

**BEHAVIORAL SCIENCES REGULATORY BOARD
ADDICTION COUNSELOR ADVISORY COMMITTEE
FRIDAY, SEPTEMBER 16, 2022**

Due to COVID-19, the Board office is practicing social distancing. The office space does not allow for a meeting while practicing social distancing, therefore the meeting will be conducted virtually on the Zoom platform.

You may view the meeting here: <https://youtu.be/syai1Z8ip0w>
To join the meeting by conference call: 877-278-8686 (Pin: 327072)

If there are any technical issues during the meeting, you may call the Board office at, 785-296-3240. The Behavioral Sciences Regulatory Board may take items out of order as necessary to accommodate the time restrictions of Board members and visitors. All times and items are subject to change

Friday, September 16, 2022

11:00 a.m. Call to order and Roll Call

- I. Opening Remarks, Advisory Committee Chair**
- II. Agenda Approval**
- III. Presentation - Possible New Licensure Types by Eric Thomason, Director of Behavioral Health for Community Health Center of Southeast Kansas**
- IV. Review and Approval of Minutes for Previous Meeting on June 24, 2022**
- V. Executive Director's Report**
- VI. Old Business**
 - A. Continued Discussion on Possible Continuing Education Requirements in Diversity, Equity, and Inclusion (DEI)**
 - B. Continued Discussion on possible Changes to Unprofessional Conduct Regulations K.A.R. 102-7-11 and K.A.R. 102-7-11a**
 - C. Continued Discussion on Possible Changes to K.A.R. 102-7-3 Education Requirements**
 - D. Continued Discussion on Possible New Licensure Types**
- VII. New Business**
 - A. Discussion on Unprofessional Conduct Regulations for Care of Clients in Crisis**
 - B. Kansas Fights Addiction Grant Review Board BSRB Appointee**
 - C. Presentation - National Addiction Studies Accreditation Commission (NASAC) by Cynthia Moreno Tuohy, Executive Director for the National Association for Addiction Professionals (NAADAC) and Jerry Monroe, Director of Certification and Testing at NAADAC**
- VIII. Next Meeting Friday, December 16, 2022?**
- IX. Adjournment**



Community Health Center of Southeast Kansas

Addiction Counseling Advisory Committee
Attn.: David Fye
700 SW Harrison St #420
Topeka, KS 66603

Re: Addiction Workforce Shortages

The availability of addictions counselors presents a unique challenge to the state of Kansas. This challenge may be most felt in rural Kansas. The 2022 Midwest HIDTA Threat Assessment identifies 13 counties in Kansas as High Risk Counties for Drug trafficking. Three of which fall within the 9 counties Community Health Center of Southeast Kansas serves. According to 2022 CDC Wonder Data, Kansas HIDTA Counties suffered the most significant increase of drug related deaths from 2020-2021 of approximately 35% (regional average was 13% increase).

As of June 1, 2022 the BSRB reported 1,551 licensed addictions counselors, licensed master's addictions counselors and licensed clinical addictions counselors. Our service area accounts for approximately six percent of the general population of Kansas yet, has only four-percent of the licensed addictions counselors that live here. Many of which hold administrative positions, work inpatient services, travel to alternative counties for employment, or are working in another field that does not provide direct patient care in the form of addictions counselor. Simply stated, we do not have enough addictions counselors to serve the population requesting and needing help.

Workforce shortages seen with addictions professionals is a multifaceted issue. Addictions can be a challenging field that not only require a well-trained clinician, but someone who has the heart to do the work. Salaries are lower than other trained clinicians due to limitations seen in reimbursement. Locally, we have no academic institutions that offer all of the BSRB identified curriculum to be eligible to test. We have bachelors prepared individuals who apply for positions, but are missing 2-3 courses to be eligible for certification exam.

BSRB Requirements for Certification Examination of LAC	
Bachelors of Social Work	Bachelors Degree in Psychology
Obtain certification as LBSW	Introduction to Addiction (elective offered 1 class per year)
Introduction to Addiction (elective, offered 1 class per year)	Methods of Individual Counseling (included in general program curriculum)
Addiction Pharmacology (elective, offered 1 class every other summer)	Methods of Group Counseling (included in general program curriculum)
Practicum (not addiction specific, part of curriculum)	Co-Occurring Disorders (no class offered)

	Addiction Services Coordination (no class offered)
	Legal and Ethical Issues (included in general program curriculum)
	Family and Community Studies (offered 1 class every other summer)
	Practicum (***must be addiction specific***)
	Research (included in general program curriculum)

Request for Consideration

Create provisional licensure or alternative level of addictions professional, which will allow individuals that hold a bachelor's degree in psychology or social work, to pursue clinical experience within the addictions field.

