



Mississippi Association of Addiction Professionals

"Bringing All The Pieces Together"

Certification Manual

Reciprocal Credentials

CADC, CADC I, CADC II

Certified Alcohol & Drug Counselor

CAADC

Certified Advanced Alcohol & Drug Counselor

CCS

Certified Clinical Supervisor

CPS

Certified Prevention Specialist

CPM

Certified Prevention Specialist Manager

CCJP

Certified Criminal Justice Addictions Professional

Non-Reciprocal Credentials

CIC

Certified Intern Counselor

APS

Associate Prevention Specialist

CCJA

Certified Criminal Justice Associate

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Preface:

This manual comprises the certification standards for addiction professionals in the State of Mississippi. It is a complete guide, both for those desiring certification, and for the Certification Examining Board, which administers the certification process. Details not covered herein must be decided individually by the Board or a Committee thereof, and may be included in future editions of this handbook.

Introduction:

Historically, people working in the addiction professions have been laypersons, dedicated and caring, giving of themselves to those needing support during periods of crisis with alcohol or some other chemical substance. More recently, many people with academic training in counseling and substance abuse are entering the field, but significantly, their successes still originate from the same basic characteristics as those of the effective layperson--empathy, experience and fundamental knowledge of addiction problems and consequences. It is therefore essential that we encourage people with these traits to remain in the profession and that we focus our efforts on abilities demonstrated to deal successfully with addictions. Thus, there is considerable need to have established standards of certification that give professional recognition and marketable credentials to competent individuals, and prevent unqualified individuals from providing inadequate services to the public.

MAAP and the Certification Examining Board recognize that any certification process involving examinations may include some education. Consequently, MAAP, NIDA, NAADAC, NIAA, universities and others have established training programs designed for addiction workers to provide both academic preparation and to correct educational deficiencies.

Who May Be Certified?

Certification for addiction professionals is designed to accommodate and evaluate those who are experientially trained as well as those who are academically trained. The certification process defines the core knowledge and skill base needed by all professionals regardless of their professional training, orientation or occupation. The certification process sets a baseline standard for professionals providing services to individuals with alcohol and drug abuse problems. Such professionals are given recognition for meeting specific predetermined criteria. The purpose is to assure that quality treatment services are available to individuals with substance abuse problems. Certification provides a professional credential that can assist employers in selecting competent staff to work with this population. Certification has limitations: It does not guarantee quality and integrity by itself; however, it unites and sets the direction for professional growth.

At this time, credentialing as addiction professionals in Mississippi is voluntary. However, it is suggested that those professionals working within the addiction profession seek accepted recognized reputable credentialing. Anyone who has acquired the proper education, training, and experience may apply for certification with MAAP.

This manual has been included with the application in order to provide the applicant with a thorough understanding of the requirements and process of certification prior to applying. The process is complex, lengthy and highly standardized to insure uniformity and fairness to each application.

It is important that the applicant understand fully what will be expected and enter the process prepared to provide the information required on the proper forms. For this reason, the Certification Examining Board expects the prospective applicant to carefully read each section of the manual prior to completing the application and refer to the manual when completing the forms.

It would be wise at this time to start a file for keeping all certification correspondence, certificates of attendance at past training events, letters of verification and so on. Keep a copy of your completed application packet, portfolio and this manual in your file.

Certification Authority:

The authority and responsibility for certifying addiction professionals in Mississippi is vested in the Mississippi Association of Addiction Professionals (MAAP), a non-profit organization incorporated in 1983.

Peer evaluation is most credible in professions where experience is highly valued, since it is based upon standards involved in the work setting as well as in training. To fulfill its responsibility, MAAP maintains a Certification Examining Board to process applications, administer written examinations and develop/maintain uniform state guidelines for certified professionals. The Board meets as needed but at least quarterly. The Certification Examining Board was created by agreement of its members as the only recognized Certification Examining Board for alcohol and other drug abuse professionals, clinical supervisors, prevention specialists, and criminal justice professionals.

The state Certification Examining Board consists of ten (10) members appointed by MAAP (individuals are proposed or recommended for Board membership by the Certification Examining Board and are seated by confirmation of the general membership at annual meetings). Board members serve terms of one, two or three year durations. Members who resign or lose certification are replaced with appointment by the President of MAAP with the majority approval of the remaining Certification Examining Board Members. Tenure of (new) Members (thus appointed) will run until confirmation by the general MAAP membership at the next annual conference. The Chairman of the Certification Examining Board is appointed by the President of MAAP.

To implement revisions and changes in the certification process as outlined herein the following will apply:

1. At least six board members will be present at any meeting that is to consider change or revision and this must be a called meeting with the chairman present.
2. Proposed revisions and changes must be posted and/or mailed to all Certification Examining Board members at least thirty (30) days prior to any vote for revision or change.
3. Changes and, or revisions may then be made by a vote of two-thirds of those board members present, constituting a quorum.
4. Board meetings may be conducted via telephone conference or on-line conference.

Application for certification by MAAP is entirely voluntary. Any value or credence given to it by any alcohol or drug abuse agency or other employer is currently entirely at the discretion and decision of the agency, institution or employer. Acceptance of this credential will come from the standards of ethics and performance exhibited by the competence and integrity of holders of MAAP certificates and the voluntary recognition of its standards and requirements.

Certification is based largely on competence derived from knowledge of, and experience in working with alcoholism and other drug abuse, rather than reliance on academic achievement alone. The authority for this certification comes from professionals working in the field of alcohol and other drug abuse who share a common concern for development of standards of competence. This credentialing will be available to any person who meets or exceeds the standards for any of the categories in which certification is offered.

International Certification and Reciprocity Consortium (IC&RC):

MAAP is a proud member of IC&RC (International Certification & Reciprocity Consortium), which protects the public by establishing standards and facilitating reciprocity for the credentialing of addiction-related professionals. Incorporated in 1981, and currently headquartered in Harrisburg, PA, IC&RC is a not-for-profit voluntary membership organization comprised of certifying agencies involved in credentialing or licensing alcohol and other drug abuse professionals, clinical supervisors, prevention specialists, co-occurring professionals and criminal justice professionals. IC&RC and its members are committed to public protection through the establishment of quality, competency-based certification programs for professionals engaged in the prevention and treatment of addictions and related problems. The organization also promotes the establishment and recognition of minimum standards to provide reciprocity for certified professionals.

Certified professionals in the state of Mississippi have reciprocity with many certifying bodies throughout the United States and other countries as well as the U.S. Air Force, Marines, and Navy. IC&RC includes 75 agencies representing more than 40,000 certified professionals internationally, including the U.S. Air Force, Marines, and Navy. Members also include 26 countries and six Native American Territories. For a list of member boards, click on IC&RC's website, <http://internationalcredentialing.org>.

Certification Types:

MAAP currently offers the following types of certification:

Alcohol & Drug Counselor:

- CIC -- Certified Intern Counselor (*non-reciprocal credential*)
- CADC -- Certified Alcohol & Drug Counselor (*IC&RC reciprocal at ADC level*)
- CADC I -- Certified Alcohol & Drug Counselor I (Bachelor's level) (*IC&RC reciprocal at ADC level*)
- CADC II -- Certified Alcohol & Drug Counselor II (Master's level) (*IC&RC reciprocal at ADC level*)
- CAADC -- Certified Advanced Alcohol & Drug Counselor (Master's level) (*IC&RC reciprocal at AADC level*)

Clinical Supervisor:

- CCS -- Certified Clinical Supervisor (*IC&RC reciprocal at CS level*)

Prevention Specialist:

- APS -- Associate Prevention Specialist (*non-reciprocal credential*)
- CPS -- Certified Prevention Specialist (*IC&RC reciprocal at PS level*)
- CPM -- Certified Prevention Specialist Manager (*IC&RC reciprocal at PS level*)

Criminal Justice Addictions Professional

CCJP -- Certified Criminal Justice Addictions Professional (*IC&RC reciprocal at CCJP level*)

CCJA – Certified Criminal Justice Associate (non-reciprocal)

There are certain minimum experience, education and supervised practical training requirements for each credential, which are defined below:

Experience: defined as supervised work experience, may be paid or voluntary, full or part-time working directly with the population appropriate to the desired credential. Formal education (except as noted for certain credentials) or unsupervised work experience may not be substituted for the minimum experience requirements. Experience must be documented and summarized on the appropriate portfolio forms located within the application packet. Experience will be verified by the MAAP office for the Certification Examining Board. Supervised work experience is defined below.

Education: defined as formal classroom education such as college/university work; conferences, workshops, seminars; employer in-services; online/home study courses. Such education must be related to the performance domains (“Domains,” described herein under each credential) associated with the credential for which applicant is seeking. Semester hours are multiplied by 15. A three-semester hour college/university level course equals 45 contact hours, provided a grade of C or better is earned. Official transcripts are required as supporting documentation. These must be sent directly to the MAAP office by the college or university.

Approved Educational Institutions: Are defined as a degree-granting institution of higher learning which is accredited by the Council for Higher Education Accreditation (CHEA)-recognized accrediting body and/or a United States Department of Education (USDE)-recognized accrediting body. Please check (CHEA) or (USDE) website to see if your education is recognized.

Education/training hours for initial certification must conform to the following guidelines:

Direct Contact (Conferences, Workshops and or Seminars): Minimum 50%

Employer In-Services and Online/Home Study Courses: Maximum 50%

All education must be documented and summarized on the appropriate portfolio forms located within the application packet. In cases where a course title is not adequately descriptive of course content, a course description, synopsis or catalog should be included. All certificates must clearly document hours of credit earned including instructor name and credential. The document must also be dated. Also, the certificate must be signed by an authorized representative including credentials. Sign-in sheets are inadequate forms of documentation and will be rejected. Education/Training must be less than ten (10) years old, unless it is a college transcript.

Supervised Practical Training: defined as supervision, which seeks to teach the special knowledge and skills related to the domains of the desired credential. Supervision must pertain to the domains appropriate to the credential for which applicant is seeking. All training hours must be carefully documented and summarized on the appropriate portfolio forms located within the application packet. Applicant’s supervisor must hold:

1. IC&RC reciprocal credential equal to or higher than the credential applicant is seeking; or
2. IC&RC Clinical Supervisor credential (MAAP CCS); or

3. For supervisors without the aforementioned MAAP credentials, prior authorization by Certification Examining Board to supervise is required.

Supervisors who do not hold the above-described IC&RC credentials shall apply for qualification by submitting a written request to the MAAP Certification Examining Board for authority to supervise an applicant/supervisee, which must include, but is not limited to, the following: resume/vitae, copy(s) of academic credentials, specialty, and work experience.

