a formal complaint alleging a breach of the Code of Ethics.
Sexual Misconduct	When a certified professional or person seeking certification engages, attempts to engage, or offers to engage a consumer in sexual behavior, or any behavior, whether verbal or physical, which is intended to be sexually arousing, including kissing; sexual intercourse, either genital or anal; cunnilingus; fellatio; or the touching by either the professional or person seeking certification or the consumer of the other's breasts, genital areas, buttocks, or thighs, whether clothed or unclothed.
Supervisee	An individual that works under the direct supervision of a certified professional, and works in the capacity of delivering direct services to consumers of addiction services.

Rules of Conduct

The following Rules of Conduct, adopted by the Florida Certification Board, set forth the minimum standards of conduct which all certified professionals or those seeking certification are expected to honor. Failure to comply with an obligation or prohibition set forth in the Rules may result in discipline by the FCB.

Discussion sections accompany some of the Rules. These discussions are intended to interpret, explain, or illustrate the meaning of the rules, but the rules themselves remain the authoritative statements of the conduct for which disciplinary action may be imposed.

1. Applicability

- 1.1 The rules within this FCB *Certified Professional Code of Ethics* apply to all professionals certified by or seeking certification through FCB.

2. Professional Standards

- 2.1 A certified professional or person seeking certification shall meet and comply with all terms, conditions, or limitations of any professional certification or license which they hold.
- 2.2 A certified professional or person seeking certification shall not perform services outside of their area of training, expertise, competence, or scope of practice.
- 2.3 A certified professional or person seeking certification shall not fail to obtain an appropriate consultation or make an appropriate referral when the consumer's problem is beyond the area of training, expertise, competence, or scope of practice of the certified professional or person seeking certification.

- 2.4 A certified professional or person seeking certification shall not in any way participate in discrimination on the basis of race, color, sex, sexual orientation, age, religion, national origin, socio-economic status, political belief, psychiatric or psychological impairment, physical disability, or the amount of previous therapeutic or treatment occurrences.
- 2.5 Through the awareness of the negative impact of racial, sexual, religious, gender, marital status, nationality or physical stereotyping and discrimination, the addiction professional guards the individual rights and personal dignity of the client and/or participant(s). When client/participant(s) possess diverse or non-familiar cultural and ethnic backgrounds, addiction professionals are motivated to learn about cultural and ethnic sensitivities in order to provide the highest level of care.
- 2.6 A certified professional or person seeking certification shall seek therapy for any psychoactive substance abuse or dependence, psychiatric or psychological impairment, emotional distress, or for any other physical health related adversity that interferes with their professional functioning, and where any such conditions exist and impede their ability to function competently, a certified professional or person seeking certification shall request inactive status for medical reasons for so long as is necessary.
- 2.7 A certified professional or person seeking certification has a responsibility both to the client and/or participant(s) and to the organization within which the service is performed to maintain a high standard of ethical conduct. The moral, ethical and legal standards of behavior of the certified professional or person seeking certification are a personal matter to the same degree as they are for any other citizen, except as these may compromise the fulfillment of their professional responsibilities or reduce the trust in addiction professionals or those seeking certification held by the general public. This includes:
- a. Awareness of the prevailing community standards and of the possible impact upon the quality of professional services provided by their conformance to or deviation from these standards;
 - b. Serve as a role model in the certified professionals or person seeking certifications' use of alcohol or other mood altering drugs.
 - c. Reporting to an employer, supervisor, colleague or the addiction professional or person seeking certification's intervention program when difficulty with mood altering substance(s) are experienced
- 2.8 The certified professional or person seeking certification shall not discontinue professional services to a consumer nor shall the certified professional or person seeking certification abandon the consumer without facilitating an appropriate therapeutic closure of professional services for the consumer.
- 2.9 A certified professional or person seeking certification shall not reveal confidential information obtained as the result of a professional relationship, without the prior written consent from the recipient of services, except as authorized or required by law.

3. *Unlawful Conduct*

- 3.1 Being convicted or found guilty, regardless of adjudication, or entering a plea of nolo contendere to any crime relating to the certified professional or person seeking certification's ability to practice the substance abuse counseling profession to include intervention, prevention, and criminal justice services shall be grounds for disciplinary action.
- 3.2 A certified professional or person seeking certification shall not use, possess, or sell any controlled or psychoactive substance. Being convicted or found guilty, regardless of adjudication, or entering a plea of nolo contendere to any crime which involves the use of any controlled or psychoactive substance shall be grounds for disciplinary action.
- 3.3 If a certified professional or person seeking certification is reprimanded by any agency or organization through any administrative proceedings, this may be grounds for disciplinary action by this body.

