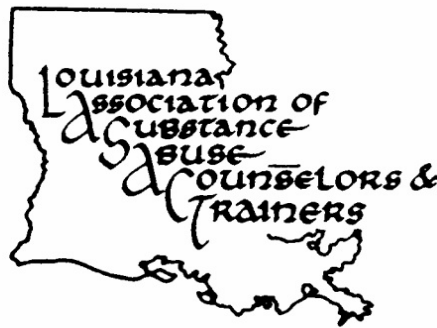


CERTIFIED CLINICAL SUPERVISOR (CCS)

PORTFOLIO PACKET

as authorized by the
CERTIFICATION EXAMINING BOARD
of the
LOUISIANA ASSOCIATION OF SUBSTANCE ABUSE
COUNSELORS AND TRAINERS
June 14, 2004



P.O. Box 80235
Baton Rouge, LA 70898-0235
225-766-2992
admin@lasact.org
www.lasact.org

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APPLICATION REVIEW CHECKLIST FOR CERTIFIED CLINICAL SUPERVISOR

Name of Applicant: _____

This page (Form 1) will be the first page of the portfolio packet. Please attach the documentation **IN THE ORDER LISTED BELOW**. It is the responsibility of the applicant to submit complete documentation (i.e. certificates, transcripts, etc.). Incomplete or disorganized packets will be returned to applicant for correction. One copy of each necessary form is provided in this packet. Please feel free to duplicate forms as needed. **Retain a copy of the complete packet that you submit for your personal records.**

TESTING FEES ARE NON-REFUNDABLE

1. Application Form (Form 2)
2. Verification of current certification as an LAC/RAC/CAC or AADC at the reciprocal level **OR** hold a current valid specialty substance abuse license/certification in another professional discipline in the human services field at the Master's level or higher. Copy of certification card or license is required.
3. Documentation and verification of five (5) years {10,000 hours} of counseling experience as an AODA counselor. (Forms 3 & 4)
4. Documentation of two (2) years {4,000 hours} of clinical supervisory experience in the AODA field. (Form 5)
5. Documentation from a clinical supervisor of having provided a minimum of 200 contact hours of face-to-face clinical supervision. (Form 5)
6. Documentation of thirty (30) hours of didactic training. (Form 6)
7. Signed Code of Ethics for Clinical Supervisor. (Form 7)
8. Non-refundable Application & Testing Fee payment of:
 - a. \$160.00 (\$60 Application, \$100 Testing Fee) LASACT member
 - b. \$225.00 (\$100 Application, \$125 Testing Fee) Non-LASACT member.

CERTIFICATION EXAMINING BOARD OF LASACT, INC.

P.O. Box 80235 • Baton Rouge, LA 70898-0235 • Phone: 225.766.2992
Fax 225.766.8552 • e-mail: admin@lasact.org; web site: www.lasact.org

Form 2

APPLICATION FOR THE CERTIFIED CLINICAL SUPERVISOR CREDENTIAL (CCS)

Name to Appear on Certificate: _____
Last First Middle

Mailing Address: _____
Street/Apt. #/P.O. Box

Office Address: _____
City State Zip
Agency Name Job Title: _____

Phone: (W) _____ (H) _____ Phone: (Cell) _____
Number & Street City State Zip
Fax _____ E-mail: _____

Enclosures (check all applicable):

- Copy of ADRA Certification card (LAC, RAC, CAC)
 - I do not yet have my renewed Certification card; I will mail or fax a copy to you as soon as I receive it.
 - I am a LASACT member enclosing my application fee of \$160 (Application Fee \$60 + Testing Fee \$100)
 - I am **not** a LASACT member enclosing my application fee of \$225 (Application fee \$100 + Testing Fee of \$125)
- Make checks payable to: LASACT/CEB and mail to: LASACT - P. O. Box 80235 - Baton Rouge, LA 70898-0235

Signature below denotes that applicant:

- is currently active in the field of alcohol and substance abuse; free of any ethical or malpractice violation; and accepts all of the principles of the LASACT code of ethics and disciplinary procedure;
- understands that suspension, revocation, or forfeiture of his/her professional clinical license will result in revocation, suspension, or forfeiture of the CCS;
- *understands the CCS is not a substitute or a replacement for the ADRA Right to Practice credential (LAC, CAC, RAC) and is therefore not a license with which to practice substance abuse counseling.*