Suggestions to ensure quality of care:

- ▶ Provisional licensure will last two years during which the licensee will complete additional coursework to be eligible for examination.
- ▶ Provisionally licensed addiction professionals must practice at a Kansas Department of Aging and Disability Services certified treatment site.
- ▶ Provisionally licensed addiction professional must practice under the supervision of a Licensed Clinical Addictions Counselor. Completion of supervision will serve as 600 hour practicum requirement.

Eric Thomason, PMHNP

Director of Behavioral Health and Addiction Treatment Services

Community Health Center of Southeast Kansas

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**Behavioral Sciences Regulatory Board
Licensed Addiction Counselor Advisory Committee
Friday, June 24, 2022**

DRAFT Minutes

- I. Call to Order:** The meeting was called to order by Chair Deb Stidham at 10:00 a.m.

Advisory Committee Members in Attendance: Advisory Committee members who participated by Zoom were Deb Stidham, Lisa Carter, Jason Hess, Shane Hudson, Mike James, Dulcinea Rakestraw, and Sohna Shook.

BSRB Staff in Attendance: David Fye, Leslie Allen and Sami Barksdale were present by Zoom.

- II. Review and Approval for the Agenda:** By consensus, the Advisory Committee postponed discussion on possible continuing education requirements in Diversity, Equity, and Inclusion (DEI) until the following meeting. The agenda was approved with that change.
- III. Review and Approval of Minutes from Meeting on March 18, 2022:** Mike James moved to approve the minutes from the March 18, 2022, meeting as written. Dulcinea Rakestraw seconded the motion. The motion passed.
- IV. Executive Director Report:** David Fye, Executive Director for the Behavioral Sciences Regulatory (BSRB), reported on the following items:
- A. Agency Updates.** The BSRB is still under the Governor's direction to avoid in-person meetings. The Executive Director noted he will update the Advisory Committee when that direction is changed. Until the limitation is lifted, the BSRB will continue to hold most Board and Advisory Committee meetings virtually. The Executive Director provided an update on the BSRB Fee Fund, which has a balance of about \$2.0 million. As part of the yearly performance evaluation process from the Department of Administration, all state employees should have a mid-year check-in to allow supervisors to provide feedback on their performance, allow questions from staff, and consider changes to work responsibilities. The Executive Director noted that the BSRB will provide mid-year check-in meetings for all employees sometime next week.
- B. Board Meeting on May 9, 2022.** The Board discussed the pre-approval of continuing education (CE) hours and the pre-approval of CE providers. All Advisory Committees were asked to discuss whether their profession would want pre-approved CEs, as currently only the social work profession has pre-approved CE providers and pre-approved CE classes. At the Board meeting, there was a split as some Advisory Committees requested this change while other Advisory Committees did not. Also at the Board meeting, 15 Advisory Committee members were reappointed to new two-

year terms and those terms will start in July, as the state fiscal year begins on July 1. The Board recognized three Advisory Committee members that had served the maximum number of years of service on the Advisory Committees. The Board passed a delegation motion allowing for alternate presiding officer in the event that the Chair and the Vice-Chair of the Board are unavailable for a meeting; reviewed draft language for regulations discussed at past meetings; and considered a model from Minnesota to provide a temporary license to students who graduate from schools that are in candidacy for Council for Social Work Education (CSWE) accreditation. The Board received a report from the Executive Director with potential changes to the Board's Investigation Policy and creation of subcommittees were requested by the Professional Counselor Advisory Committee (unprofessional conduct regulation review) and the Marriage and Family Therapy Advisory Committee (creation of a supervision manual similar to the existing manual for the social work profession.)