Competencies of Certified Professionals:

In order to ensure expertise and professionalism of all certified professionals, specific criteria for each credential have been designed to ensure that the certified professional is competent in the provision of services. These criteria are divided into domains specific to each certification type, and under which are defined specific tasks/functions to include competencies required for certification. Employers may have further requirements beyond such certification for various types and levels of positions.

The applicant will fully qualify for certification by presenting evidence that they possess the minimal competencies described for each credential. Training programs through which these competencies may be developed will not be limited to academic degree programs or any other specific type of training. The basic competencies required for each credential are listed within the appropriate application packet.

Initial Certification Requirements:

For all credentials, certification involves a multi-part documentation, evaluation and examination process. Applicants must complete each of the following in compliance with the MAAP Certification Examining Board and minimum IC&RC requirements to achieve certification at the reciprocal level:

1. Applicant must live or work at least 51% of the time in Mississippi at the time of application.
2. Applicant must spend at least 51% of his/her time providing direct service to the population appropriate to the desired credential.
3. A completed application to include contact information, current employment data, and portfolio of documentation relating to work experience, education/training, and supervision, as well as a signed code of ethics must be submitted to the MAAP Certification Examining Board for review.
4. Supervisor's evaluation and Personal Reference forms must be submitted under separate cover by the persons giving the reference.
5. Passage of the IC&RC International Written Examination.

FOR CADC & CAADC CREDENTIALS ONLY: A written case study, typewritten in accordance with the instructions outlined within this manual, must be submitted along with the application and portfolio.

Credentialing Requirements (IC&RC Reciprocal Credentials):

CADC - Certified Alcohol & Drug Counselor (IC&RC reciprocal at ADC level):

Experience

6000 hours of supervised work experience specific to the IC&RC ADC domains, which are inclusive of the 12 core functions and IC&RC domains.

1. Associate's degree in a related field may substitute for 1000 hours
2. Bachelor's degree in a related field may substitute for 2000 hours
3. Master's degree in a related field may substitute for 4000 hours

Education

Must hold a high school diploma or equivalent, plus 270 hours of education/training specific to the IC&RC domains. Six hours must be in Ethics to include specifics relating to alcohol & drug counseling and six hours must be specific to HIV/AIDS training. The MACT Ethics class, "Ethical Issues for Addiction Professionals" is mandatory for those applying for this credential. **Approved Educational Institutions:** Are defined as a degree-granting institution of higher learning which is accredited by the Council for Higher Education Accreditation (CHEA)-recognized and/or a United States Department of Education (USDE)-recognized accrediting body. Please check (CHEA) or (USDE) website to see if your education is recognized.

Supervision

300 hours specific to the twelve core functions and IC&RC domains, with a minimum of ten hours in each domain.

1. 300 hours with a minimum of 10 hours in each domain with a high school diploma or jurisdictional equivalent.
2. 250 hours with a minimum of ten (10) hours in each domain with an Associate's degree in a related field.
3. 200 hours with a minimum of ten (10) hours in each domain with an Bachelor's degree in a related field.
4. 120 hours of with a minimum of ten (10) hours in each domain with an Master's degree in a related field.

Written Case

The applicant will demonstrate an understanding of the Twelve Core Functions and Global Criteria in the form of a written case. Instructions for the written case are located in the CADC and CAADC Application Packets.

Examination

Applicants must pass the IC&RC International Written ADC Examination.

Code of Ethics

Applicants must sign a code of ethics statement to include specifics relating to alcohol & drug counseling.

Recertification

40 hours of continuing education/training earned every two years, which must include topics relating to the twelve (12) core functions and IC&RC ADC domains, and must include 2 hours in Ethics to include specifics relating

to alcohol and drug counseling and two (2) hours in Person Centered Planning training. Recertification is contingent on continuous and current membership dues. If membership dues lapse, the certification is suspended until dues are current again.

***Twelve Core Functions and 46 Global Criteria of the Alcohol & Drug Abuse Counselor**

The basic competencies required are considered to include:

1. **Screening:** The process by which the client is determined appropriate and eligible for admission to a particular program. Global Criteria relevant to Screening includes being able to:
 1. Evaluate psychological, social, and physiological signs and symptoms of Alcohol and other Drug use and abuse.
 2. Determine a client's *appropriateness* for admission or referral.
 3. Determine a client's *eligibility* for admission or referral.
 4. Identify any coexisting conditions (medical, psychiatric, physical, etc.), which indicate need for additional professional assessment and/or services.
 5. Adhere to applicable laws, regulations and agency policies governing Alcohol and other Drug Abuse services.

2. **Intake:** The administrative and initial assessment procedures for admission to a program. Global Criteria relevant to Intake includes being able to:
 6. Complete required documents for admission to the program.
 7. Complete required documents for program eligibility and appropriateness.
 8. Obtain appropriately signed consents when soliciting from or providing information to outside sources to protect client confidentiality and rights.

3. **Orientation:** Describing to the client the following: general nature and goals of the program; rules governing client conduct and infractions that can lead to disciplinary action or discharge from the program; in a non-residential program, the hours during which services are available; treatment costs to be borne by the client, if any, and client rights. Global Criteria relevant to Orientation includes being able to:
 9. Provide an overview to the client by describing program goals and objectives for client care.
 10. Provide an overview to the client by describing program rules, and client obligations and rights.
 11. Provide an overview to the client of program operations.

4. **Assessment:** The procedures by which a counselor/program identifies and evaluates an individual's strengths, weaknesses, problems and needs for the development of a treatment plan. Global Criteria relevant to Assessment includes being able to:
 12. Gather relevant history from client including but not limited to alcohol and other drug abuse using appropriate interview techniques.
 13. Identify methods and procedures for obtaining corroborative information from significant secondary sources regarding clients' alcohol and other drug abuse and psychosocial history.
 14. Identify appropriate assessment tools.
 15. Explain to the client the rationale for the use of assessment techniques in order to facilitate understanding.

16. Develop a diagnostic evaluation of the client's substance abuse and any coexisting conditions based on the results of all assessments in order to provide an integrated approach to treatment planning based on the client's strengths, weaknesses, and identified problems and needs.
5. **Treatment planning:** The process by which the counselor and the client identify and rank problems needing resolution; establish agreed upon immediate and long-term goals; and decide upon a treatment process and the resources to be utilized. Global Criteria relevant to Treatment planning includes being able to:
 17. Explain assessment results to client in an understandable manner.
 18. Identify and rank problems based on individual client needs in the written treatment plan.
 19. Formulate agreed upon immediate and long-term goals using behavioral terms in the written treatment plan.
 20. Identify the treatment methods and resources to be utilized as appropriate for the individual client.
6. **Counseling (individual, group, and significant others):** The utilization of special skills to assist individuals, families or groups in achieving objectives through exploration of a problem and its ramifications; examination of attitudes and feelings; consideration of alternative solutions; and decision-making. Global Criteria relevant to Counseling includes being able to:
 21. Select the counseling theories that apply to the problems identified.
 22. Apply technique(s) to assist the client, group, and/or family in exploring problems and ramifications.
 23. Apply technique(s) to assist the client, group, and/or family in examining the client's behavior, attitudes, and/or feelings if appropriate in the treatment setting.
 24. Individualize counseling in accordance with cultural, gender, and lifestyle differences.
 25. Interact with the client in an appropriate therapeutic manner.
 26. Elicit solutions and decisions from the client.
 27. Implement the treatment plan.
7. **Case Management:** Activities which bring services, agencies, resources, or people together within a planned framework of action toward the achievement of established goals. It may involve liaison activities and collateral contacts. Global Criteria relevant to Case management includes being able to:
 28. Coordinate services for client care.
 29. Explain the rationale of case management activities to the client.
8. **Crisis Intervention:** Those services, which respond to an Alcohol and/or other Drug Abuser's needs during acute emotional and/or physical distress. Global Criteria relevant to Crisis intervention includes being able to:
 30. Recognize the elements of the client crisis.
 31. Implement an immediate course of action appropriate to the crisis.
 32. Enhance overall treatment by utilizing crisis events.
9. **Client Education:** Provision of information to individuals and groups concerning Alcohol and other Drug Abuse and the available services and resources. Global Criteria relevant to Client education includes being able to:
 33. Present relevant alcohol and other drug use/abuse information to the client through formal and/or informal processes.

34. Present information about available alcohol and other drug services and resources.
10. **Referral:** Identifying the needs of a client that cannot be met by the counselor or agency and assisting the client to utilize the support systems and community resources available. Global Criteria relevant to Referral includes being able to:
 35. Identify need(s) and/or problem(s) that the agency and/or counselor cannot meet.
 36. Explain the rationale for the referral to the client.
 37. Match client needs and/or problems to appropriate resources.
 38. Adhere to applicable laws, regulations and agency policies governing procedures related to the protection of the client's confidentiality.
 39. Assist the client in utilizing the support systems and community resources available.
 11. **Reports and Recordkeeping:** Charting the results of the assessment and treatment plan, writing reports, progress notes, discharge summaries, and other client-related data. Global Criteria relevant to Reports and record keeping includes being able to:
 40. Prepare reports and relevant records integrating available information to facilitate the continuum of care.
 41. Chart pertinent ongoing information pertinent to the client.
 42. Utilize relevant information from written documents for client care.
 12. **Consultation:** Consulting with other professionals in regard to client treatment/services: relating with in-house staff or outside professionals to assure comprehensive, quality care for the client. Global Criteria relevant to Consultation includes being able to:
 43. Recognize issues that are beyond the counselor's base of knowledge and/or skill.
 44. Consult with appropriate resources to ensure the provision of effective treatment services.
 45. Adhere to applicable laws, regulations and agency policies governing the disclosure of client-identifying data.
 46. Explain the rationale for the consultation to the client, if appropriate.

IC&RC ADC Domains*

- Domain I - Screening, Assessment, and Engagement
- Domain II - Treatment Planning, Collaboration, and Referral
- Domain III - Counseling
- Domain IV - Professional & Ethical Responsibilities

* TAP 21 Competencies and 12 Core Functions are contained within the domains.

**The Mississippi Addiction Counselor Training (MACT) Program covers all twelve (12) Core Functions and forty six (46) Global Criteria

CADC I - Certified Alcohol & Drug Counselor I (IC&RC reciprocal at ADC level):

Experience

8000 hours of supervised work experience specific to the IC&RC ADC domains.