Name Printed

Signature Date

Educational Level Completed:

BA/BA ___ MA/MS ___ Ph.D. ___ Other _____

If paying fee by Credit Card, fill in the information requested below; fax or mail to LASACT office. **No fax cover sheet is needed.**

Mail to: LASACT/CEB – P.O. Box 80235 – Baton Rouge, LA 70898-0235; or Fax: 225.766.8552

V Code from back of Card: _____

Card Type & Number: _____ Expiration Date: _____

Signature Date

PLEASE RETAIN A COPY OF THE COMPLETE PORTFOLIO FOR YOUR PERSONAL RECORDS

**PROFESSIONAL EXPERIENCE DOCUMENTATION FOR
CERTIFIED CLINICAL SUPERVISOR (CCS)**

Note: Requirement is verification of five (5) years (10,000 hours) of AODA counseling experience.

Name of Applicant

Date

Begin with your most recent employment and work backward. Duplicate this form as needed.

Employer: _____

Type of Agency: _____

Employer Address: _____

City

State

ZIP

Immediate Supervisor _____

Supervisor's Position: _____

Title of Applicant's Position _____

Hrs. per week _____ From (month/year) _____ To (month/year) _____

Applicant's Duties & Specialty: _____

Employer: _____

Type of Agency: _____

Employer Address: _____

City

State

ZIP

Immediate Supervisor _____

Supervisor's Position: _____

Title of Applicant's Position _____

Hrs. per week _____ From (month/year) _____ To (month/year) _____

Applicant's Duties & Specialty: : _____

**PROFESSIONAL EXPERIENCE VERIFICATION FOR
CERTIFIED CLINICAL SUPERVISOR (CCS)**

Name of Applicant _____
Date

I, _____, Certificate/License Number _____

hereby verify that the above named applicant has provided AODA* counseling services

for _____ hours**, from _____ to _____
Dates Dates

at: _____
Name and address of facility

City State ZIP

Name & Address of Clinical Supervisor: _____

City State ZIP

Supervisor's Daytime Phone Number: _____

Signature of Supervisor _____
Date Signed

*Describes a principal job function. Principal function must be alcohol and drug counselor.

**Hours must be documented cumulative (total of hours worked)

**SUPERVISORY EXPERIENCE DOCUMENTATION AND VERIFICATION
FOR CERTIFIED CLINICAL SUPERVISOR (CCS)**

Name of Applicant

Date

I, _____, Certificate/License Number _____

hereby verify that the above named applicant has provided clinical supervision in alcohol/drug

counseling for at least two (2) years** (4,000 hours), from _____ to _____
date date

at _____
Name and address of facility

City

State

ZIP

** These two (2) years may be included in the previously referenced five (5) years.

I, _____, Certificate/License Number _____

hereby verify that the above named applicant has provided a minimum of two hundred (200) contact hours of face-to-face clinical supervision to others during the two (2) year period referenced above.

Name and address of Clinical Supervisor:

City

State

ZIP

Supervisor's Daytime Phone Number: _____

Signature of Supervisor

Date Signed

EDUCATION VERIFICATION FOR CERTIFIED CLINICAL SUPERVISOR

Name of Applicant: _____

Use this form to list the workshops you attended to earn the required 30 clock hours for initial certification as a Clinical Supervisor. This must include 6 hours education in each of the following areas: Assessment and Evaluation, Counselor Development, Management and Administration, and Professional Responsibilities. Attach certificates of completion for each workshop listed. Duplicate this form as needed.

Name of Workshop _____ Hours: _____

Date(s) Attended: _____ Location: _____

Presenter: _____

Course content or objective: _____

Name of Workshop _____ Hours: _____

Date(s) Attended: _____ Location: _____

Presenter: _____

Course content or objective: _____

Name of Workshop _____ Hours: _____

Date(s) Attended: _____ Location: _____

Presenter: _____

Course content or objective: _____

Number of Hours on this page: _____

CODE OF ETHICS FOR CERTIFIED CLINICAL SUPERVISOR

Description

Each applicant for the CCS Certification must read, sign and adhere to the Certified Clinical Supervisor (CCS) Code of Ethics in Appendix A. Penalty for violation of the Ethical Standards for Certified Clinical Supervisors may result in suspension, sanctions or revocation of certification.