C. Other Meetings and Events. The Executive Director attended an Educator meeting for the Association of Social Work Boards (ASWB) and the Mid-Year Meeting from the Association of State and the Provincial Psychology Boards (ASPPB). The Executive Director provided a summary of items discussed at these meetings, including re-evaluating current licensure requirements, such as cost of licensure, past criminal convictions, other items relevant to whether applicant shows good morale character or merits the public trust. The Executive Director will be attending a conference beginning on August 3, 2022, hosted by the National Board for Certified Counselors (NBCC) in Philadelphia, PA. The Executive Director also shared information on a multi-state compact for the professional counseling profession and the release of draft language for a social work multi-state compact. The Executive Director provided an update on days approved for health-related legislative committee meetings.

V. New Business

A. Discussion on Unprofessional Conduct Regulations K.A.R. 102-7-11 and K.A.R. 102-7-11a. Advisory Committee members discussed possible changes to K.A.R. 102-7-11(r)(3) (releasing client information) and K.A.R. 102-7-11(s) (whether counselor should be included). Advisory Committee members discussed similar language in the professional counseling regulations under K.A.R. 102-3-12a (section 20 through 22). Advisory Committee members discussed whether it should be considered unprofessional conduct to fail to report convictions of certain crimes. The Executive Director will provide language from other professions on this topic at a future Advisory Committee meeting. Advisory Committee members expressed support for adding gender expression and sexual orientation to K.A.R. 102-7-11(l). Advisory Committee members discussed whether the amount of time in K.A.R. 102-7-11(x) should remain at 24 months and expressed support for remaining consistent with timeframes supported by other professions under the BSRB. Members discussed whether K.A.R. 102-7-11(v) should include language directed towards a specific group, such as client, supervisee, or student. The Executive Director will bring back any similar language from the regulations of the other professions for comparison.

The Advisory Committee was supportive of adding language “including, but not limited to” in K.A.R. 102-7-11(t), to clarify that, while specifically referenced, billing practices and advertising are not the only actions that would fall under this regulation. The Executive Director noted the addiction counseling unprofessional conduct regulations were last modified prior to the recent prevalence of telehealth, so Advisory Committee members were asked to consider whether new language should be added to existing regulations or whether new regulations should be added specific to that topic. Members discussed the need to ensure a confidential environment for telehealth services. Advisory Committee members also expressed support for consistency between the professions on the topic of telehealth standards. The Advisory Committee recommended moving the recordkeeping regulation under the unprofessional conduct regulation, consistent with actions by other Advisory Committees.

B. Discussion on K.A.R. 102-7-3 Education Requirements for Licensure. The Executive Director stated that other BSRB Advisory Committees are re-evaluating their profession’s educational requirements for licensure. The Executive Director noted that historically, most of the professions have required some education to be received “in residence,” which has included a requirement that the student be physically at an institution in face-to-face contact with core faculty. The Executive Director reported that, aside from the psychology profession, this physical presence requirement is not a requirement in other states. The Advisory Committee discussed whether the definition of “in residence” should continue to include a physical presence requirement, noting the improvement in online programs and the ability to maintain face-to-face standards over screens. Advisory Committee members expressed support for removing the physical presence requirement, noting that the face-to-face component could be satisfied in person or by screen. Shane Hudson moved to remove the physical presence requirement within the “in residence” definition, so long as the face-to-face requirement could be satisfied either in person or by screen. By consensus, the Advisory Committee tabled the topic and requested BSRB staff provide language at the next Advisory Committee meeting, showing the proposed change, prior to the Advisory Committee making a formal motion to recommend the change.

C. Addiction Counseling National Accrediting Bodies. The Executive Director noted that five of the seven professions under the BSRB recognize national accrediting bodies for the purpose of licensing standards, but the addiction counseling profession currently does not recognize a national accrediting body. It was noted that recognizing a national accrediting body is helpful for the BSRB, as it is a way for the agency to verify that applicants have met certain standards and processing of license applicants from accredited programs is generally expedited compared to applicants from programs not accredited by national accrediting bodies. The Executive Director provided documentation from the National Addiction Studies Accreditation Commission (NASAC), including accreditation standards, a list of schools that are accredited, and other information on this group. The Advisory Committee members discussed the benefits of adding a national accrediting body. The Executive Director

noted he is following up with a representative from NASAC and will provide more information at the next Advisory Committee meeting.