4. *Sexual Misconduct*

- 4.1 A certified professional or person seeking certification shall not engage in any form of sexual contact/behavior (as defined in Section I, *Sexual Misconduct*) with consumers. The prohibition shall apply with respect to any consumer of the agency by which the certified professional or person seeking certification is employed, regardless of whether or not the consumer is on their caseload. For the purposes of determining the existence of sexual misconduct the professional-consumer relationship, once established, is deemed to continue for a minimum of 2 years after the termination of services or the date of the last professional contact with the consumer.
- 4.2 A certified professional or person seeking certification shall not:
 - a. Engage a supervisee in sexual misconduct (as defined in the Code's Glossary) during the period a supervisory relationship exists.
 - b. Engage in sexual misconduct (as defined in the Code's Glossary) with any immediate family member or guardian of a consumer during the period of time services are being rendered to the consumer, during the entire professional consumer relationship pursuant to rule 4.1.

5. *Fraud-Related Conduct*

- 5.1 A certified professional or person seeking certification shall not:
 - a. Present or cause to be presented a false or fraudulent claim, or any proof in support of such claim, to be paid under any contract or certificate of insurance;
 - b. Prepare, make or subscribe to a false or fraudulent account, certificate, affidavit, proof of loss or other document or writing, with knowledge that the same may be presented or used in support of a claim for payment under a policy of insurance; or
 - c. Present or cause to be presented a false or fraudulent claim or benefit application, or any false or fraudulent proof in support of such a claim or benefit application, or false or fraudulent information which would affect a

future claim or benefit application, to be paid under any employee benefit program.

- 5.2 A certified professional or person seeking certification shall not use misrepresentation in the preparation of an application for certified professional certification or in the procurement of certification or recertification as an alcohol or drug certified professional, or assist another in the preparation of an application for certification or in the procurement of registration, certification or re-certification through misrepresentation. The term "misrepresentation" includes but is not limited to the misrepresentation of professional qualifications, certification, accreditation, affiliations, employment experience, educational experience, the plagiarism of application and recertification materials, or the falsification of references.
- 5.3 A certified professional or person seeking certification shall not use a title designation, credential or license, firm name, letterhead, publication, term, title, or document which states or implies an ability, relationship, or qualification that does not exist.
- 5.4 A certified professional or person seeking certification shall not practice under a false name or under a name other than the name under which his or her certification or license is held.
- 5.5 A certified professional or person seeking certification shall not sign or issue in the professional capacity a document or a statement that the certified professional or person seeking certification knows or should have known to contain a false or misleading statement.
- 5.6 A certified professional or person seeking certification shall not produce, publish, create, or partake in the creation of any false, fraudulent, deceptive, or misleading advertisement.

6. *Exploitation of Consumers*

- 6.1 A certified professional or person seeking certification shall not develop, implement, or maintain exploitative relationships with current or past consumers.
- 6.2 A certified professional or person seeking certification shall not misappropriate property from a consumer.
- 6.3 A certified professional or person seeking certification shall not enter into a relationship with a consumer which involves financial gain to the certified professional or person seeking certification or a third party resulting from the promotion or the sale of services unrelated to treatment or of goods, property, or any psychoactive substance.
- 6.4 A certified professional or person seeking certification shall not promote to a consumer for personal gain, any unnecessary, ineffective or unsafe psychoactive substance, or any unnecessary, ineffective or unsafe device, treatment, procedure, product or service.
- 6.5 A certified professional or person seeking certification shall not solicit gifts or favors from consumers.

- 6.6 A certified professional or person seeking certification shall not offer, give, or receive commissions, rebates, or any other forms of remuneration for a consumer referral.