Process

Read the Certified Clinical Supervisor Code of Ethics in Appendix A. Then sign the Code of Ethics Agreement and submit as a part of CCS portfolio.

**CERTIFIED CLINICAL SUPERVISOR
CODE OF ETHICS AGREEMENT**

I, the undersigned, agree to adhere to the Code of Ethics for ICRC/AODA Certified Clinical Supervisors as contained in Appendix A and understand that violation of the Code of Ethics for ICRC/AODA Certified Clinical Supervisors may result in suspension, sanctions, or revocation of certification.

Print Name Here

Applicant Signature

Date

FEE STRUCTURE

Special Notice About Fees

At the present time no fees need to be sent with the portfolio packet and application. Fees will be reinstated in the future, but the date for their reinstatement has not yet been set. Until further notice, you may submit the portfolio packet - which must be approved before you can test - without any fee. The fees are subject to change without notice.

Fees for Certification

The following fee structure shall apply for all individuals who apply for certification as a CCS.

Original Certification Application Fee \$ 225

This fee is currently being paid by OAD

Written Re-Examination Fee	Member	\$100
	Non-member	\$125

Recertification Fee is subject to ADRA.

Written notice of cancellations of testing must be postmarked thirty (30) days prior to the date of testing. Failure to provide proper notification will result in forfeiture of testing fee(s).

REQUIREMENTS FOR RECERTIFICATION

The CCS shall be issued for a period of two years, therefore requiring an individual to recertify every two years on the anniversary date. LASACT will send out a renewal notice from 60 to 90 days prior to the renewal date. However, the ICRC/AODS/CCS should also keep a record of the expiration date, and request renewal forms from LASACT if necessary. The ICRC/AODS/CCS must notify LASACT promptly of any changes in mailing address, phone number, and e-mail address. Notices will be sent to the most current address in the LASACT database.

To meet recertification requirements the ICRC/AODA/CCS must:

1. Be currently certified and active in the profession of alcohol and drug abuse.
2. Be absent of any ethical or malpractice violations.
3. Complete forty-eight (48) hours of continuing education with a minimum of eight (8) being supervision specific.
4. Submit an application, provided by LASACT and sign a copy of a statement that the ICRC/AODA/CCS will adhere to the Code of Ethics for Certified Clinical Supervisors (Form 7).
5. Submit appropriate fees as follows:

LASACT members	\$ 75
Non-members of LASACT	\$125
Late Fee	\$ 50 for application submitted after certification expiration date

Certified Clinical Supervisor Code of Ethics

1. Code of Ethics:

This Code of Ethics applies to Alcohol, and Other Drug Abuse Professionals (ICRC/AODA) who are credentialed as Certified Clinical Supervisors (ICRC/AODA/CCS) and applies to their conduct during the performance of their clinical duties as supervisors.

2. Supervision:

A disciplined, structured and defined clinical activity. It has a parallel and linked relationship to education, consultation, administration and research. It is a necessary, significant, and meaningful aspect of the delivery of ethical, competent, humane, and appropriate services to clients/consumers.

3. Rules of Conduct:

These ethics constitute the standards an ICRC/AODA/CCS should maintain. These Ethics shall be used to aid in resolving any ambiguity, which may arise in the application and interpretation of these rules.

4. Competence:

An ICRC/AODA/CCS shall limit practice to areas of competence in which proficiency has been gained through education or documented experience or through the awarding of a reciprocal professional certification or license. An ICRC/AODA/CCS shall accurately represent areas of competence, education, training, experience and professional affiliations in response to responsible inquiries, including those from appropriate boards, the public, supervisees, and colleagues. An ICRC/AODA/CCS shall aggressively seek out consultation with other professionals when called upon to supervise counseling situations outside his/her realm of competence. An ICRC/AODA/CCS will refer supervisees to other professionals when he/she is unable to provide adequate supervisory guidance to the supervisee.