D. Possible New License Types. The Executive Director noted a Board member asked if the Advisory Committee had interest in discussing whether to consider new levels of licensing and a document was provided which describes counseling assistants and alcohol and drug abuse counselors, back when those positions were organized under the former Kansas Department of Social and Rehabilitation Services (SRS). The document notes a requirement of 18 years of age, while the BSRB licensed addiction counselor license requires 21 years of age. There are also references to an associate-level position, so the Executive Director asked the Advisory Committee to discuss the merits of considering lower-levels of licensure. Advisory Committee members noted that when the addiction counseling profession became licensed under the BSRB, a minimum of a bachelor-level criteria was supported, but it was noted that recent conversations on workforce issues may necessitate re-evaluation of this position. Advisory Committee members discussed the history of levels of practice in the field, complications involved with billing for services, and what levels of providers are recognized in other states. It was noted that consideration of a lower level of license would involve clearly defining the scope of practice for that level of license. Advisory Committee members asked whether other BSRB professions were considering starting lower levels of licensing. The Executive Director stated the BSRB previously licensed associate-level social workers, but the BSRB ceased providing new licenses to this level over 20 years ago, though a handful of practitioners have continued to renew their associate social work licenses. However, the Executive Director noted the Social Work Advisory Committee is revisiting whether to reopen this level of license. The Addiction Counseling Advisory Committee will further discuss this topic at a future meeting.

VI. Special Recognition of Shona Shook. The Advisory Committee thanked Shona Shook for her years of service to the Advisory Committee and wished her luck in her future endeavors.

VII. Next Meeting. Friday, September 16, 2022, at 11 a.m.

VIII. Adjournment. The meeting was adjourned.

102-7-11. Unprofessional conduct. Each of the following acts shall be considered unprofessional conduct for a licensed addiction counselor, a licensed clinical addiction counselor, or an applicant for an addiction counselor license or a clinical addiction counselor license:

(a) Except when the information has been obtained in the context of confidentiality, failing to notify the board, within a reasonable period of time, that the licensee or applicant or any other person regulated by the board or applying for licensure or registration has met any of these conditions:

(1) Has had a professional license, certificate, permit, registration, certification, or professional membership granted by any jurisdiction, professional association, or professional organization that has been limited, conditioned, qualified, restricted, suspended, revoked, refused, voluntarily surrendered, or allowed to expire in lieu of or during investigatory or disciplinary proceedings;

(2) has been subject to any other disciplinary action by any credentialing board, professional association, or professional organization;

(3) has been demoted, terminated, suspended, reassigned, or asked to resign from employment, or has resigned from employment, for some form of misfeasance, malfeasance, or nonfeasance;

(4) has been substantiated of abuse against a child, an adult, or a resident of a care facility; or

(5) has practiced the licensee's profession in violation of the laws or regulations that regulate the profession;

(b) knowingly allowing another person to use one's license;

(c) impersonating another person holding a license or registration issued by this or any other board;

(d) having been convicted of a crime resulting from or relating to one's professional practice of addiction counseling;

(e) furthering the licensure application of another person who is known or reasonably believed to be unqualified with respect to character, education, or other relevant eligibility requirements;

(f) knowingly aiding or abetting any individual who is not credentialed by the board to represent that individual as a person who was or is credentialed by the board;

(g) failing to recognize, seek intervention, and otherwise appropriately respond when one's own personal problems, psychosocial distress, or mental health difficulties interfere with or negatively impact professional judgment, professional performance and functioning, or the ability to act in the client's best interests;

(h) failing or refusing to cooperate in a timely manner with any request from the board for a response, information, or assistance with respect to the board's investigation of any report of an alleged violation filed against oneself or any other applicant or professional who is required to be licensed or registered by the board. Each person taking longer than 30 days to provide the requested response, information, or assistance shall have the burden of demonstrating that the person has acted in a timely manner;

(i) offering to perform or performing services clearly inconsistent or incommensurate with one's training, education, or experience or with accepted professional standards;

(j) engaging in any behavior that is abusive or demeaning to a client, student, or supervisee;

(k) imposing one's personal values, spiritual beliefs, or lifestyle on a client, student, or supervisee;

(l) discriminating against any client, student, directee, or supervisee on the basis of color, race, gender, age, religion, national origin, or disability;