Education

Bachelor's degree in a related field; plus 270 hours of education/training specific to the IC & RC domains. Six (6) hours must be in Ethics with topics specific to alcohol and drug counseling and six (6) hours must be specific to HIV/AIDS training. The MACT Ethics class, "Ethical Issues for Addiction Professionals" is mandatory for those applying for this credential. **Approved Educational Institutions:** Are defined as a degree-granting institution of higher learning which is accredited by the Council for Higher Education Accreditation (CHEA)-recognized and/or a United States Department of Education (USDE)-recognized accrediting body. Please check (CHEA) or (USDE) website to see if your education is recognized.

Supervision

200 hours with a minimum of 10 hours in each domain with a Bachelor's degree in a related field.

Written Case

The applicant will demonstrate an understanding of the Twelve (12) Core Functions and Global Criteria in the form of a written case. Instructions for the written case are located in the CADC Application Packet.

Examination

Applicants must pass the IC&RC International Written ADC Examination.

Code of Ethics

Applicants must sign a code of ethics statement to include specifics relating to alcohol & drug counseling.

Recertification

Forty (40) hours of continuing education/training earned every two (2) years, which must include topics relating to the IC&RC ADC domains, and must include two (2) hours in Ethics to include specifics relating to alcohol & drug counseling and two (2) hours in Person Centered Planning training. Recertification is contingent on continuous and current membership dues. If membership dues lapse, the certification is suspended until dues are current again.

12 Core Functions*, **

1. Screening
2. Intake
3. Orientation
4. Assessment
5. Treatment Planning
6. Counseling (Individual, Group, Family)
7. Case Management
8. Crisis Intervention
9. Client Education
10. Referral

IC&RC ADC Domains*

- Domain I - Screening, Assessment, and Engagement
- Domain II - Treatment Planning, Collaboration, and Referral
- Domain III - Counseling
- Domain IV - Professional & Ethical Responsibilities

11. Reports & Recordkeeping

12. Consultation

* TAP 21 Competencies and 12 Core Functions are contained within the domains.

**The Mississippi Addiction Counselor Training (MACT) Program covers all twelve (12) Core Functions and forty-six (46) Global Criteria

CADC II - Certified Alcohol & Drug Counselor II (IC&RC reciprocal at ADC level):

Experience

10,000 hours of supervised work experience specific to the IC&RC ADC domains.

Education

A Master's degree in a related field; plus 270 hours of education/training specific to the domains. Six (6) hours must be in Ethics to include specifics relating to alcohol and drug counseling and six (6) hours must be specific to HIV/AIDS training. . The MACT Ethics class, "Ethical Issues for Addiction Professionals" is mandatory for those applying for this credential. **Approved Educational Institutions:** Are defined as a degree-granting institution of higher learning which is accredited by the Council for Higher Education Accreditation (CHEA)-recognized and/or a United States Department of Education (USDE)-recognized accrediting body. Please check (CHEA) or (USDE) website to see if your education is recognized.

Supervision

120 hours with a minimum of ten (10) hours in each domain with a Master's degree or higher in a related field.

Written Case

The applicant will demonstrate an understanding of the Twelve Core Functions and Global Criteria in the form of a written case. Instructions for the written case are located in the CADC Application Packet.

Examination

Applicants must pass the IC&RC International Written ADC Examination.

Code of Ethics

Applicants must sign a code of ethics statement to include specifics relating to alcohol & drug counseling.

Recertification

Forty (40) hours of continuing education/training earned every two years, which must include topics relating to the IC&RC ADC domains, and must include two (2) hours in Ethics and two (2) hours in Person Centered Planning training. Recertification is contingent on continuous and current membership dues. If membership dues lapse, the certification is suspended until dues are current again.

12 Core Functions*, **

1. Screening
2. Intake
3. Orientation
4. Assessment
5. Treatment Planning

IC&RC ADC Domains*

- Domain I - Screening, Assessment, and Engagement
- Domain II - Treatment Planning, Collaboration, and Referral
- Domain III - Counseling
- Domain IV - Professional & Ethical Responsibilities

6. Counseling (Individual, Group, Family)
7. Case Management
8. Crisis Intervention
9. Client Education
10. Referral
11. Reports & Recordkeeping
12. Consultation

** TAP 21 Competencies and 12 Core Functions are contained within the domains.*

***The Mississippi Addiction Counselor Training (MACT) Program covers all twelve (12) Core Functions and forty-six (46) Global Criteria*

CAADC - Certified Advanced Alcohol & Drug Counselor –(IC&RC reciprocal at AADC level):

Experience

4000 hours of supervised work experience specific to the IC&RC AADC domains.

Education

Master's degree in a related field, with a clinical application from an accredited college or university plus 270 hours of education/training specific to the domains. Six (6) hours must be in Ethics to include specifics relating to alcohol and drug counseling and six (6) hours must be specific to HIV/AIDS training. The MACT Ethics class, "Ethical Issues for Addiction Professionals" is mandatory for those applying for this credential. **Approved Educational Institutions:** Are defined as a degree-granting institution of higher learning which is accredited by the Council for Higher Education Accreditation (CHEA)-recognized and/or a United States Department of Education (USDE)-recognized accrediting body. Please check (CHEA) or (USDE) website to see if your education is recognized.

Supervision

300 hours specific to the IC&RC domains, to include the twelve (12) core functions with a minimum of ten (10) hours in each core function area.

Written Case

The applicant will demonstrate an understanding of the Twelve (12) Core Functions and forty six (46) Global Criteria in the form of a written case. Instructions for the written case are located in the CAADC Application Packet.

Examination

Applicants must pass the IC&RC International Written AADC Examination.

Code of Ethics

Applicants must sign a code of ethics statement to include specifics relating to alcohol & drug counseling.

Recertification

Forty (40) hours of continuing education/training earned every two years, which must include topics relating to the IC&RC AADC domains, and must include two (2) hours in Ethics to include topics relating to alcohol and drug counseling and two (2) hours in Person Centered Planning training. Recertification is contingent on continuous

and current membership dues. If membership dues lapse, the certification is suspended until dues are current again.

12 Core Functions*, **

1. Screening
2. Intake
3. Orientation
4. Assessment
5. Treatment Planning
6. Counseling (Individual, Group, Family)
7. Case Management
8. Crisis Intervention
9. Client Education
10. Referral
11. Reports & Recordkeeping
12. Consultation

IC&RC AADC Domains*

- Domain I - Screening, Assessment, and Engagement
Domain II - Treatment Planning, Collaboration, and Referral
Domain III - Counseling and Education
Domain IV - Professional & Ethical Responsibilities

* TAP 21 Competencies and 12 Core Functions are contained within the domains.

**The Mississippi Addiction Counselor Training (MACT) Program covers all twelve (12) Core Functions and forty six (46) Global Criteria

CCS - Certified Clinical Supervisor (IC&RC reciprocal at CS level):

Prerequisites

1. Applicant must hold and maintain certification as a CADC, CADC I, CADC II, CAADC, or CCJP at the IC&RC reciprocal level or,
2. Hold a specialty substance abuse credential in another professional discipline in the human services field at the Master's level or higher.
3. Applicant must be currently employed in a clinical supervisory position at the time application is submitted to MAAP.

Experience

Experience as a clinical supervisor is defined as a specific aspect of staff development dealing with the clinical skills and competencies for persons providing counseling.

1. 10,000 hours of alcohol and drug counseling specific work experience. An Associate's degree in a related field may substitute for 1000 hours; a Bachelor's degree in a related field may substitute for 2000 hours; a Master's degree in a related field may substitute for 4000 hours.
2. 4000 hours of clinical supervisory work experience, which must include 200 hours of face-to-face clinical supervision. (The 4000 hours may be included in the 10,000 hours work experience.)

Education

Thirty (30) hours of education/training specific to the five IC&RC CS domains, with a minimum of four (4) hours in each domain.

Supervision

200 hours specific to the domains, with a minimum of ten (10) hours in each domain.

Examination

Applicants must pass the IC&RC International Written CS Examination.

Code of Ethics

Applicants must sign a code of ethics statement to include specifics relating to clinical supervision.

Recertification

Six (6) hours of continuing education earned every two (2) years, which must include topics relating to the IC&RC CS domains. Hours may be used toward recertification for primary credential. Recertification is contingent on continuous and current membership dues. If membership dues lapse, the certification is suspended until dues are current again.

IC&RC CS Domains

Domain I - Counselor Development

Domain II - Professional and Ethical Standards

Domain III - Program Development and Quality Assurance

Domain IV - Assessing Counselor Competencies and Performance

Domain V - Treatment Knowledge

CPS - Certified Prevention Specialist (IC&RC reciprocal at PS level):

Experience

2000 hours of prevention work experience specific to the IC&RC PS domains.

Education *

A Bachelor's degree plus 150 hours of education/training specific to the domains. Forty hours must be in Substance Abuse Prevention Specialist Training (SAPST). Twenty five (25) hours must be in Alcohol Tobacco and other Drugs (ATOD). Sixty nine (69) hours must be in prevention education. Six (6) hours must be in Ethics to include specifics relating to prevention; six (6) hours must be in HIV/AIDS training; and four (4) hours must be in Disruptive Audience Behavior. *Contact the MAAP office for Training information. ***Approved Educational Institutions:*** Are defined as a degree-granting institution of higher learning which is accredited by the Council for Higher Education Accreditation (CHEA)-recognized and/or a United States Department of Education (USDE)-recognized accrediting body. Please check (CHEA) or (USDE) website to see if your education is recognized.

Supervision

120 hours specific to the domains, with a minimum of ten hours in each domain.

Examination

Applicants must pass the IC&RC International Written PS Examination.

Code of Ethics

Applicants must sign a code of ethics statement to include specifics relating to prevention.

Recertification

40 hours of continuing education/training earned every two years, which must include topics relating to the IC&RC PS domains, and must include 2 hours in Ethics to include specifics relating to prevention; and two (2) hours in Person Centered Planning training. Recertification is contingent on continuous and current membership dues. If membership dues lapse, the certification is suspended until dues are current again.

IC&RC PS Domains

Domain I - Planning & Evaluation

Domain II – Prevention Education and Service Delivery

Domain III - Communication

Domain IV – Community Organization

Domain V – Public Policy and Environmental Change

Domain VI – Professional Growth and Responsibility

CPM - Certified Prevention Manager (IC&RC reciprocal at PS level):

Experience

4000 hours of Alcohol, Tobacco and Other Drug (ATOD) prevention work experience specific to the IC&RC PS domains, plus 6000 hours of managerial/supervisory experience in Alcohol, Tobacco and Other Drug (ATOD) prevention work experience.