7. *Safety & Welfare*

- 7.1 In circumstances where the certified professional or person seeking certification becomes aware, during the course of providing or supervising professional services, that a condition of clear and imminent danger exists that a consumer may inflict serious bodily harm on another person or persons, the certified professional or person seeking certification shall, consistent with federal and state regulations concerning the confidentiality of alcohol and drug counseling records, take reasonable steps to warn any likely victims of the consumer's behavior.
- 7.2 In circumstances where the certified professional or person seeking certification becomes aware, during the course of providing or supervising professional services, that a condition of clear and imminent danger exists that a consumer may inflict serious bodily harm to himself or herself, the certified professional or person seeking certification shall, consistent with federal and state regulations concerning the confidentiality of alcohol and drug counseling records, take reasonable steps to protect that consumer.
- 7.3 A certified professional or person seeking certification shall not administer to himself or herself any psychoactive substance to the extent or in such manner as to be dangerous or injurious to a consumer of services, to any other person, or to the extent that such use of any psychoactive substance impairs the ability of the certified professional or person seeking certification to safely and competently provide professional counseling services.

8. *Records Management*

- 8.1 A certified professional or person seeking certification shall not falsify, amend, knowingly make incorrect entries, or fail to make timely essential entries into the consumer record.
- 8.2 A certified professional or person seeking certification shall follow all Federal and State regulations regarding consumer records.

9. *Assisting Unlicensed Practice*

- 9.1 A certified professional or person seeking certification shall not refer a consumer to a person that the certified professional or person seeking certification knows or should know is not qualified by training, experience, certification, or license to perform the delegated professional responsibility.

10. *Discipline in Other Jurisdictions*

- 10.1 A certified professional or person seeking certification shall not practice substance abuse counseling during the period of any denial, suspension, revocation, probation, or other restriction or discipline on certification, license,

or other authorization to practice issued by any certification authority or any state, province, territory, tribe, or the federal government.

11. Cooperation with the Board

- 11.1 A certified professional or person seeking certification shall cooperate in any investigation conducted pursuant to this Code of Ethics and a certified professional or person seeking certification shall not interfere with an investigation or a disciplinary proceeding or attempt to prevent a disciplinary proceeding or other legal action from being filed, prosecuted, or completed. Interference attempts may include but are not limited to:
- a. the willful misrepresentation of facts before the disciplining authority or its authorized representative;
 - b. the use of threats or harassment against, or an inducement to, any consumer or witness in an effort to prevent them from providing evidence in a disciplinary proceeding or any other legal action;
 - c. the use of threats or harassment against, or an inducement to, any person in an effort to prevent or attempt to prevent a disciplinary proceeding or other legal action from being filed, prosecuted or completed.
- 11.2 A certified professional or person seeking certification shall report any violation of the Code of Ethics. Failure to report a violation may be grounds for discipline.
- 11.3 A certified professional or person seeking certification who has firsthand knowledge of the actions of a respondent or a complainant shall cooperate with a FCB complaint investigation or disciplinary proceeding. Failure or an unwillingness to cooperate in a FCB complaint investigation or disciplinary proceeding shall be grounds for disciplinary action.
- 11.4 A certified professional or person seeking certification shall not file a complaint or provide information to the FCB which the certified professional or person seeking certification knows or should have known is false or misleading.
- 11.5 In submitting any information to the Board, a certified professional or person seeking certification shall comply with any requirements pertaining to the disclosure of consumer information established by the federal or state government.

APPENDIX A

DISCUSSIONS

Rule 2.2
Discussion

A certified professional or person seeking certification should not use a modality or a technique if the certified professional or person seeking certification does not have the education, training, or skills to perform a modality or a technique in a competent or qualified manner.

Rule 2.3
Discussion

Most certified professionals or those seeking certification strive to achieve and maintain the highest level of professional competence. In order to provide the highest standard of therapy for consumers, certified professionals or those seeking certification must maintain the commitment to assess their own personal strengths, limitations, biases, and effectiveness. When a certified professional or person seeking certification recognizes that a consumer's therapeutic needs exceed their education, training, and capabilities, the certified professional or person seeking certification must pursue advice and counsel from colleagues and supervisors. When a consumer's therapeutic issues are outside their level of professional functioning or scope of practice, the certified professional or person seeking certification must refer the consumer to another professional who will provide the appropriate therapeutic approach for the consumer.

Rule 2.7
Discussion

Private conduct of a certified professional or person seeking certification remains a personal matter to the same degree as any other person. However, when conduct compromises the fulfillment of professional responsibilities, the certified professional or person seeking certification bears the responsibility for any misconduct in all areas of their professional life. When a certified professional or person seeking certification's personal life begins to adversely affect professional performance, affecting the quality of service delivered, and thus putting the consumer at risk, the certified professional or person seeking certification must take sufficient and immediate action to resolve any personal adversity that interferes with their professional functioning. This may include but is not limited to seeking professional assistance or requesting inactive status for medical reasons.