- (m) failing to inform each client of that client's rights as those rights relate to the addiction counseling relationship;
- (n) failing to provide each client with a description of the services, fees, and payment expectations, or failing to reasonably comply with that description;
- (o) failing to provide each client with a description of the possible effects of the proposed treatment if the treatment is experimental or if there are clear and known risks to the client;
- (p) failing to inform each client, student, or supervisee of any financial interests that might accrue to the licensee or applicant if the licensee or applicant refers a client, student, or supervisee to any other service or if the licensee or applicant uses any tests, books, or apparatus;
- (q) failing to inform each client that the client can receive services from a public agency if one is employed by that public agency and also offers services privately;
- (r) failing to obtain written, informed consent from each client, or the client's legal representative or representatives, before performing any of the following actions:
 - (1) Electronically recording sessions with that client;
 - (2) permitting a third-party observation of their activities; or
 - (3) releasing information concerning a client to a third person, unless required or permitted by law;
- (s) failing to exercise due diligence in protecting the information regarding the client from disclosure by other persons in one's work or practice setting;
- (t) engaging in professional activities, including billing practices and advertising, involving dishonesty, fraud, deceit, or misrepresentation;
- (u) using alcohol or any illegal drug or misusing any substance that could cause impairment while performing the duties or services of an addiction counselor;
- (v) engaging in a harmful dual relationship or exercising undue influence;
- (w) making sexual advances toward or engaging in physical intimacies or sexual activities with either of the following:
 - (1) Any person who is a client, supervisee, or student; or
 - (2) any person who has a significant relationship with the client and that relationship is known to the licensee;
- (x) making sexual advances toward or engaging in physical intimacies or sexual activities with any person who meets either of the following conditions:
 - (1) Has been a client within the past 24 months; or
 - (2) has had a significant relationship with a current client or a person who has been a client within the past 24 months and that relationship is known to the licensee;
- (y) directly or indirectly offering or giving to a third party or soliciting, receiving, or agreeing to receive from a third party any fee or other consideration for referring the client or in connection with performing professional services;
- (z) permitting any person to share in the fees for professional services, other than a partner, an employee, an associate in a professional firm, or a consultant authorized to practice addiction counseling or clinical addiction counseling;
- (aa) soliciting or assuming professional responsibility for clients of another agency or colleague without attempting to coordinate the continued provision of client services by that agency or colleague;
- (bb) making claims of professional superiority that one cannot substantiate;
- (cc) guaranteeing that satisfaction or a cure will result from performing or providing any professional service;

- (dd) claiming or using any secret or special method of treatment or techniques that one refuses to disclose to the board;
- (ee) continuing or ordering tests, procedures, or treatments or using treatment facilities or services not warranted by the client's condition, best interests, or preferences;
- (ff) taking credit for work not personally performed, whether by giving inaccurate or misleading information or by failing to disclose accurate or material information;
- (gg) if engaged in research, failing to meet these requirements:
 - (1) Considering carefully the possible consequences for human beings participating in the research;
 - (2) protecting each participant from unwarranted physical and mental harm;
 - (3) ascertaining that each participant's consent is voluntary and informed; and
 - (4) preserving the privacy and protecting the anonymity of each subject of the research within the terms of informed consent;
- (hh) making or filing a report that one knows to be false, distorted, erroneous, incomplete, or misleading;
- (ii) failing to notify the client promptly if one anticipates terminating or interrupting service to the client;
- (jj) failing to seek continuation of service, or abandoning or neglecting a client under or in need of professional care, without making reasonable arrangements for that care;
- (kk) abandoning employment under circumstances that seriously impair the delivery of professional care to clients and without providing reasonable notice to the employer;
- (ll) failing to terminate addiction counseling services if it is apparent that the relationship no longer serves the client's needs or best interests;
- (mm) when supervising, failing to provide accurate and current information, timely evaluations, and constructive consultation;
- (nn) when applicable, failing to inform a client that addiction counseling services are provided or delivered under supervision;
- (oo) failing to inform a client that addiction counseling services are delivered under supervision as a student or an individual seeking clinical licensure;
- (pp) failing to report unprofessional conduct of a licensed addiction counselor, licensed clinical addiction counselor, or any individual licensed by the board;
- (qq) intentionally or negligently failing to file a report or record required by state or federal law, willfully impeding or obstructing another person from filing a report or record that is required by state or federal law, or inducing another person to take any of these actions;
- (rr) offering to perform or performing any service, procedure, or therapy that, by the accepted standards of addiction counseling practice in the community, would constitute experimentation on human subjects without first obtaining the full, informed, and voluntary written consent of the client or the client's legal representative or representatives;
- (ss) practicing addiction counseling after one's license expires;
- (tt) using without a license, or continuing to use after a license has expired, any title or abbreviation defined by regulation; and
- (uu) violating any provision of the addictions counselor licensure act or any implementing regulation.