Education

A Bachelor's degree plus 150 hours of education/training specific to the domains. Forty (40) hours must be in Substance Abuse Prevention Specialist Training (SAPST). Twenty five (25) hours must be in Alcohol Tobacco and other Drugs (ATOD). Sixty nine (69) hours must be in prevention education. Six (6) hours must be in Ethics to include specifics relating to prevention; six (6) hours must be in HIV/AIDS training; and four (4) hours must be in Disruptive Audience Behavior.

Supervision

120 hours specific to the domains, with a minimum of ten (10) hours in each domain.

Examination

Applicants must pass the IC&RC International Written PS Examination.

Code of Ethics

Applicants must sign a code of ethics statement to include specifics relating to prevention.

Recertification

Forty (40) hours of continuing education/training earned every two years, which must include topics relating to the IC&RC PS domains, and must include two (2) hours in Ethics and two (2) hours in Person Centered Planning training. Recertification is contingent on continuous and current membership dues. If membership dues lapse, the certification is suspended until dues are current again.

CCJP – Certified Criminal Justice Addictions Professional (IC&RC reciprocal at CCJP level):

Prerequisites

Applicant must hold and maintain certification as a CADC, CADC-I, CADC-II, or CAADC, at the IC&RC reciprocal level.

Experience

Criminal Justice work experience is defined as providing direct services to individuals involved in the criminal justice system.

1. Work experience must have been obtained within the ten (10) years prior to application.
2. 2,000 hours of criminal justice work experience specific to the IC&RC CCJP domains.

Education and Training

1. Minimum high school diploma or jurisdictional equivalent.
2. 100 hours specific to the CCJP domains. 6 hours must be specific to criminal justice ethics and responsibilities.

Supervision

100 hours specific to the IC&RC domains, with a minimum of ten (10) hours in each domain.

Examination

Applicant must pass the IC&RC International Written CCJP Examination.

Code of Ethics

Applicants must sign a code of ethics statement to include specifics relating to criminal justice.

Recertification

Forty (40) hours of continuing education/training earned every two years, which must include topics relating to the IC&RC CCJP domains, and must include two (2) hours in Ethics to include specifics relating to criminal justice and two (2) hours in Person Centered Planning training. Recertification is contingent on continuous and current membership dues. If membership dues lapse, the certification is suspended until dues are current again.

IC&RC CJP Domains

- I. Dynamics of Addiction and Criminal Behavior
- II. The Criminal Justice System and Processes
- III. Screening, Assessment, and Treatment Planning
- IV. Case Management and Counseling

Credentialing Requirements (Non-Reciprocal Credentials):

Non-reciprocal credentials are valid only in Mississippi and are therefore ineligible for reciprocity.

The CIC (Certified Intern Counselor) certification is designed to aid in employment opportunities and to use as a stepping stone toward CADC (Certified Alcohol and Drug Counselor) or CAADC (Certified Advanced Alcohol and Drug Counselor).

CIC's may hold this credential for a period of no more than four (4) years from the passage of IC&RC examination date. It will not be renewable after the four (4) year date.

CIC's must complete the remaining requirements for CADC or CAADC certification within this four (4) year time frame in order to receive the CADC or CAADC Certification. The requirements can be found in the Certification Manual and the CADC or CAADC applications.

The APS (Associate Prevention Specialist) certification is designed for those individuals seeking a Prevention certification and whose daily practice; vocational or educational pursuits involve ATOD prevention services.

The CCJA (Certified Criminal Justice Associate) certification is designed to provide appropriate training for those serving in the Criminal Justice fields, such as Drug Court officials, correctional officers, police officers, judges, and probation officers.

CIC - Certified Intern Counselor:

Education

Must Have a High School diploma or equivalent. 192 hours of education/training specific to the Twelve (12) Core Functions and 46 Global Criteria*, **. Six (6) hours must in Ethics to include specifics relating to alcohol & drug counseling and six (6) hours must be specific to HIV/AIDS training. The MACT Ethics class, "Ethical Issues for Addiction Professionals" is mandatory for those applying for this credential.

Code of Ethics

Applicants must sign a code of ethics statement to include specifics relating to alcohol & drug counseling.

Examination

Applicants must pass the IC&RC International Written CADC or CAADC Examination.

Recertification

Twenty (20) hours of continuing education/training earned every two years, which must include topics relating to the IC&RC ADC or AADC Twelve (12) Core Functions*, and must include two (2) hours in Ethics to include specifics relating to alcohol and drug counseling and two (2) hours in Person Centered Planning training. Recertification is contingent on continuous and current membership dues. If membership dues lapse, the certification is suspended until dues are current again.

***Twelve Core Functions and 46 Global Criteria of the Alcohol & Drug Abuse Counselor**

The basic competencies required are considered to include:

1. **Screening:** The process by which the client is determined appropriate and eligible for admission to a particular program. Global Criteria relevant to Screening includes being able to:
 1. Evaluate psychological, social, and physiological signs and symptoms of Alcohol and other Drug use and abuse.
 2. Determine a client's *appropriateness* for admission or referral.
 3. Determine a client's *eligibility* for admission or referral.
 4. Identify any coexisting conditions (medical, psychiatric, physical, etc.), which indicate need for additional professional assessment and/or services.
 5. Adhere to applicable laws, regulations and agency policies governing Alcohol and other Drug Abuse services.

2. **Intake:** The administrative and initial assessment procedures for admission to a program. Global Criteria relevant to Intake includes being able to:
 6. Complete required documents for admission to the program.
 7. Complete required documents for program eligibility and appropriateness.
 8. Obtain appropriately signed consents when soliciting from or providing information to outside sources to protect client confidentiality and rights.

3. **Orientation:** Describing to the client the following: general nature and goals of the program; rules governing client conduct and infractions that can lead to disciplinary action or discharge from the program; in a non-residential program, the hours during which services are available; treatment costs to be borne by the client, if any, and client rights. Global Criteria relevant to Orientation includes being able to:
 9. Provide an overview to the client by describing program goals and objectives for client care.
 10. Provide an overview to the client by describing program rules, and client obligations and rights.
 11. Provide an overview to the client of program operations.

4. **Assessment:** The procedures by which a counselor/program identifies and evaluates an individual's strengths, weaknesses, problems and needs for the development of a treatment plan. Global Criteria relevant to Assessment includes being able to:
 12. Gather relevant history from client including but not limited to alcohol and other drug abuse using appropriate interview techniques.
 13. Identify methods and procedures for obtaining corroborative information from significant secondary sources regarding clients' alcohol and other drug abuse and psychosocial history.
 14. Identify appropriate assessment tools.
 15. Explain to the client the rationale for the use of assessment techniques in order to facilitate understanding.
 16. Develop a diagnostic evaluation of the client's substance abuse and any coexisting conditions based on the results of all assessments in order to provide an integrated approach to treatment planning based on the client's strengths, weaknesses, and identified problems and needs.

5. **Treatment planning:** The process by which the counselor and the client identify and rank problems needing resolution; establish agreed upon immediate and long-term goals; and decide upon a treatment process and the resources to be utilized. Global Criteria relevant to Treatment planning includes being able to:
 17. Explain assessment results to client in an understandable manner.
 18. Identify and rank problems based on individual client needs in the written treatment plan.

19. Formulate agreed upon immediate and long-term goals using behavioral terms in the written treatment plan.
 20. Identify the treatment methods and resources to be utilized as appropriate for the individual client.
6. **Counseling (individual, group, and significant others):** The utilization of special skills to assist individuals, families or groups in achieving objectives through exploration of a problem and its ramifications; examination of attitudes and feelings; consideration of alternative solutions; and decision-making. Global Criteria relevant to Counseling includes being able to:
21. Select the counseling theories that apply to the problems identified.
 22. Apply technique(s) to assist the client, group, and/or family in exploring problems and ramifications.
 23. Apply technique(s) to assist the client, group, and/or family in examining the client's behavior, attitudes, and/or feelings if appropriate in the treatment setting.
 24. Individualize counseling in accordance with cultural, gender, and lifestyle differences.
 25. Interact with the client in an appropriate therapeutic manner.
 26. Elicit solutions and decisions from the client.
 27. Implement the treatment plan.
7. **Case Management:** Activities which bring services, agencies, resources, or people together within a planned framework of action toward the achievement of established goals. It may involve liaison activities and collateral contacts. Global Criteria relevant to Case management includes being able to:
28. Coordinate services for client care.
 29. Explain the rationale of case management activities to the client.
8. **Crisis Intervention:** Those services, which respond to an Alcohol and/or other Drug Abuser's needs during acute emotional and/or physical distress. Global Criteria relevant to Crisis intervention includes being able to:
30. Recognize the elements of the client crisis.
 31. Implement an immediate course of action appropriate to the crisis.
 32. Enhance overall treatment by utilizing crisis events.
9. **Client Education:** Provision of information to individuals and groups concerning Alcohol and other Drug Abuse and the available services and resources. Global Criteria relevant to Client education includes being able to:
33. Present relevant alcohol and other drug use/abuse information to the client through formal and/or informal processes.
 34. Present information about available alcohol and other drug services and resources.
10. **Referral:** Identifying the needs of a client that cannot be met by the counselor or agency and assisting the client to utilize the support systems and community resources available. Global Criteria relevant to Referral includes being able to:
35. Identify need(s) and/or problem(s) that the agency and/or counselor cannot meet.
 36. Explain the rationale for the referral to the client.
 37. Match client needs and/or problems to appropriate resources.
 38. Adhere to applicable laws, regulations and agency policies governing procedures related to the protection of the client's confidentiality.

39. Assist the client in utilizing the support systems and community resources available.
11. **Reports and Recordkeeping:** Charting the results of the assessment and treatment plan, writing reports, progress notes, discharge summaries, and other client-related data. Global Criteria relevant to Reports and record keeping includes being able to:
 40. Prepare reports and relevant records integrating available information to facilitate the continuum of care.
 41. Chart pertinent ongoing information pertinent to the client.
 42. Utilize relevant information from written documents for client care.
12. **Consultation:** Consulting with other professionals in regard to client treatment/services: relating with in-house staff or outside professionals to assure comprehensive, quality care for the client. Global Criteria relevant to Consultation includes being able to:
 43. Recognize issues that are beyond the counselor's base of knowledge and/or skill.
 44. Consult with appropriate resources to ensure the provision of effective treatment services.
 45. Adhere to applicable laws, regulations and agency policies governing the disclosure of client-identifying data.
 46. Explain the rationale for the consultation to the client, if appropriate.