The certified professional or person seeking certification should expect his or her employer to intervene when the certified professional or person seeking certification's personal problems begin to adversely affect their professional performance with consumers and coworkers

Rule 2.8
Discussion

The certified professional or person seeking certification shall not discontinue professional services to a consumer unless:
services have been completed;
the consumer requests the discontinuation;
alternative or replacement services are arranged; or the consumer is given reasonable opportunity to arrange alternative or replacement services.

Rule 2.9
Discussion

Except as may otherwise be indicated in this Code, certified professionals or those seeking certification are expected to preserve all consumer confidences and refrain from revealing confidential information obtained as a result of the certified professional-consumer or person seeking certification-consumer relationship, except as may be authorized by the consumer or required or authorized by law. Certified professionals or those seeking certification are expected to be familiar with and act in accordance with federal and state regulations concerning confidentiality of participant records and identifying information.

Rule 3.3
Discussion

Any public record pertaining to an arrest, charge, disposition or sentencing of a certified professional or person seeking certification, shall be deemed as conclusive evidence of guilt of the felony or misdemeanor for which he or she has been convicted. If that felony or misdemeanor relates to the individual's ability to practice the substance abuse counseling profession, the fact of conviction shall also be proof of violation of this Rule. Some specific examples within this section include but are not limited to crimes involving violence, use or sale of drugs, fraud, theft, sexual misconduct, or other felonies. All proceedings in which the sentence has been deferred, suspended, adjudication withheld, or a conviction expunged shall be deemed a conviction within the meaning of this section. For example, an AHCA investigation of a certified professional or person seeking certification could provide the independent grounds for an investigation.

Rule 4.1
Discussion

The Board finds that the effects of the certified professional-consumer or person seeking certification-consumer relationship can be powerful and subtle and that consumers can be influenced consciously and subconsciously by the unequal distribution of power inherent in such relationships. Furthermore, the Board finds that the effects of the establishment of a professional-consumer relationship can endure after services cease to be rendered. The certified professional or person seeking certification is responsible for acting in the best interest of the consumer even after the termination of services. The professional shall not engage in or request sexual contact with a former consumer at any time if engaging with that consumer would be exploitative, abusive or detrimental to that consumer's welfare. A certified professional-consumer or person seeking certification-consumer relationship is established between a professional and a person once a professional renders, or purports to render addictions, prevention, or criminal justice services including but not limited to, counseling, assessment, or treatment to that person. A formal contractual relationship, the scheduling of professional appointments or payment of a fee for services are not necessary conditions for the establishment of a professional-consumer relationship, although each of these may be evidence that such a relationship exists.

Rule 5.1
Discussion

The term "fraudulent claim" includes but is not limited to charging a consumer or a third-party payer for a service not performed or submitting an account or charge for services that is false or misleading. It does not include charging for an unkept appointment.

Rule 6.1
Discussion

Certified professionals or those seeking certification must remain "honest and self-searching in determining the impact of their behavior on the consumer. Ethical problems are often raised when a certified professional or person seeking certification blends his or her professional relationship with a consumer with another kind of relationship. Behavior is unethical when it reflects a lack of awareness or concern about the impact of the behavior on the consumers. Certified professionals or those seeking certification who engage in more than one role with consumers may be trying to meet their own financial, social, or emotional needs." (1993, Corey G., Corey M., and Callanan P.)

The nature of the consumer-professional relationship is such that the consumer remains vulnerable to the real or perceived influences of the certified professional or person seeking certification. Certified professionals or those seeking certification, who are in a position to influence a consumer's behavior, may impose their own desires upon the consumer.

Rule 6.5
Discussion

When a certified professional or person seeking certification "plays" or "preys" upon the consumer's gratitude for counseling services; or covertly or overtly implies or states that the consumer remains indebted to the certified professional or person seeking certification and should "repay" him or her through gifts or other favors, their unique position of trust and responsibility with the consumer not only becomes jeopardized, but the certified professional or person seeking certification has also engaged in actions antithetical to the counseling profession.