(Authorized by K.S.A. 2010 Supp. 74-7507, as amended by L. 2010, ch. 45, §15; implementing L. 2011, ch. 114, §15; effective, T-102-7-1-11, July 1, 2011; effective, T-102-10-27-11, Oct. 27, 2011; effective Jan. 20, 2012.)

102-7-11a. Recordkeeping. (a) Each licensed addiction counselor and each licensed clinical addiction counselor shall maintain a record for each client that accurately reflects the licensee's contact with the client and the results of the addiction counseling or clinical addiction counseling services provided. Each licensee shall have ultimate responsibility for the content of the licensee's records and the records of those persons under the licensee's supervision. These records may be maintained in a variety of formats, if reasonable steps are taken to maintain the confidentiality, accessibility, and durability of the records. Each record shall be completed in a timely manner and, at a minimum, shall include the following information for each client in sufficient detail to permit planning for continuity of care:

- (1) Adequate identifying data;
 - (2) the date or dates of services that the licensee or the licensee's supervisee provided;
 - (3) the type or types of services that the licensee or the licensee's supervisee provided;
 - (4) the initial assessment, conclusions, and recommendations;
 - (5) the treatment plan; and
 - (6) the clinical or progress notes from each session.
- (b) If a licensee is the owner or custodian of client records, the licensee shall retain a complete record for the following time periods, unless otherwise provided by law:
- (1) At least six years after the date of termination of one or more contacts with an adult; and
 - (2) for a client who is a minor on the date of termination of the contact or contacts, at least until the later of the following two dates:
 - (A) Two years past the date on which the client reaches the age of majority; or
 - (B) six years after the date of termination of the contact or contacts with the minor.

(Authorized by K.S.A. 2010 Supp. 74-7507, as amended by L. 2010, ch. 45, §15; implementing L. 2010, ch. 45, §2, as amended by 2011 HB 2182, §10; effective, T-102-7-1-11, July 1, 2011; effective, T-102-10-27-11, Oct. 27, 2011; effective Jan. 20, 2012.)

(continued language from 102-7-3(a)(2) "... either in person or by synchronous videoconferencing."

102-7-3. Educational requirements. (a)(1) "Core faculty member" means an individual who is part of the teaching staff of a program covered by this regulation and who meets the following conditions:

(A) Has education, training, and experience consistent with the individual's role within the program and consistent with the published description of the goals, philosophy, and educational purpose of the program;

(B) has primary professional employment at the institution in which the program is housed; and

(C) is identified with the program and is centrally involved in program development, decision making, and student training as demonstrated by consistent inclusion of the individual's name in public and departmental documents.

(2) "In residence," when used to describe a student, means that the student is ~~present at the physical location of the institution or at any other location approved by the board for the purpose of completing coursework, during which the student~~ and one or more core faculty members, adjunct faculty members, or agency internship supervisors are in face-to-face contact.

(3) "Primary professional employment" means at least 20 hours each week of instruction, research, or any other service to the institution in the course of employment, and related administrative work.

(4) "Skill-based coursework" means those courses that allow students to work on basic helping skills including open-ended questions, clarification, interpretation, response to feelings, and summarization.

(b) To qualify for licensure as an addiction counselor with a baccalaureate degree in addiction counseling or a baccalaureate degree in a related field that included all coursework requirements, the applicant shall hold one of the following:

(1) A baccalaureate degree in addiction counseling or a related field. When the degree was granted, the program met the standards approved by the board;

(2) a baccalaureate degree in addiction counseling or a related field, if the applicant began the program on or before May 1, 2011 and the baccalaureate degree is conferred on or before June 1, 2012, from a program that was approved by the Kansas department of social and rehabilitation services, division of addiction and prevention services; or

(3) a baccalaureate degree in addiction counseling or a related field, if the applicant began the program on or before June 30, 2012, from a program that included at least 30 semester hours, or the academic equivalent, in coursework on substance use disorders and that meets the coursework requirements in subsection (c).