IC&RC ADC Domains*

Domain I - Screening, Assessment, and Engagement

Domain II - Treatment Planning, Collaboration, and Referral

Domain III - Counseling

Domain IV - Professional & Ethical Responsibilities

* TAP 21 Competencies and 12 Core Functions are contained within the domains.

**The MACT Program covers all 12 Core Functions and 46 global criteria.

APS - Associate Prevention Specialist:

Experience

2000 hours of work specific to the IC&RC PS domains.

Education

Must have a High School Diploma or Equivalent, plus seventy-five (75) hours of prevention education/training. Fifty percent (50%) must be specific to alcohol, tobacco, and other drug abuse training. Six (6) hours must be in Ethics to include specifics relating to prevention; six (6) hours must be in HIV/AIDS training; and four (4) hours must be in Disruptive Audience Behavior.

Supervision

One year supervision by CPS or CPM.

Code of Ethics

Applicants must sign a code of ethics statement to include specifics relating to prevention.

Recertification

Twenty (20) hours of continuing education/training earned every two (2) years, which must include topics relating to the IC&RC PS domains, and must include two (2) hours in Ethics to include specifics relating to prevention; and

two (2) hours in Person Centered Planning training. Recertification is contingent on continuous and current membership dues. If membership dues lapse, the certification is suspended until dues are current again.

CCJA (Certified Criminal Justice Associate):

Prerequisites

Applicants must complete 40-hour MAAP/ CCJA Training program.

Experience

Criminal Justice work experience is defined as providing direct services to individuals involved in the criminal justice system.

-Work experience must have been obtained within ten (10) years prior to application.

Education and Training

1. Minimum high school diploma or jurisdictional equivalent.
2. 40 Hours specific to the CCJA domains.

Examination

Applicant must pass the MAAP Written CCJA Examination.

Code of Ethics

Applicants must sign a code of Ethics statement to include specifics relating to criminal justice.

Recertification

Six (6) hours of continuing education/ training earned every year, which must include topics relating to the CCJA domains. Recertification is all inclusive with this certification. If certification/ membership dues lapse, certification is suspended until appropriate fees are current again. Failure to recertify every year will result in a late fee at time of recertification.

CCJA Domains

Domain I. Dynamics of Addiction and Criminal Justice

Domain II. Education Substance Use and Dual Diagnosis

Domain III. Professional Growth, Responsibility and Communication

Domain IV. Professional and Ethical Responsibilities

Domain V. Assessing Counselor Competencies and Performance

Certification Process:

Application Process:

1. Applicant obtains from MAAP the Certification Manual along with the Application Packet & Portfolio forms for desired credential. All forms are available on the MAAP website at www.msaap.net.
2. Applicant completes application packet and required portfolio forms; submits to Certification Examining Board for review. (The Certification Examining Board meets quarterly, at a minimum.) Applicants are

responsible for obtaining the required assessments, records and documentation for their portfolios. The assessments are subject to verification at the discretion of the Board. Assessments include:

Assessments of skills, attitudes and knowledge by:

1. The director of supervised practical training and/or the supervisor/project director of employing agency. Forms are mailed by these individuals directly to the Certification Examining Board;
2. Three (3) personal/colleague references. Forms are mailed by these individuals directly to the Certification Examining Board;
3. Other persons in the community may provide statements of support of the applicant's qualifications and these statements will be from individuals other than those identified above. References shall be related to the applicant's professional skills and must be mailed directly to the Certification Examining Board.
4. Records of education and training related to competencies must reflect requirements outlined in this manual and must be accompanied by adequate supporting documentation; i.e., official college/university transcript mailed directly to MAAP from university, certificates of completion from workshop, seminar, or conference provider; and certificates of completion from supervisor of employer in-service training provider. Sign in sheets are not adequate forms of supporting documentation. Certificates of completion/attendance must include date(s), number of hours received, presenter's name and credentials. Certificates of completion/attendance must also be signed with credentials and title.
5. Certification Examining Board reviews application packet and notifies applicant of status. If approved, applicant is notified in writing of approval with included exam pre-registration form. If not approved, applicant is notified in writing of deficiencies and instructions for correction.

Certificate Issuance:

Original issuance of certification will occur after the Certification Examining Board has determined that the applicant has met all the requirements appropriate to the credential, including passage of the IC&RC International Written Examination. The Certification Examining Board will then issue a certificate documenting the credential obtained. Presently, the certification cycle is for a two-year period beginning on the original issue date and expiring two years hence. Certification and recertification is contingent upon continuous and current membership with MAAP. If the membership has lapsed the certification is suspended until membership dues are paid in full.

Recertification:

A recertification application together with renewal fees and documentation of continuing education is sent to the Certification Examining Board. The Certification Examining Board will review these documents, and if approved, a renewal of credential will be awarded in the form of a certificate. If not approved, applicant is notified in writing of deficiencies and instructions for correction. For all credentials, recertification is contingent on continuous and current membership dues. If membership dues lapse, the certification is suspended until dues are current again.

For all reciprocal credentials (unless otherwise noted), Forty (40) hours of continuing education must be earned every two (2) years, which must include topics relating to the domains of the applicant's credential, and must include two (2) hours of Ethics to include specifics relating to applicant's credential and two (2) hours in Person Centered Planning training. The Forty (40) hour total must conform to the following guidelines:

- Direct Contact (Conferences, Workshops and or Seminars): Minimum 50%
- Employer In-Services and Online/Home Study Courses: Maximum 50%

For non-reciprocal credential CIC (4-year credential), Twenty (20) hours of continuing education/training earned every two (2) years, which must include topics relating to the IC&RC ADC or AADC 12 Core Functions, and must include two (2) hours in Ethics to include specifics relating to alcohol and drug counseling and two (2) hours in Person Centered Planning training.

Direct Contact (Conferences, Workshops and or Seminars): Minimum 50%

Employer In-Services and Online/Home Study Courses: Maximum 50%

For non-reciprocal credential APS, twenty (20) hours of continuing education must be earned every two (2) years, which must include topics relating to the CPS domains, and must and must include two (2) hours in Ethics and two (2) hours in Person Centered Planning training. The twenty (20) hour total must conform to the following guidelines:

Direct Contact (Conferences, Workshops and or Seminars): Minimum 50%

Employer In-Services and Online/Home Study Courses: Maximum 50%

For non-reciprocal credential CCJA, Six (6) hours of continuing education must be earned every Year, pertaining to the criminal justice system.

Upgrading:

Certificate holders may upgrade to a higher credential upon application to the Certification Examining Board, or upon renewal of current credential. The process will include completing a short application/portfolio to include education hours along with supporting documentation, and additional work experience, as well as passage of the IC&RC International Written Examination for the desired credential if applicable

Lapsed Certification:

Certification is considered lapsed Midnight of the expiration date of the credential. There is no grace period. Timely application to the Certification Examining Board is the responsibility of the certificate holder. For timely renewal, allow a minimum of 60 days before the date of expiration for the recertification application to be reviewed and processed. Use the chart below to determine how many hours you will need for recertification and the cost associated with each year past your certification expiration date.

Consequences for lapsed certification are as follows:

Lapsed Certification Chart			
Required for Recertification	Lapsed 1 day to 2 years \$75.00 + \$40.00 late fee +Membership dues**	Lapsed 2 years to 4 years \$150.00+\$80.00 late fee +Membership dues**	Lapsed 4 or more years *
Education Hours needed	40	80	See website for Certification Requirements
Letter of Verification of work status provided by applicant's supervisor	Yes	Yes	See website for Certification Requirements
Current/Continuous Membership Status **	Yes	Yes	No
IC & RC Written Exam	No	No	Yes (if you reach 5 years without Recertification)

* For Certifications lapsed over 4 years the applicant must submit a new portfolio and application for certification and take the IC&RC written exam that corresponds to the credential they are applying for.

**Current and Continuous Membership dues amounts will need to be obtained by calling or emailing the MAAP office to receive a prorated amount due which will be calculated from your membership dues expiration date. MAAP membership dues are due January 1st of each year; with a \$50.00 late fee assessed for membership dues payments received after January 15th of each year.

***CCJA does not apply to this chart...see page 23 (125.00 per year from date of certification. \$50.00 late fee for past due recertification)

Suspension/Revocation of Certification

Certification may be denied, suspended or revoked by the Certification Examining Board by independent action or upon recommendation of the Board of Directors of MAAP upon the presentation to the Certification Examining Board of evidence satisfactorily documenting violation of the Ethical Standards of Certified Professionals. The Certification Examining Board is authorized to refuse to grant, renew, or may suspend a certification on the following grounds:

1. Conviction of a felony under the laws of the United States;
2. Conviction of any crime, an essential element of which is dishonesty, deceit or fraud;
3. Fraud or deceit in obtaining a credential as a certified professional;
4. Dishonesty, fraud or gross negligence in the practice of a certified professional; or
5. Violation of any rule of professional ethics and professional conduct adopted by the Certification Examining Board.
6. Allowing MAAP Membership dues to lapse (due January 1st of each year).

Grievance and Appeals:

If an applicant is denied certification, questions the results of the application and portfolio review, questions examination results, or is subject to an action by MAAP or its agents that is deemed unjustified, the applicant has the right to an inquiry and appeals process.

Inquiry:

If an applicant (complainant) deems that an action taken by MAAP or its agents is unjustified (e.g., denial of certification), he/she is entitled to a written summary from MAAP or its agents that explains the reasons for the action. If the complainant does not agree with the MAAP decision, he/she may request an appeal.

Appeal:

1. The applicant (complainant) may appeal the decision of MAAP within thirty (30) days of receipt of the summary notice of denial or any other action deemed unjustified by sending a certified letter to the President of the Board at the MAAP office. The President or designated Board member reviews the written appeal and appoints a three-member Hearing Committee of certified counselors to hold an oral hearing with the complainant within thirty (30) days of receipt of the certified letter.
2. The complainant will be informed of the results of the hearing by certified mail. These results are considered final unless the complainant requests a further hearing by the Board.
3. The Hearing Committee will report the results of the hearing to the Certification Examining Board at its next meeting. If the Board has received an objection to the decision, it will review the entire matter.
4. The Certification Examining Board will review the findings of the Hearing Committee and objections of the complainant. It will notify the complainant of its final decision by certified mail within thirty (30) days of the meeting.