Rule 6.6
Discussion

Notwithstanding this provision, a certified professional or person seeking certification may pay an independent advertising or marketing agent compensation for advertising or marketing services rendered on their behalf by such agent, including compensation for referrals of consumers identified through such services on a per consumer basis.

Rule 7.1
Discussion

If during the course of treating a participant, a certified professional or person seeking certification becomes aware that a consumer intends or is likely to commit some act which may result in serious bodily harm to another person or persons and there is a clear and imminent danger of such harm occurring, the certified professional or person seeking certification has a duty to take reasonable steps to warn such persons. In doing so, the certified professional or person seeking certification should be aware that state and federal regulations set forth rules concerning the confidentiality of certified professional-consumer or person seeking certification-consumer communications and consumer records and identifying information. In cases where the threat is of the commission of a crime on agency premises or against agency personnel, the rules may allow disclosure of the circumstances of the threatened crime and identity of the consumer directly to law enforcement officers. In some instances, however, in order to warn the likely victims of the consumer's actions it may be necessary for the certified professional or person seeking certification or their agency to make an emergency application to a court for an order permitting disclosure of information concerning the consumer or communications from the consumer before such information can be disclosed.

Rule 7.2
Discussion

If during the course of treating a participant, a certified professional or person seeking certification becomes aware that a consumer intends or is likely to inflict serious bodily harm to himself or herself and that there is a clear and imminent danger of such harm occurring, the certified professional or person seeking certification has a duty to take reasonable steps to protect the consumer. In doing so, the certified professional or person seeking certification should be aware that state and federal regulations set forth rules concerning the confidentiality of certified professional-consumer or person seeking certification-consumer communications and consumer records and identifying information.

Under those rules, it may be permissible in some cases to communicate information about an individual if done in a manner that does not disclose the individual's status as a participant in alcohol or drug abuse counseling. In other cases, however, in order to protect the consumer, it may be necessary for the certified professional or person seeking certification or their agency to make an emergency application to a court for an order permitting disclosure of information concerning the consumer or communications from the consumer before such information can be disclosed.

Rule 11.5
Discussion

The primary commitment of the certified professional or person seeking certification is to the health, welfare, and safety of a consumer. As an advocate for the consumer, the certified professional or person seeking certification must take appropriate action to report instances of incompetent, unethical, or illegal practice by other certified professionals or those seeking certification that places the rights or best interests of the consumer in jeopardy.



CADC Code of Ethics

CODE OF ETHICS **FOR ALCOHOL AND DRUG COUNSELORS**

INTRODUCTION

All counselors must subscribe to the IBC Code of Ethics upon application for certification. This Code of Ethics is adopted to aid in the delivery of the highest quality of professional care to persons seeking chemical dependency services. It is hoped that these standards will assist the counselor to determine the propriety of his or her conduct in relationships with clients, colleagues, members of allied professions, and the public.

The Board is committed to investigate and sanction those who breach this Code of Ethics. Alcohol and drug counselors, therefore, are encouraged to thoroughly familiarize themselves with the Code of Ethics and to guide their behavior according to the principles set forth below.

Violation of the IBC Code of Ethics shall be deemed as grounds for discipline. Engaging in unethical conduct includes, in addition to violation of the Principles enumerated herein, any other violation that is harmful or detrimental to the profession or to the public.

SUBSCRIPTION TO CODE OF ETHICS

Persons applying for certification must subscribe to the Iowa Board of Certification's Code of Ethics for Alcohol and Drug Counselors and so indicate by signing Form 02. This subscription will be in effect until their certification is no longer valid. In the event the applicant did not successfully complete the certification process, the subscription shall be in effect until the application period expires. IBC can provide specific information regarding these time-frames.

SPECIFIC PRINCIPLES

PRINCIPLE I. Responsibility to clients. Alcohol and drug counselors respect the rights of those persons seeking their assistance and make reasonable efforts to ensure that their services are used appropriately.

- A. Alcohol and drug counselors do not discriminate against or refuse professional service to anyone on the basis of race, gender, religion, national origin or sexual orientation.