(c) Each applicant for licensure as an addiction counselor shall have satisfactorily completed formal academic coursework that contributes to the development of a broad conceptual framework for addiction counseling theory and practice. This formal academic coursework shall be distributed across the substantive content areas specified in this subsection. For applicants who graduate on or after July 1, 2013, two of the following courses shall be completed while the student is in residence: methods of individual counseling, methods of group counseling, practicum one, or practicum two. A maximum of three semester hours, or the academic equivalent, may be completed in independent study. Except for the required courses in a practicum or its equivalent, there shall be at least three discrete and unduplicated semester hours, or the academic equivalent, in each of the following content areas:

(1) Introduction to addiction, which shall include the study of the nature of addiction and other substance use related problems; models, theories, philosophies, principles, implications for medical and mental health conditions that coexist with addiction, and evidence-based strategies of addiction prevention, treatment, relapse prevention, continuing care, and recovery; and the impact of addiction on the individual, family, and society;

(2) methods of individual counseling, which shall include the study of culturally informed, ethical, evidence based models and approaches to individual counseling; methods for establishing effective therapeutic relationships, developing realistic and achievable treatment goals, and

assessing client substance use, functioning, motivation, and progress; and strategies for crisis prevention and intervention;

(3) methods of group counseling, which shall include the study of culturally informed, ethical, evidence-based models and approaches to group counseling; group facilitation and counseling skills; and methods for establishing group goals and treatment outcomes;

(4) addiction pharmacology, which shall include the study of the nature of psychoactive chemicals; the behavioral, psychological, physiological, and social effects of psychoactive substance use; symptoms of intoxication, withdrawal, and toxicity; toxicity screen options, limitations, and legal implications; and the use of pharmacotherapy for treatment of addiction;

(5) co-occurring disorders, which shall include the study of the symptoms of mental health and other disorders prevalent in individuals with substance use disorders, screening and assessment tools used to detect and evaluate the presence and severity of co-occurring disorders, and evidence-based strategies for managing risks associated with treating individuals who have co-occurring disorders;

(6) addiction services coordination, which shall include the study of administrative, clinical, evaluative, and referral activities used to connect clients with treatment services and other community resources; navigation and coordination across multiple systems; and case management and advocacy skills used to assist clients in achieving their treatment and recovery goals;

(7) legal and ethical issues, which shall include the study of established codes of ethical conduct, standards of professional behavior and scope of practice; client rights, responsibilities, and informed consent; and confidentiality and other legal considerations in counseling;

(8) family and community studies, which shall include the study of family, social, and community systems; the impact of addiction on the family and society; and the development of culturally informed skills utilized in the treatment and recovery process;

(9) at least six semester credit hours, or the academic equivalent, of practicum or its equivalent, which shall include the following:

(A) An experience that integrates didactic learning that is related to substance use disorders with face-to-face, direct counseling experience that includes intake and assessment, counseling, treatment planning, discharge planning, documentation, and case management activities;

(B) at least 400 clock-hours of practice; and

(C) at least one hour of supervision for every 10 hours of practice. Supervision shall be provided by the educational program's faculty and agency staff, at least one of whom shall be licensed in the behavioral sciences; and

(10) for applicants who graduate on and after July 1, 2012, at least three discrete and unduplicated semester hours, or the academic equivalent, in the study of research, which shall include the study of basic research design and methodology; critical evaluation and interpretation of professional research reports; introduction to data collection, performance measurement, and outcome evaluation; and the application of research results in a treatment setting.

(d) To qualify for licensure as an addiction counselor with a baccalaureate degree in a related field with additional coursework in addiction counseling, the following requirements shall be met:

(1) The college or university at which the applicant completed a baccalaureate degree in a related field shall be regionally accredited with accreditation standards equivalent to those met by Kansas colleges and universities.

(2) The applicant shall meet the coursework requirements in subsection (c).

(3) The program through which the applicant obtained additional coursework in addiction counseling shall meet the standards approved by the board as specified in subsections (i) and (j).

(e) To qualify for licensure as an addiction counselor while holding a baccalaureate social work license in Kansas, the applicant shall complete the coursework specified in paragraphs (c)(1), (4), and (9).