Reciprocity

Uniform minimum standards allow certified professionals to reciprocate their credentials between IC&RC Member Boards. Member Boards may offer reciprocity to certified or licensed professionals in other jurisdictions. While many addiction professionals have long sought the professionalism associated with licensing, the licensure process has complicated reciprocity through the implementation of more stringent standards and regulations in many IC&RC Member Board jurisdictions.

While IC&RC continues to be dedicated to offering reciprocity to its certified professionals through its Member Boards, it is vitally important that certified professionals investigate reciprocity in other jurisdictions prior to relocating because of the increase in mandatory licensure vs. voluntary certification in many jurisdictions. To make the process as smooth as possible, it is recommended that you reciprocate your credential at least three months prior its expiration.

Procedures for Applying for Reciprocity:

1. Contact the board in the jurisdiction to which you are relocating and ask if there are other requirements that you must meet in order to reciprocate your credential.
2. Contact your current board and ask for an Application for Reciprocity.
3. Complete the one-page application and return it to your current board with the appropriate fee.
4. Your application will be verified and sent to the IC&RC Office, then sent to your requested board.
5. You will then be contacted by the requested board when the process is completed.

FAQs regarding Reciprocity:

Can I reciprocate my credential to any IC&RC Member Board?

Your credential is reciprocal only with boards that offer that same credential. For example, if you hold a Prevention Specialist credential from Pennsylvania and you want to reciprocate that credential to Nebraska, you would be unable to do so because Nebraska, although a Member Board in IC&RC, does not offer the Prevention Specialist credential. Therefore, reciprocity works only if the new jurisdiction to which you are moving offers that credential.

When should I begin the reciprocity process? – Before I move into my new jurisdiction or after?

It is best to start the process prior to moving into your new jurisdiction. That way if there are any delays in processing your reciprocity application, it should be completed before you begin work in your new jurisdiction. Waiting until after you move could result in a delay in starting new employment.

Can I maintain my credential in more than one jurisdiction?

Yes, you are permitted to maintain your credential in your original jurisdiction while maintaining it as well in your new jurisdiction, if you choose to do so. Maintaining credentials in more than one jurisdiction will require that you renew/recertify your credential in each jurisdiction.

When I reciprocate to a new jurisdiction, will my current expiration date on my credential change?

No, your new jurisdiction is required to provide you with the same expiration date that appears on your current certificate.

Is there ever a time when I could be denied reciprocity into a new jurisdiction?

Each jurisdiction that offers credentialing to addiction professionals can require additional standards that must be met before accepting a credentialed professional from another jurisdiction. It is the right of that jurisdiction to require whatever it chooses in order to practice or become credentialed / licensed. Sometimes these additional standards are minimal and can be met by most without difficulty. Other times, additional standards are quite extensive and may take time and additional cost to accomplish. It is critical that you check with the credentialing/licensing board in the new jurisdiction to which you are relocating to determine what, if any additional standards have to be met.

Typically, how long will it be until I hear about my reciprocity after I have sent the completed reciprocity application and fee to my current Member Board?

A Member Board will send your reciprocity materials to IC&RC 10-14 days after they are received. IC&RC will then approve the reciprocity and you will be notified via email directly from IC&RC. If you have not heard from IC&RC within four weeks, contact your current Member Board first to inquire about the status of your reciprocity application. Please allow two-three weeks for your requested board to contact you after you receive notification of approval from IC&RC.

Mississippi Ethical Standards of Certified Addiction Professionals

Certified Intern Counselor (CIC)

Certified Alcohol and Drug Counselor (CADC, CADC-I, CADC-II)

Certified Advanced Alcohol and Drug Counselor (CAADC)

The Mississippi Association of Addiction Professionals is comprised of Certified Professionals who, as responsible health care professionals, believe in the dignity and worth of human beings. In the practice of their profession, they assert that the ethical principles of autonomy, beneficence and justice should guide their professional conduct. Certified Professionals dedicate themselves to promote the best interests of their society, of their clients, of their profession, and of their colleagues.

The following codes of ethics set forth the minimum standards of behavior which all Certified Professionals are expected to honor. As a testament to their dedication, applicants must confirm their commitment by signing and returning an affirmation clause as part of their initial application as well as upon each subsequent recertification application.

SPECIFIC PRINCIPLES:

Principle 1--Responsibility to Clients: In their commitment to advancing the welfare of individuals and their families, Certified Professionals should value objectivity and integrity. They should accept the consequences of their work and make every effort to ensure that their services are used appropriately.

- A. Certified Professionals should not discriminate against or refuse professional services to anyone on the basis of age, race, religion, national origin, disability, gender, or sexual orientation.
- B. Certified Professionals should avoid exploiting the trust and dependency of their clients and make every effort to avoid dual relationships with clients that would impair professional judgment or increase the risk of exploitation. Examples of such dual relationships include, but are not limited to, business or sexual relationships with clients.
- C. Certified Professionals should not use their professional relationship with clients to further their own interests.
- D. Certified Professionals should continue therapeutic relationships only so long as it is reasonably clear that clients are benefiting from the relationship. They should assist persons in obtaining other therapeutic services if they are unable or unwilling, for appropriate reasons, to see a person who has requested professional help. They should not abandon or neglect clients in treatment without making reasonable arrangements for the continuation of such treatment.

Principle 2--Confidentiality: Certified Professionals have a primary objective to respect the confidentiality of client information. They should reveal information to others only with the written consent of the person or the person's legal representative, except in those unusual circumstances in which not to do so would result in clear danger to the person or to others. Where appropriate, Certified Professionals should inform clients of the legal limits of confidentiality.

- A. Certified Professionals should not disclose client confidences to anyone, except: (1) as mandated by law; (2) to prevent a clear and immediate danger to a person or persons; (3) where the Certified Professional is a defendant in a civil, criminal or disciplinary action arising from the therapy (in which case client confidences may only be disclosed in the course of the action); or (4) if there is a waiver previously obtained in writing, and then such information may only be revealed in accordance with the terms of the waiver.
- B. Certified Professionals should use clinical materials in teaching, writing, and public presentations only if a written waiver has been received or when appropriate steps have been taken to protect client identity.
- C. Certified Professionals should store or dispose of client records in ways that maintain confidentiality.

Principle 3--Professional Competence and Integrity: The maintenance of high standards of professional competence and integrity are responsibilities shared by all Certified Professionals. They should recognize the boundaries of competence and the limitations of techniques and only provide services, use techniques, or offer opinions as professionals meeting recognized standards. Throughout their careers, Certified Professionals should maintain knowledge of professional information related to the services they render.

- A. Certified Professionals should accurately represent their competence, education, training and experience.
- B. Certified Professionals, as supervisors, should perform duties based on careful preparation so that supervision is accurate, up-to-date and scholarly.

- C. Certified Professionals should recognize the need for, and obligation to professional growth through continuing education. They should be open to new procedures and should be sensitive to differences between groups of people and changes in expectations and values over time.
- D. Certified Professionals should have an understanding of counseling or educational measurement, validation problems, and other test research where they have the responsibility for decisions involving individuals or policies based on test results. Test users should know and understand the literature relevant to the tests used and testing problems with which they deal.
- E. Certified Professionals should not attempt to diagnose, treat, or advise problems outside the recognized boundaries of their competence.
- F. Certified Professionals should seek appropriate professional assistance for their own personal problems or conflicts that are likely to impair their work performances and their clinical judgment.
- G. Certified Professionals should not engage in sexual or other harassment of clients, students, employees, supervisors, trainees or colleagues.
- H. Certified Professionals should be aware that because of their ability to influence and alter the lives of others, they must exercise special care when making public their professional recommendations and opinions through testimony or other public statements.

Principle 4--Professional Behavior: Due to the unique scope of practice that Certified Professionals provide, Certified Professionals shall be responsible for personal and professional conduct with particular attention to the use of alcohol and other mood-altering drugs and issues of emotional, physical, and sexual abuse. Certified Professionals must monitor the following behaviors of themselves, their colleagues, and their staff:

- A. Conviction for the possession or use of any illegal drug, narcotic or mood-altering substance.
- B. The use of intoxicants and/or non-physician prescribed and monitored mood-altering substance when engaged in professional pursuits.
- C. The conducting of intimate, personal and/or business relationships of any kind with any patient or their families. This applies to all clients. A Certified Professional should consult with an objective peer when this issue is raised.
- D. Certified Professionals respect the dignity and protect the welfare of participants in research and are aware of federal and state laws, regulations and professional standards governing the conduct of research, including informed consent.
- E. Certified Professionals make financial arrangements with clients, third party payers and supervisees that are understandable and conform to accepted professional practices. Certified Professionals do not offer or accept payment for referrals. Certified Professionals will disclose their fees to clients and supervisees at the beginning of services and represent facts truthfully to clients, third party payers and supervisees regarding services rendered.
- F. Certified Professionals accurately represent their competence, education, training and experience relevant to their practice as a Certified Professional. A Certified Professional assures that advertisements and publications in any media (such as directories, announcements, business cards, newspapers, radio, television and facsimiles) convey information that is necessary for the public to make an appropriate selection of professional services.
- G. A Certified Professional is in violation of this code if they:
 - 1. Are convicted of any felony
 - 2. Engage in conduct which could lead to conviction of a felony or misdemeanor, or are convicted of a misdemeanor related to their qualifications or function.
 - 3. Are expelled from or disciplined by other professional organizations
 - 4. Have their certification suspended, revoked, or otherwise disciplined by regulatory bodies
 - 5. Refuse to seek treatment for alcohol/drug abuse, mental/emotional problems, or physical health problems that interfere with professional functioning
 - 6. Failure to cooperate at any point of an ethical complaint investigation.

Principle 5--Responsibility to Students, Employees and Supervisees: Certified Professionals should not exploit the trust and dependency of students, employees and supervisees.

- A. Certified Professionals should be cognizant of their potentially influential position with respect to students, employees and supervisees and should avoid exploiting the trust and dependency of such persons. They should make every effort to avoid dual relationships that could impair professional judgment or increase the risk of exploitation.
- B. Certified Professionals should not permit students, employees, or supervisees to perform or to represent themselves as competent to perform professional services beyond their training, level of experience, and competence.

Principle 6--Responsibility to the Profession: Certified Professionals should act with due regard to the needs and feelings of their colleagues in the field of addictions and other professions. They should respect the prerogatives and obligations of the institutions or organizations with which they are associated.