1. Alcohol and drug counselors avoid bringing personal or professional issues into the counseling relationship. Through an awareness of the impact of stereotyping and discrimination, the counselor guards the individual rights and personal dignity of clients.
 2. Alcohol and drug counselors are knowledgeable about disabling conditions, demonstrate empathy and personal emotional comfort in interactions with clients with disabilities, and make available physical, sensory, and cognitive accommodations that allow clients with disabilities to receive services.
- B. Alcohol and drug counselors do not use their professional relationships with clients to further their own interests.
 - C. Alcohol and drug counselors respect the right of clients to make decisions and help them to understand the consequences of these decisions.
 - D. Alcohol and drug counselors continue therapeutic relationships only as long as it is reasonably clear that clients are benefiting from the relationship.
 - E. Alcohol and drug counselors assist persons in obtaining other therapeutic services if the counselor is unable or unwilling to provide professional help.
 - F. Alcohol and drug counselors do not abandon or neglect clients in treatment without making reasonable arrangements for the continuation of such treatment.
 - G. Alcohol and drug counselors obtain written, informed consent from clients before videotaping, audio recording, or permitting third-party observation.
 - H. Alcohol and drug counselors respect the integrity and protect the welfare of the client. The counselor, in the presence of professional conflict, is concerned primarily with the welfare of the client.
 - I. Alcohol and drug counselors ensure the presence of an appropriate setting for clinical work to protect the client from harm and the counselor and professional from censure.
 - J. Alcohol and drug counselors do not continue to practice while having a physical or mental disability which renders the counselor unable to practice the occupation or profession with reasonable skill or which may endanger the health and safety of the persons under the counselor's care.

- K. Alcohol and drug counselors do not engage in the conduct of one's practice while suffering from a contagious disease involving risk to the client's or public's health without taking adequate precautions including, but not limited to, informed consent, protective gear or cessation of practice.

PRINCIPLE II. Dual relationships.

- A. Alcohol and drug counselors are aware of their influential position with respect to clients, and they avoid exploiting the trust and dependency of such persons. Counselors, therefore, make every effort to avoid dual relationships with clients that could impair professional judgment or increase the risk of exploitation. When a dual relationship cannot be avoided, counselors take appropriate professional precautions to ensure judgment is not impaired and no exploitation occurs. Examples of such dual relationships include, but are not limited to, business or close personal relationships with clients and/or their family members.
1. Soliciting and/or engaging in sexual conduct with clients is prohibited; this includes the five years following the termination of services.
 2. Alcohol and drug counselors do not accept as clients anyone with whom they have engaged in sexual conduct.
 3. Alcohol & Drug Counselors are aware of their professionalism and healthy boundaries with clients when it comes to social networking for at least a period of one year following the termination of services.
 - a. Alcohol & Drug Counselors do not “friend” their own clients, past or present, or clients of an agency for which they work, on Facebook or other social media sites.
 - b. Alcohol & Drug Counselors use professional and ethical judgment when including photos and/or comments on social media sites.
 - c. Alcohol & Drug Counselors do not provide their personal contact information to clients, i.e. home/personal cell phone number, personal email, Skype, Twitter, etc. nor engage in communication with clients through these mediums except in cases of agency/professional business
- B. Alcohol and drug counselors are aware of their influential position with respect to students, employees, and supervisees, and they avoid exploiting the trust and dependency of such persons. Counselors, therefore, make every effort to avoid dual relationships that could impair professional judgment or increase the risk of exploitation. When a dual relationship cannot be avoided, counselors take appropriate professional precautions to ensure judgment is

not impaired and no exploitation occurs. Examples of such dual relationships include, but are not limited to, business or close personal relationships with students, employees or supervisees.

1. Provision of therapy to students, employees, or supervisees is prohibited.
2. Sexual conduct with students or supervisees is prohibited.

PRINCIPLE III. Confidentiality. Alcohol and drug counselors embrace, as primary obligation, the duty of protecting the privacy of clients and do not disclose confidential information acquired in teaching, practice or investigation without appropriately executed consent.

- A. Alcohol and drug counselors make appropriate provisions for the maintenance of confidentiality and the ultimate disposition of confidential records. Counselors ensure that data obtained, including any form of electronic communication, are secured by the available security methodology. Data shall be limited to information that is necessary to and appropriate to the services being provided and be accessible only to appropriate personnel.
- B. Alcohol and drug counselors adhere to all federal, state, and local laws regarding confidentiality and the counselor's responsibility to report clinical information in specific circumstances to the appropriate authorities.
- C. Alcohol and drug counselors discuss the information obtained in clinical, consulting, or observational relationships only in the appropriate settings for professional purposes that are in the client's best interest. Written and oral reports present only data germane and pursuant to the purpose of evaluation, diagnosis, progress, and compliance. Every effort is made to avoid undue invasion of privacy.
- D. Alcohol and drug counselors reveal information received in confidence only when there is a clear and imminent danger to the client or other persons, and then only to appropriate workers, public authorities, and threatened parties.