5. Client Welfare and Rights:

The primary obligation of an ICRC/AODA/CCS is to train Substance Abuse Counselors to respect the integrity and promote the welfare of their clients. ICRC/AODA/CCS should have supervisees inform, and receive permission from, clients that they are supervised and that details of their treatment may be discussed or reviewed with a supervisor. Any audio or video taping of a client/consumer's treatment must be authorized in writing. An ICRC/AODA/CCS should make supervisees aware of client's rights, including protecting client's rights to privacy and confidentiality in the counseling relationship and the information resulting from it. Clients should also be informed that their right to privacy and confidentiality will not be violated by the supervisory relationship. Records of the supervisory relationship, including interview notes, test data, correspondence, the electronic storage of these documents, audio and video recordings, are to be treated as confidential materials. Written permission for use of these materials outside of the supervisory session must be granted in writing by the client. An ICRC/AODA/CCS is responsible for monitoring the professional actions of his/her supervisees. An ICRC/AODA/CCS

is responsible for monitoring the professional actions of his/her supervisees. An ICRC/AODA/CCS is responsible for the presentation of adequate training for all supervisees in the area of transference, dual relationships, cultural sensitivity, and professional deportment.

6. Professional Behavior:

Due to the unique scope of practice Substance Abuse counselors provide, ICRC/AODA/CCS's must monitor the following behaviors of their staff and themselves:

- a. Public intoxication, defined as any incident of alcohol consumption or use of mood altering substances that result in public display of behavior commonly associated with intoxication.
- b. Arrest for the possession or use of any illegal drug, narcotic or mood altering substance.
- c. The use of intoxicants and/or non-physician prescribed and monitored mood altering substance when engaged in professional pursuits.
- d. The conducting of intimate, personal, and/or business relationships of any kind with any client or their families.
- e. Clinical Supervisors who are members of Alcoholics Anonymous, Cocaine Anonymous, Narcotic Anonymous, Al-Anon, etc. shall not become a sponsor to any active, discharged client, or family member.
- f. Clinical Supervisors are in violation of this code and are subject to revocation and/or other appropriate action if they:
 1. Are convicted of any felony;
 2. Are convicted of a misdemeanor related to their qualifications or functions;
 3. Engaged in conduct that could lead to a conviction of a felony or misdemeanor related to their qualifications and/or function;
 4. Are expelled or disciplined from any other professional organization;
 5. Have their license or certification revoked, suspended, or disciplined by a regulatory body;
 6. Refuse to seek treatment if deemed impaired;
 7. Fail to cooperate in any ethical complaint investigation
- g. The Clinical Supervisor respects the dignity and protects the welfare of participants in research and is aware of regulations and professional standards governing research, including informed consent.
- h. The Clinical Supervisor makes financial arrangements with clients, third party payers, and supervisees that are understandable and conform to accepted professional practices. Supervisors do not allow the agency and/or supervisees to accept payment for referrals. Clinical Supervisors disclose any fees to the clients and supervisees at the beginning of

services and represent facts truthfully to clients, third party payers, and supervisees.

- i. The Clinical Supervisor accurately represents his/her level of competence, education, training, and experience relevant to their role of supervision and clinical experience. The Clinical Supervisor assures that any advertisement and/or promotional material accurately conveys information that is necessary for the public to make an informed choice for selection of services.

7. Supervisory Role:

Inherent and integral to the role of supervisor are responsibilities for monitoring of client welfare, insuring compliance with relevant legal and professional standards of service delivery, monitoring clinical performance and professional development of supervisees, and evaluating and certifying current performance and potential of supervisees for academic, screening, selection, placement, employment, and credentialing purposes.

- a. The Clinical Supervisor must maintain professional decorum and standards. Unprofessional behaviors outlined in #6 above will not be tolerated.
- b. An ICRC/AODA/CCS should pursue professional and personal continuing education activities to maintain his/her ICRC/AODA/CCS credential and to improve supervisory skills. Competency in the Four Performance Domains of AOD Clinical Supervision must be maintained.
- c. An ICRC/AODA/CCS shall make supervisees aware of professional and ethical standards and legal responsibilities of the counseling profession. In the absence of agency or state policy, industry standards of ethical behavior should be explained to supervisees
- d. An ICRC/AODA/CCS should strive to enable supervisees to be competent, autonomous, professional, judicious, aware of limitations, and to become future supervisors if that is an appropriate career goal.
- e. Procedures for contacting the supervisor, or an alternative supervisor, to assist in handling crisis situations should be established and communicated to supervisees.
- f. Actual work samples via audio, counselor report, video or observation should be part of the regularly scheduled supervision process.
- g. Supervision is maintained through regular face-to-face meetings with the supervisee in group or individual sessions.
- h. An ICRC/AODA/CCS should provide supervisees with ongoing feed back on their performance.
- i. An ICRC/AODA/CCS who has multiple roles (e.g., teacher, clinical supervisor,

administrator, etc.) with supervisees should avoid any conflict of interest caused by these disparate roles. The supervisee should know the limitations placed on the ICRC/AODA/CCS, and the supervisor should share supervision when appropriate.