- A. Certified Professionals should understand the areas of competence of related professions and make full use of other professional, technical, and administrative resources, which best serve the interests of clients.
- B. Certified Professionals should remain accountable to the standards of the profession when acting as members or employees of organizations.
- C. Certified Professionals as writers and researchers should: (1) assign publication credit to those who have contributed to a publication in proportion to their contributions; (2) cite appropriately reasonable precautions to ensure that the materials are accurately and factually promoted and advertised; and (4) be adequately informed of and abide by relevant laws and regulations regarding the conduct of research with human participants.
- D. Certified Professionals should recognize a responsibility to participate in activities that contribute to a better community and society, including devoting a portion of their professional activity to services for which there is little or no financial return.
- E. Certified Professionals should be concerned with developing laws and regulations pertaining to the field of addiction that serve the public interest, and with altering such laws and regulations that are not in the public interest. They also should encourage public participation in the designing and delivery of services and in the regulation of practitioners.
- F. Certified Professionals who have first-hand knowledge of an ethical violation should attempt to rectify the situation and failing an informal solution, should bring such unethical activities to the Certification Board.

Principle 7--Fees: Certified Professionals should charge fees only where they are licensed to do so. In such cases they should make financial arrangements with clients that conform to accepted professional practices and that are reasonably understandable.

- A. Certified Professionals should not offer or accept payment for referrals.
- B. Certified Professionals should not charge excessive fees for services.
- C. Certified Professionals should disclose their fee structure to clients at the onset of treatment.

Principle 8--Advertising: Certified Professionals should engage in appropriate informational activities, including those that enable lay persons to choose professionals on an informed basis.

- A. Certified Professionals should accurately represent their competence, education, training, and experience relevant to their practice as an addiction professional.
- B. Certified Professionals should claim as evidence of educational qualifications only those degrees from regionally-accredited institutions or from institutions accredited by states which licenses or certify addictions professionals.
- C. Certified Professionals should not use a name which could mislead the public concerning the identity, responsibility, source, and status of those practicing under that name and do not represent themselves out as being partners or associates of a firm if they are not.
- D. Certified Professionals should assure that advertisements and publications, whether in directories, announcement cards, newspapers, or on radio or television, are formulated to convey information that is necessary for the public to make an appropriate selection.
- E. Certified Professionals should not use any professional identification (such as a professional card, office sign, letterhead, or telephone or association directory listing), if it includes a statement or claim that is false, fraudulent, misleading, or deceptive.
- F. Certified Professionals should correct, wherever possible, false, misleading or inaccurate information and representations made by others concerning the addictions professionals' qualifications, services or products.

Principle 9--Responsibility to the Board: A Certified Professional shall cooperate in any investigation conducted pursuant to this code of ethical conduct and 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 it or its authorized representative;
- B. 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;
- C. Refusing to accept and/or respond to a letter of complaint, allowing a credential to lapse while an ethics complaint is pending, or attempting to resign a credential while an ethics complaint is pending. Violation of this rule under these circumstances will result in the immediate and indefinite suspension of the Certified Professional's credential until the ethical complaint is resolved.

D. Filing a complaint or provide information to the Board, which he/she knows or should have known, is false or misleading.

Principle 10--Suspension/Revocation of Certification: Certification may be denied, suspended or revoked by the Certification Board by independent action or upon recommendation of the Board of Directors of MAAP upon the presentation to the Certification Board of evidence satisfactorily documenting violation of the Ethical Standards of Certified Professionals. The Board is authorized to refuse to grant or renew, or may suspend a certificate on the following grounds:

- A. Conviction of a felony under the laws of the United States;
- B. Conviction of any crime, an essential element of which is dishonesty, deceit or fraud;
- C. Fraud or deceit in obtaining a credential as a Certified Professional;
- D. Dishonesty, fraud or gross negligence in the practice of a Certified Professional; or
- E. Violation of any rule of professional ethics and professional conduct adopted by MAAP or its agents.

Grievance and Appeals

If an applicant is denied certification, questions the results of the application and portfolio review, questions examination results, or is subject to an action by MAAP or its agents that is deemed unjustified, the application has the right to an inquiry and appeals process.

- A. Inquiry: If an applicant (complainant) deems that an action taken by MAAP or its agents is unjustified (e.g., denial of certification), he/she is entitled to a written summary from MAAP or its agents that explains the reasons for the action. If the complainant does not agree with the MAAP decision, he/she may request an appeal.
- B. Appeal:
 - 1. The applicant (complainant) may appeal the decision of MAAP within thirty (30) days of receipt of the summary notice of denial or any other action deemed unjustified by sending a certified letter to the President of the Board at the MAAP office. The President or designated Board member reviews the written appeal and appoints a three-member Hearing Committee of certified counselors to hold an oral hearing with the complainant within thirty (30) days of receipt of the certified letter.
 - 2. The complainant will be informed of the results of the hearing by certified mail. These results are considered final unless the complainant requests a further hearing by the Board.
 - 3. The Hearing Committee will report the results of the hearing to the Certification Board at its next meeting. If the Board has received an objection to the decision, it will review the entire matter.
 - 4. The Certification Board will review the findings of the Hearing Committee and objections of the complainant. It will notify the complainant of its final decision by certified mail within thirty (30) days of the meeting.

AFFIRMATION

NOTE: The Ethical Standards of Certified Professionals document and this signature page must be returned in its entirety to the MAAP Certification Board along with your application.

I, _____ (print name) have read and do affirm the foregoing Ethical Standards of Certified Professionals.

Applicant Signature

Date: _____

Mississippi Certified Clinical Supervisor (CCS) Code of Ethics

1. Code of Ethics:

This code of ethics applies to Alcohol and Other Drugs Substance Abuse Professionals who are credentialed as Certified CCSs (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 a 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:

A 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. A 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. A CCS shall aggressively seek out consultation with other professionals when called upon to supervise counseling situations outside their realm of competence. A CCS will refer supervisees to other professionals when they are unable to provide adequate supervisory guidance to the supervisee.

5. Client Welfare and Rights:

The primary obligation of a CCS is to train Substance Abuse counselors to respect the integrity and promote the welfare of their clients. 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. A 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. A CCS is responsible for monitoring the professional actions of their supervisees. A 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 a Substance Abuse Counselor provides, 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. CCSs 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. The CCS is 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. Shall refuse to seek treatment if deemed impaired
 - 7. Fail to cooperate in any ethical complaint investigation
- g. The CCS 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 CCS 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. CCSs 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 CCS accurately represents their level of competence, education, training and experience relevant to their role of supervision and clinical experience. The CCS 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 CCS must maintain professional decorum and standards. Unprofessional behaviors outlined in #6 above will not be tolerated.
- b. The CCS should pursue professional and personal continuing education activities to maintain their CCS credential and to improve their supervisory skills. Competency in the Four Performance Domains of AOD Clinical Supervision must be maintained.
- c. The CCS shall make their 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 the supervisee.
- d. The 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. The CCS should provide supervisees with ongoing feedback on their performance.
- i. The CCS who has multiple roles (e.g., teacher, CCS, administrator, etc.) with supervisees should avoid any conflict of interest caused by these disparate roles. The supervisee should know the limitations placed on the CCS and the supervisor should share supervision when appropriate.
- j. The 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. CCS shall not use the supervision process to further personal, religious, political or business interests.
- l. CCS should not endorse any treatment that would harm a client either physically or psychologically.
- m. The 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 on these issues on clients and on professional functioning.
- n. The CCS should never supervise past or current clients who are staff or their families.
- o. The CCS should model appropriate use of supervision themselves for problem solving and practice review.
- p. The 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. The CCS who is a member of Alcoholics Anonymous, Narcotics Anonymous, Al Anon, etc., should never sponsor a supervisee.
- r. The 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. A 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. The CCS must be able to integrate the 12 Core Functions of Substance Abuse Clinical Competency into their theoretical and supervisory approach. A clear understanding of the 46 Global Criteria is essential.
- u. The CCS ensures the professional quality of the program that their supervisees participate in.
- v. The CCS should be an active participant in quality assurance and peer review.
- w. The supervision provided by a 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 with a complete explanation to the supervisee must be made.

AFFIRMATION

NOTE: The Ethical Standards of Certified Clinical Supervisor document and this signature page must be returned in its entirety to the MAAP Certification Board, along with your application.

I, _____ (print name) have read and do affirm the foregoing Ethical Standards of Mississippi Certified Clinical Supervisors.

Applicant Signature

Date: _____

Mississippi Ethical Standards of Certified Prevention Specialists

Associate Prevention Specialist (APS), Certified Prevention Specialist (CPS), Certified Prevention Manager (CPM)

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

- The Associate Prevention Specialist / Certified Prevention Specialist / Certified Prevention Manager (APS/CPS/CPM) must not discriminate against service recipients, colleagues, or the general public based on race, religion, age, gender, national ancestry, sexual orientation, marital status, political beliefs, HIV/AIDS status, socioeconomic or handicapping conditions.
- The APS/CPS/CPM should broaden his/her understanding and acceptance of cultural and individual differences in order to render services and provide information sensitive to those differences.

Principle 2: Personal Responsibility

- The APS/CPS/CPM shall exercise competent professional judgment when dealing with service recipients, colleagues, or the general public and shall maintain their best interest at all times.
- The APS/CPS/CPM shall serve as a responsible role model in applying prevention concepts to public and professional relationships.

Principle 3: Professional Competence

- The APS/CPS/CPM shall provide competent, professional service to all in keeping with State of Mississippi standards. Competent professional service requires:
 - thorough knowledge of alcohol, tobacco and other drug abuse prevention
 - skill in presentation and education techniques
 - thoroughness and preparation reasonably necessary to assure the highest level of quality service
 - willingness to maintain current and relevant knowledge through on-going professional education
- The APS/CPS/CPM shall demonstrate personal competence, recognize personal boundaries and limitations, and not offer services beyond his/her skill or training level.
- The APS/CPS/CPM shall comply with and follow all laws, codes, rules, and regulations which apply to substance abuse prevention professional conduct.