PRINCIPLE IV. Professional competence and integrity. Alcohol and drug counselors maintain high standards of professional competence and integrity.

- A. Alcohol and drug counselors seek appropriate professional assistance for their personal problems or conflicts that may impair work performance or clinical judgment.
- B. Alcohol and drug counselors, as teachers, supervisors, and researchers, are dedicated to high standards of scholarship and present accurate information.
- C. Alcohol and drug counselors do not engage in sexual or other harassment or exploitation of clients, students, trainees, supervisees, employees, colleagues, research subjects, or actual or potential witnesses or complainants in investigations and ethical proceedings.

- D. Alcohol and drug counselors do not diagnose, treat, or advise on problems outside the recognized boundaries of their competence.
- E. Alcohol and drug counselors do not engage in conduct which does not meet the generally accepted standards of practice for the alcohol and drug profession including, but not limited to, incompetence, negligence or malpractice.
 - 1. Falsifying, amending or making incorrect essential entries or failing to make essential entries of client record.
 - 2. A substantial lack of knowledge or ability to discharge professional obligations within the scope of the alcohol and drug profession.
 - 3. A substantial deviation from the standards of skill ordinarily possessed and applied by professional peers in the state of Iowa acting in the same or similar circumstances.
 - 4. Acting in such a manner as to present a danger to public health or safety, or to any client including, but not limited to, impaired behavior, incompetence, negligence or malpractice.
 - 5. Failing to comply with a term, condition or limitation on a certification or license.
 - 6. Failing to obtain an appropriate consultation or make an appropriate referral when the problem of the client is beyond the alcohol and drug counselor's training, experience or competence.
 - 7. Suspension, revocation, probation or other restrictions on any professional certification or licensure imposed by any state or jurisdiction, unless such action has been satisfied and/or reversed.
 - 8. Administering to oneself any controlled substance, or aiding and abetting the use of any controlled substance by another person.
 - 9. Using any drug or alcoholic beverage to the extent or in such manner as to be dangerous or injurious to self or others, or to the extent that such use impairs the ability of such person to safely provide professional services.
 - 10. Using alcohol or any dangerous drug or controlled substance while providing professional services.
 - 11. Refusing to seek evaluation and follow through with the recommended treatment for chemical dependency or a mental health problem which impairs professional performance.

- F. Alcohol & Drug Counselors who provide services via electronic media shall inform the client/patient of the limitations and risks associated with such services and shall document in the client/patient case record that such notice has been provided.

PRINCIPLE V. Responsibility to students, employees, and supervisees.

Alcohol and drug counselors do not exploit the trust and dependency of students, employees, and supervisees.

- A. Alcohol and drug counselors do not permit students, employees, or supervisees to perform or to hold themselves out as competent to perform professional services beyond their training, level of experience and competence.
- B. Alcohol and drug counselors who supervise others accept the obligation to facilitate further professional development of these individuals by providing accurate and current information, timely evaluations, and constructive consultation.

PRINCIPLE VI. Responsibility to the profession. Counselors respect the rights and responsibilities of professional colleagues.

- A. Counselors treat colleagues with respect, courtesy, and fairness and afford the same professional courtesy to other professionals.
 - 1. Alcohol and drug counselors do 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.
 - 2. Alcohol and drug counselors cooperate with duly constituted professional ethics committees and promptly supply necessary information unless constrained by the demands of confidentiality.
 - 3. Alcohol and drug counselors report the unethical conduct or practice of others in the profession to the appropriate certifying authority.
 - 4. Alcohol and drug counselors do not knowingly file a false report against another professional concerning an ethics violation.
- B. As employees or members of organizations, alcohol and drug counselors refuse to participate in an employer's practices which are inconsistent with the ethical standards enumerated in this Code.

- C. Alcohol and drug counselors assign publication credit to those who have contributed to a publication in proportion to their contributions and in accordance with customary professional publication practices.
- D. Alcohol and drug counselors who are the authors of books or other materials that are published or distributed cite persons to whom credit for original ideas is due.