- j. An ICRC/AODA/CCS should not participate in any form of sexual contact (including sexual harassment and sexual advances) with supervisees. Supervisors should not engage in any form of social contact or interaction, which would compromise the supervisor-supervisee relationship. Dual relationships (including outside consultants, partnerships, nepotism, etc.) with supervisees that might impair the supervisor's objectivity and professional judgment should be avoided and/or the supervisory relationship terminated.
- k. ICRC/AODA/CCS shall not use the supervision process to further personal, religious, political or business interests.
- l. ICRC/AODA/CCS should not endorse any treatment that would harm a client either physically or psychologically.
- m. An ICRC/AODA/CCS should not establish a psychotherapeutic relationship as a substitute for, or as an addition to, supervision. Personal issues should be addressed in supervision only in terms of the impact of these issues on clients and on professional functioning.
- n. An ICRC/AODA/CCS should never supervise past or current clients who are staff or their families.
- o. ICRC/AODA/CCS's should model appropriate use of supervision themselves for problem solving and practice review.
- p. An ICRC/AODA/CCS must be straightforward with supervisees about observed professional and clinical limitations of the supervisee. These concerns must be clearly documented and shared with the supervisee.
- q. An ICRC/AODA/CCS who is a member of Alcoholics Anonymous, Narcotics Anonymous, Al Anon, etc., should never sponsor a supervisee.
- r. An ICRC/AODA/CCS should not endorse a supervisee for certification or credentialing if the supervisor has documented proof of impairment or professional limitations that would interfere with the performance of counseling duties in a competent and ethical manner. The presence of any such impairment should begin with a process of feedback and remediation whenever possible so that the supervisee understands the nature of the impairment and has the opportunity to remedy the problem and continue with his/her professional development.
- s. An ICRC/AODA/CCS should incorporate the principles of informed consent and participation; clarity of requirements; expectations, roles, and rules; and due process and appeal into the establishment of policies related to progressive discipline.

- t. An ICRC/AODA/CCS must be able to integrate the 12 Core Functions of Substance Abuse Clinical Competency into his/her theoretical and supervisory approach. A clear understanding of the 46 Global Criteria is essential.
- u. An ICRC/AODA/CCS ensures the professional quality of the program that supervisees participate in.
- v. An ICRC/AODA/CCS should be an active participant in quality assurance and peer review.
- w. The supervision provided by an ICRC/AODA/CCS must be provided in a professional and consistent manner to all supervisees regardless of age, race, national origin, religion, physical disability, sexual orientation, political affiliation, marital, social or economic status. When a supervisor is unable to provide non-judgmental supervision, a referral to an appropriate supervisor must be made, along with a complete explanation to the supervisee.

Certified Clinical Supervisor Code of Ethical Conduct

Principle 1: Non-Discrimination

The counselor shall not discriminate against clients or professionals based on race, religion, age, gender, disability, national ancestry, sexual orientation or economic condition.

- a. The counselor shall 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.
- b. The counselor shall be 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.

Principle 2: Responsibility

The counselor shall espouse objectivity and integrity, and maintain the highest standards in the services the counselor offers.

- a. The counselor shall 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.
- b. The counselor as educator has a primary obligation to help others acquire knowledge and skills in dealing with the disease of alcoholism and drug abuse.
- c. The counselor 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.
- d. The counselor who is aware of unethical conduct or of unprofessional modes of practice shall report such inappropriate behavior to the appropriate authority.

Principle 3: Competence

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

- a. The counselor shall recognize boundaries and limitation of the counselor's competencies and not offer services or use techniques outside of these professional competencies.
- b. The counselor shall recognize the effect of impairment on professional performance and shall be willing to seek appropriate treatment for him/herself or for a colleague. The counselor shall support peer assistance programs in this respect.

Principle 4: Legal and Moral Standards

The counselor shall uphold the legal and accepted moral codes which pertain to professional conduct.

- a. The counselor shall be fully cognizant of all federal laws and laws of the counselor's respective state governing the practice of alcoholism and drug abuse counseling.
- b. The counselor shall not claim, either directly or by implication, professional qualifications/affiliations that the counselor does not possess.
- c. The counselor shall ensure that products or services associated with or provided by the counselor by means of teaching, demonstration, publications, or other types of media meet the ethical standards of this code.