Principle 4: Professional Standards

The APS/CPS/CPM shall maintain the highest professional standards and:

- Shall not claim either directly or by implication professional knowledge, qualifications or affiliations that the APS/CPS/CPM does not possess
- Shall not lend his/her name to, or participates in any professional and/or business relationship which may knowingly misrepresent or mislead the public in any way
- Shall not misrepresent his/her certification to the public or make false statements regarding his/her qualifications to the Mississippi Association of Addiction Professionals (MAAP)
- Must ensure that any materials or products with which he/she is associates in developing or promoting, whether for commercial sale or other use, are presented in a professional and factual way
- Shall recognize the effect of substance use on professional performance and must be willing to seek appropriate treatment or to support a colleague in need of treatment services
- Must fairly and accurately report appropriate prevention information to service recipients, colleagues, and the general public, acknowledging and documenting sources, materials, and techniques used
- Must not misrepresent the work of others
- Must not misrepresent one's own prevention work for personal or professional recognition, funding, or other gain

Principle 5: Public Statements

- The APS/CPS/CPM must respect the limits of current knowledge in public statements concerning the effectiveness of prevention initiatives, prevention programs, prevention research, and alcohol, tobacco and other drug information.
- The APS/CPS/CPM who conducts training in prevention must indicate to the audience training/qualifications required to properly implement the material, program, or techniques presented/taught in the training.

Principle 6: Material Credit

- The APS/CPS/CPM who participates in the writing, editing, development of production of professional papers, videos/films, pamphlets, books, or any other prevention materials must acknowledge and document any published or unpublished materials, techniques, or sources used in creating these materials.
- The use of copyrighted materials without first receiving author approval is against the law and in violation of professional ethics.

Principle 7: Recipient Welfare

- The APS/CPS/CPM shall maintain objectivity, integrity and the highest professional standards in:
 - delivering prevention service
 - providing a supportive environment
 - protecting the welfare and upholding the best interest of both individual recipients and the public
 - maintaining an objective, non-possessive relationship with those they serve and not exploiting them sexually, financially, or emotionally
 - maintaining an ability and willingness to make appropriate referrals
- The APS/CPS/CPM shall not engage in any action that violates the civil or legal rights of the recipients.

Principle 8: Confidentiality

The APS/CPS/CPM has the responsibility to be aware of and to be in full compliance with all applicable state and federal statutes, guidelines, regulations, and agency policies. These include:

- notification of recipient rights
- reporting child abuse or neglect
- reporting misconduct by individuals or agencies
- Maintaining recipient confidentiality and safeguarding from disclosure confidential information acquired during service delivery

Principle 9: Professional Integrity

- The APS/CPS/CPM should:
 - never knowingly make a false statement to the appropriate licensing/certification disciplinary authority
 - promptly alert a colleague to potentially unethical behavior so that colleague can take corrective action
 - report violations of professional conduct by other prevention professionals to the appropriate licensing/certification disciplinary authority when there is knowledge that the professional has violated professional standards
- The APS/CPS/CPM shall practice with integrity which can accommodate inadvertent error and the honest difference of opinion but not intentional deceit or subordination of principle.
- The APS/CPS/CPM shall not practice under a false name or under a name other than the name in which his/her certification is held.

Principle 10: Remuneration

- The APS/CPS/CPM must establish financial arrangements in professional practice in accordance with the professional standards that safeguard the best interests of service recipients, colleagues, and the public.
- The APS/CPS/CPM must not send or receive any commission or rebate or any other form of remuneration for referral of service recipients for professional services.
- The APS/CPS/CPM must not exploit the public's trust nor his /her relationship with service recipients to promote personal gain or the profit of any agency or commercial enterprise of any kind.

Principle 11: Societal Obligations

The APS/CPS/CPM should:

- advocate for consistent health promotion and awareness messages to the general public
- provide factual state-of-the-art alcohol, tobacco, and other drug prevention information to recipients of prevention services
- advocate public policy that would help strengthen the overall health and well-being of the community

Principle 12: Professional Obligations

In addition to adhering to the obligations stated above, the APS/CPS/CPM should strive to maintain and promote the integrity of certification within the State of Mississippi, nationally and internationally, and the advancement of the alcohol, tobacco and other drug prevention profession.

AFFIRMATION

NOTE: The Ethical Standards of Certified Prevention Professionals document and this signature page must be returned in its entirety to the MAAP Certification Board along with your application.

I, _____ (print name) have read and do affirm the foregoing Ethical Standards of Certified Professionals.

Applicant Signature

Date: _____

Mississippi Ethical Standards of Certified Criminal Justice Addictions Professional (CCJP)

This code of ethics applies to Professionals who are credentialed as Certified Criminal Justice Addiction Professionals (CCJP) and applies to their conduct during the performance of their clinical duties as Certified Criminal Justice Addiction Professionals.

1: Non-Discrimination

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

- a. The CCJP shall avoid bringing personal or professional issues into the counseling relationship. Through an awareness of the impact of stereotyping and discrimination, the CCJP guards the individual rights and personal dignity of clients.
- b. The CCJP 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.

2: Responsibility

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

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

3: Competency

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

- a. The CCJP shall recognize boundaries and limitations of their competencies and not offer services or use techniques outside of these professional competencies.
- b. The CCJP shall recognize the effect of impairment on professional performance and shall be willing to seek appropriate treatment for oneself or for a colleague. The CCJP shall support peer assistance programs in this respect.

4: Legal and Moral Standards

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

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

5: Public Statements

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

- a. The CCJP, 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 CCJP 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 acknowledgement should extend to the source of the information and reliability of the method by which it was derived.

6: Publication Credit

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

- a. The CCJP 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 CCJP 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 CCJP 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.

7: Client Welfare

The CCJP shall promote the production of the public health, safety and welfare and the best interest of the client as a primary guide in determining the conduct of all CCJP's.

- a. The CCJP shall disclose their code of ethics, professional loyalties and responsibilities to all clients.
- b. The CCJP shall terminate counseling or consulting relationship when it is reasonably clear that the client is not benefiting from the relationship.
- c. The CCJP shall hold the welfare of the client paramount when making any decisions or recommendations concerning referral, treatment procedures or termination of treatment.
- d. The CCJP 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.
- e. The CCJP shall take care to provide services in an environment which will ensure the privacy and safety of the client at all times and ensures the delivery.

8: Confidentiality

The CCJP 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 CCJP 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 CCJP shall make appropriate provisions for the maintenance of confidentiality and the ultimate disposition of confidential records. The CCJP 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 CCJP shall adhere to all federal and Georgia laws regarding confidentiality and the CCJP's responsibility to report clinical information in specific circumstances to the appropriate authorities.
- d. The CCJP 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.
- e. The CCJP shall use clinical and other material in teaching and/or writing only when there is no identifying information used about the parties involved.

9: Client Relationships

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

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

10: Inter-professional Relationships

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

- a. The CCJP 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 CCJP shall cooperate with the ADACB-Ga. Ethics Committee and promptly supply necessary information unless constrained by the demands of confidentiality.
- c. The CCJP shall not in any way exploit relationships with supervisees, employees, students, research participants or volunteers.

11: Remuneration

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

- a. The CCJP 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 CCJP shall consider the ability of a client to meet the financial cost in establishing rates for professional services.
- c. The CCJP shall not engage in fee splitting. The CCJP shall not send or receive any commission or rebate or any other form of remuneration for referral of clients for professional services. Criminal Justice Addictions Professional Code of Ethics (CCJP)
- d. The CCJP, 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 of any commercial enterprise of any kind.
- e. The CCJP shall not accept a private fee for professional work with a person who is entitled to such services and still requests private services.
- f. The CCJP 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.
- g. The CCJP shall consider the ability of a client to meet the financial cost in establishing rates for professional services.
- h. The CCJP shall not engage in fee splitting. The CCJP shall not send or receive any commission or rebate or any other form of remuneration for referral of clients for professional services.
- i. The CCJP, 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 of any commercial enterprise of any kind.
- j. The CCJP shall not accept a private fee for professional work with a person who is entitled to such services and still requests private services.

12: Societal Obligations

The CCJP shall, to the best of their 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.

AFFIRMATION

NOTE: The Ethical Standards of Certified Criminal Justice Addictions Professional document and this signature page must be returned in its entirety to the MAAP Certification Board, along with your application.

I, _____ (print name) have read and do affirm the foregoing Ethical Standards of Mississippi Certified Criminal Justice Addictions Professional.

Applicant Signature

Date: _____

Mississippi Ethical Standards of Certified Criminal Justice Associate (CCJA)

This code of ethics applies to Professionals who are credentialed as Certified Criminal Justice Associate (CCJA) and applies to their conduct during the performance of their duties as Certified Criminal Justice Associates.

1: Non-Discrimination

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

- a. The CCJA shall avoid bringing personal or professional issues into the client relationship. Through an awareness of the impact of stereotyping and discrimination, the CCJA guards the individual rights and personal dignity of clients.
- b. The CCJA 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.

2: Responsibility

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

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

3: Competency

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

- a. The CCJA shall recognize boundaries and limitations of their competencies and not offer services or use techniques outside of these professional competencies.
- b. The CCJA shall recognize the effect of impairment on professional performance and shall be willing to seek appropriate treatment for oneself or for a colleague. The CCJA shall support peer assistance programs in this respect.

4: Legal and Moral Standards

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

- a. The CCJA shall be fully cognizant of all federal and Mississippi laws governing the practice of alcoholism and drug abuse services.
- b. The CCJA shall not claim either directly or by implication, professional qualifications/affiliations that they do not possess.
- c. The CCJA shall ensure that services associated with or provided by the CCJA or means of demonstration, meet the ethical standards of this code.

5: Public Statements

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

- a. The CCJA, 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 CCJA 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 acknowledgement should extend to the source of the information and reliability of the method by which it was derived.

6: Client Welfare

The CCJA shall promote the production of the public health, safety and welfare and the best interest of the client as a primary guide in determining the conduct of all CCJA's.

- a. The CCJA shall disclose their code of ethics, professional loyalties and responsibilities to all clients.
- b. The CCJA shall hold the welfare of the client paramount when making any decisions or recommendations.
- c. The CCJA 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 CCJA shall take care to provide services in an environment which will ensure the privacy and safety of the client at all times.

7: Confidentiality

The CCJA 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 with exception to a supervisor or fellow employee.

- a. The CCJA shall adhere to all federal and Mississippi laws regarding confidentiality and the CCJA's responsibility to report information in specific circumstances to the appropriate authorities.

8: Client Relationships

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

- a. The CCJA 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.
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- c. The CCJA shall not under any circumstances engage in sexual behavior with current or former clients.
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9: Inter-professional Relationships

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

- a. The CCJA 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 CCJA shall cooperate with the Mississippi. Ethics Committee and promptly supply necessary information unless constrained by the demands of confidentiality.

AFFIRMATION

NOTE: The Ethical Standards of Certified Criminal Justice Associate document and this signature page must be returned in its entirety to the MAAP Certification Board, along with your application.

I, _____ (print name) have read and do affirm the foregoing Ethical Standards of Mississippi Certified Criminal Justice Associate.

Applicant Signature

Date: _____