PRINCIPLE VII. Financial arrangements. Alcohol and drug counselors make financial arrangements for services with clients and third-party payers that are reasonably understandable and conform to accepted professional practices.

- A. Alcohol and drug counselors do not offer, give or receive commissions, rebates or other forms of remuneration for the referral of clients.
- B. Alcohol and drug counselors do not charge excessive fees for services.
- C. Alcohol and drug counselors disclose their fees to clients at the beginning of services.
- D. Alcohol and drug counselors do not enter into personal financial arrangements.
- E. Alcohol and drug counselors represent facts truthfully to clients and third-party payers, regarding services rendered.
- F. Alcohol and drug counselors do not accept a private fee or any other gift or gratuity for professional work.

PRINCIPLE VIII. Advertising. Alcohol and drug counselors engage in appropriate informational activities, including those that enable lay persons to choose professional services on an informed basis.

- A. Alcohol and drug counselors accurately represent their competence, education, training, and experience.
- B. Alcohol and drug counselors do not use a firm name, letterhead, publication, term, title designation or document which states or implies an ability, relationship or qualification which the counselor does not have.
- C. Alcohol and drug counselors do not use any professional identification (such as a business card, office sign, letterhead, or telephone or association directory listing) if it includes a statement or claim that is false, fraudulent, misleading, or deceptive. A statement is false, fraudulent, misleading, or deceptive if it:

1. contains a material misrepresentation of fact;
2. fails to state any material fact necessary to make the statement, in light of all circumstances, not misleading; or
3. is intended to or is likely to create an unjustified expectation.

PRINCIPLE IX. Legal and Moral Standards. Alcohol and drug counselors uphold the law and have high morals in both professional and personal conduct.

Grounds for discipline under this principle include, but are not limited to, the following:

1. Conviction of any felony or misdemeanor, excluding minor traffic offenses, whether or not the case is pending an appeal. A plea or verdict of guilty or a conviction following an Alford Plea, or any other plea which is treated by the court as a plea of guilty and all the proceedings in which the sentence was deferred or suspended, or the conviction expunged shall be deemed a conviction within the meaning of this section.
2. Permitting, aiding, abetting, assisting, hiring or conspiring with an individual to violate or circumvent any of the laws relating to licensure or certification under any licensing or certification act.
3. Fraud-related conduct under this principle includes, but is not limited to, the following:
 - a. Publishing or causing to be published any advertisement that is false, fraudulent, deceptive or misleading.
 - b. Engaging in fraud, misrepresentation, deception or concealment of material fact in:
 1. Applying for or assisting in securing certification or certification renewal.
 2. Taking any examination provided for #1 above including fraudulently procured credentials.
 - c. Making misleading, deceptive, untrue or fraudulent representation in the practice or the conduct of the alcohol and drug profession or practicing fraud or deceit, either alone or as a conspirator.
 - d. Failing to cooperate with an investigation by interfering with an investigation or disciplinary proceeding by willful misrepresentation of facts before the disciplining authority or its authorized representatives; by use of threats or harassment against, or inducement to any patient, client or witness to prevent them from providing evidence in a disciplinary proceeding or any person to prevent or attempt to prevent a disciplinary proceeding or other legal action from being filed,

prosecuted or completed. Failing to cooperate with a board investigation in any material respect.

- e. Committing a fraudulent insurance act.
 - f. Signing or issuing, in the certified alcohol and drug counselor's capacity, a document or statement that the counselor knows, or ought to know, contains a false or misleading statement.
 - g. Using a firm name, letterhead, publication, term, title designation or document which states or implies an ability, relationship or qualification which the counselor does not have.
 - h. Practicing the profession under a false name or name other than the name under which the certification is held.
 - i. Impersonating any certified professional or representing oneself as a certified professional for which one has no current certification.
 - j. Charging a client or a third party payer for a service not performed, or submitting an account or charge for services that is false or misleading. This does not apply to charging for an unkept appointment by a client.
 - k. Charging a fee that is excessive in relation to the service or product for which it is charged.
 - l. Offering, giving or promising anything of value or benefit to any federal, state, or local employee or official for the purpose of influencing that employee or official to circumvent federal, state, or local law, regulation or ordinance governing the certified counselor or the alcohol and drug profession.
4. Engaging in sexual conduct, as defined in the Iowa Code, with a client during a period of time in which a professional relationship exists and for five years after that period of time.