Principle 5: Public Statements

The counselor shall honestly respect the limits of present knowledge in public statements concerning alcoholism and drug abuse.

- a. The counselor, in making statements to clients, other professionals, and the general public shall state as fact only those matters which have been empirically validated as fact. All other opinions, speculations and conjecture concerning the nature of alcoholism and drug abuse, its natural history, its treatment, or any other matters which touch on the subject of alcoholism and drug abuse shall be represented as less than scientifically validated.
- b. The counselor shall acknowledge and accurately report the substantiation and support for statements made concerning the nature of alcoholism and drug abuse, its natural history, and its treatment. Such acknowledgments should extend to the source of the information and reliability of the method by which it was derived.

Principle 6: Publication Credit

The counselor shall assign credit to all who have contributed to the published material and for the work upon which the publication is based.

- a. The counselor shall recognize joint authorship and major contributions of a professional nature made by one or more persons to a common project. The author who has made the principal contribution to a publication must be identified as first author.
- b. The counselor shall acknowledge, in footnotes or in an introductory statement, minor contributions of a professional nature, extensive clerical or similar assistance, and other minor contributions.
- c. The counselor shall in no way violate the copyright of anyone by reproducing material in any form whatsoever, except in those ways which are allowed under the copyright laws. This involves direct violation of copyright as well as the passive assent to the violation of copyright by others.

Principle 7: Client Welfare

The counselor shall promote the protection of the public health, safety and welfare, and the best interest of the client as a primary guide in determining the conduct of all counselors. The counselor shall disclose the counselor's code of ethics, professional loyalties, and responsibilities to all clients.

- b. The counselor shall terminate a counseling or consulting relationship when it is reasonably clear to the counselor that the client is not benefitting from the relationship.
- c. The counselor shall hold the welfare of the client paramount when making any decisions or recommendations concerning referral, treatment procedures, or termination of treatment.
- d. The counselor 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. (Principle 9).
- e. The counselor shall take care to provide services in an environment which will ensure the privacy and safety of the client at all times and ensure the appropriateness of service delivery.

Principle 8: Confidentiality

The counselor 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 counselor 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, the use of material for training, or observation by another party.
- b. The counselor shall make appropriate provisions for the maintenance of confidentiality and the ultimate disposition of confidential records. The counselor 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 be accessible only to appropriate personnel.
- c. The counselor shall adhere to all federal and state laws regarding confidentiality and the counselor's responsibility to report clinical information in specific circumstances to the appropriate authorities.
- d. The counselor shall 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 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.

The counselor shall use clinical and other material in teaching and/or writing only when there is no identifying information used about the parties involved.

Principle 9: Client Relationships

It is the responsibility of the counselor to safeguard the integrity of the counseling relationship and to ensure that the client has reasonable access to effective treatment. The counselor shall provide the client and/or guardian with accurate and complete information regarding the extent of the potential professional relationship.

- a. The counselor 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 counselor shall 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.
- c. The counselor shall not exploit relationships with current or former clients for personal gain, including social or business relationships.
- d. The counselor shall not under any circumstances engage in sexual behavior with current or former clients.
- e. The counselor shall not accept as clients anyone with whom they have engaged in sexual behavior.

Principle 10: Interprofessional Relationships

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

- a. The counselor 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 counselor shall cooperate with duly constituted professional ethics committees and promptly supply necessary information, unless constrained by the demands of confidentiality.
- c. The counselor shall not in any way exploit a relationship with a supervisee, employee, student, research participant, or volunteer.

Principle 11: Remuneration

The counselor shall establish financial arrangements in professional practice in accord with the professional standards that safeguard the best interests of the client first, and then of the counselor, the agency, and the profession.

- a. The counselor shall inform the client of all financial policies. In circumstances where an agency dictates explicit provisions with its staff for private consultations, clients shall be made fully aware of these policies.
- b. The counselor shall consider the ability of a client to meet the financial cost in establishing rates for professional services.
- c. The counselor shall not engage in fee splitting. The counselor shall not send or receive any commission or rebate or any other form of remuneration for referral of clients for professional services.
- d. The counselor, in the practice of counseling, shall not at any time use his/her relationship with clients for personal gain, for the profit of an agency, or any commercial enterprise of any kind.
- e. The counselor shall not accept a private fee for professional work with a person who is entitled to such services through an institution or agency, unless the client is informed of such services and still requests private services.

Principle 12: Societal Obligations

The counselor shall to the best of his/her ability actively engage the public policy and 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

CCS – Disciplinary Procedures

Method of discipline

The LASACT Board may impose the following disciplinary sanctions:

- a. Revocation of certification;
- b. Suspension of certification until further order of the Board or for a specified period of time;
- c. Suspension of application privileges until further order of the Board or for a specified period of time;
- d. Reprimand; or
- e. Denial of application/certification.

Discretion of the Board

The following factors may be considered by the LASACT Board in determining the nature and severity of the disciplinary sanction to be imposed:

- a. The relative seriousness of the violation as it relates to assuring the citizens of this state a high standard of professional service and care;
- b. The facts of the particular violation;
- c. Any extenuating circumstances or other countervailing considerations;
- d. The number of complainants;
- e. The seriousness of prior violations or complaints;
- f. Whether remedial action has been previously taken; or
- g. Other factors which may reflect upon the competency, ethical standards, and professional conduct of the individual.

Complaint Procedure

Any individual may file a complaint against a professional by submitting a written complaint which includes:

- a. The full name, address, and telephone number of the complainant;
- b. The full name, address, and telephone of the respondent; and
- c. A concise statement of the facts which clearly and accurately describe the allegations against the respondent. Whenever possible, the complainant shall identify the specific principle involved.

The complaint shall be sent by certified mail, return receipt requested to:
Executive Director, LASACT
P.O. Box 80235
Baton Rouge, LA 70898-0235

The Executive Director shall send a written acknowledgment of receipt of the complaint to the complainant and refer the complaint to the Ethics Investigator(s).

- d. Should further violations be uncovered in the course of an investigation, these would comprise an additional complaint by the Ethics Investigator(s).

Investigating of Allegations

The Ethics Investigator(s) shall, upon receipt of an official complaint, or may upon its own motion pursuant to other evidence received by the Board or Committee, review and investigate alleged acts or omissions which he/she/they believe constitute cause for discipline.

- a. The voluntary surrendering of certification will not excuse a certified addiction professional from being investigated or disciplined for an ethics violation.
- b. The Ethics investigators, or a committee or staff member designated by the chairperson, shall investigate the allegations of the complaint by contacting the party or parties involved and obtaining information in any other appropriate manner which will provide documentation upon which a decision for order of hearing may be based.
- c. The Respondent and Complainant shall be required to submit a written response within thirty days subsequent to being furnished with information concerning the investigation. In the event the Respondent does not provide such a timely written response, then his or her right to contest the Hearing is waived. Both Respondent and Complainant shall be afforded the opportunity to request a personal conference in addition to their written responses.

CCS – Reciprocity

Louisiana has membership in the International Certification and Reciprocity Consortium (ICRC) through LASACT. The ICRC's membership currently includes more than 70 boards in the U.S., Indian Health Services, U.S. Military, U.S. Federal Court Administrators, and many foreign countries, including Canada, Sweden, Bermuda, Germany, Singapore and the United Kingdom.

How Reciprocity Functions:

Each certifying body belonging to the ICRC agrees to use the ICRC's minimum standards for reciprocity eligible certifications. For example, if an ICRC member board offers a reciprocity eligible counselor certification, then the ICRC's minimum standards for supervisor certification must be used. In turn, each ICRC member certifying body agrees to accept the reciprocity eligible certification(s) of the other members if they offer an equivalent certification.

The Relationship of the Certified Clinical Supervisor (CCS) to Reciprocity

Minimum standards for the clinical supervision certification have been established by the ICRC. However, not all ICRC members have developed a reciprocity eligible CCS certification. Individuals holding the Certified Clinical Supervisor (CCS) who apply for reciprocity to another ICRC member board will receive the equivalent of the CCS if a reciprocity eligible clinical supervision certification is available through that certification body.

Applying for Reciprocity:

CCS's who are moving to an ICRC member board's jurisdiction should contact LASACT at 225.766.2992 or the ICRC web sit, www.icrcaoda.org for an ICRC Reciprocity Application for the criminal justice certification and for verification that the certification board in the new location offers a reciprocity-eligible clinical supervision certification. The ICRC website also lists member boards that offer the CCS credential.