(f) To qualify for licensure as a clinical addiction counselor with a master's degree in addiction counseling or a master's degree in a related field that included all coursework requirements, the applicant shall hold one of the following:

(1) A master's degree in addiction counseling or a related field. When the degree was granted, the program met the standards approved by the board;

(2) a master's degree in addiction counseling or a related field, if the applicant began the program on or before May 1, 2011 and the master's degree is conferred on or before June 1, 2012 from a program that was approved by the Kansas department of social and rehabilitation services, division of addiction and prevention services; or

(3) a master's degree in addiction counseling or a related field. Part of the coursework completed for the master's degree shall be at least 30 graduate semester credit hours, or the academic equivalent, supporting the diagnosis and treatment of substance use disorders and shall meet the coursework requirements in subsection (g).

(g) Each applicant for licensure as a clinical addiction counselor shall have satisfactorily completed formal academic coursework that contributes to the development of a broad conceptual framework for addiction counseling theory and practice. This formal academic coursework shall be distributed across the substantive content areas specified in this subsection. For applicants who graduate on or after July 1, 2013, half of all skill-based coursework shall be completed while the student is in residence, as defined in this regulation. A maximum of three graduate semester hours, or the academic equivalent, may be completed in independent study. There shall be at least three discrete and unduplicated graduate semester hours, or the academic equivalent, in each of the following content areas:

(1) Addiction and recovery services, which shall include the study and critical analysis of philosophies and theories of addiction and scientifically supported models of prevention, intervention, treatment, and recovery for addiction and other substance-related problems;

(2) advanced methods of individual and group counseling, which shall include the study of practical skills related to evidence-based, culturally informed individual and group counseling techniques and strategies designed to facilitate therapeutic relationships and the educational and psychosocial development of clients as specifically related to their addiction;

(3) advanced pharmacology and substance use disorders, which shall include the study of the pharmacological properties and effects of psychoactive substances; physiological, behavioral, psychological, and social effects of psychoactive substances; drug interactions; medication-assisted addiction treatment; and pharmacological issues related to co-occurring disorders treated with prescription psychotropic medications;

(4) integrative treatment of co-occurring disorders, which shall include the study of the relationship between addiction and co-occurring mental or physical disorders or other conditions and evidenced-based models for the screening, assessment, and collaborative treatment of co-occurring disorders;

(5) assessment and diagnosis, which shall include the study of a comprehensive clinical assessment process that addresses age, gender, disability, and cultural issues; the signs, symptoms, and diagnostic criteria used to establish substance use-disorder diagnoses; and the relationship between diagnosis, treatment, and recovery;

(6) professional ethics and practice, which shall include the study of professional codes of ethics and ethical decision making; client privacy rights and confidentiality; legal responsibilities and liabilities of clinical supervision; and professional identity and development issues;

(7) applied research, which shall include the study of the purposes and techniques of behavioral sciences research, including qualitative and quantitative approaches, research methodology, data collection and analysis, electronic research skills, outcome evaluation, critical evaluation

and interpretation of professional research reports, and practical applications of research. A maximum of three semester hours, or the academic equivalent, may be completed in thesis or independent research courses;

(8) practicum or its equivalent, which shall meet the following requirements:

(A) Be a clinical experience that integrates didactic learning supporting the diagnosis and treatment of substance use disorders;

(B) include at least 300 hours of client contact; and

(C) provide at least one hour of supervision for every 10 hours of client contact. Supervision shall be provided by the program's faculty and agency supervisors, at least one of whom shall be licensed at the clinical level by the board; and

(9) six additional graduate semester hours of academic coursework that contributes to the development of advanced knowledge or skills in addiction counseling, supervision, or research.

(h) To qualify for licensure as a clinical addiction counselor with a master's degree in a related field with additional coursework in addiction counseling, the following requirements shall be met:

(1) The college or university at which the applicant completed a master's degree in a related field shall be regionally accredited with accreditation standards equivalent to those met by Kansas colleges and universities.

(2) The applicant shall meet the coursework requirements in subsection (g).

(3) The program through which the applicant obtained additional coursework in addiction counseling shall meet the standards approved by the board as specified in subsections (i) and (j).

(i) In order to be approved by the board, each addiction counseling program or related-field program, except the related-field degree listed in paragraphs (d)(1) and (h)(1), shall meet the following conditions:

(1) Have established program admission requirements that are based, in part or in full, on objective measures or standardized achievement tests and measures;

(2) offer education and training in addiction counseling, one goal of which is to prepare students for the practice of addiction counseling;

(3) require an established curriculum that encompasses at least one academic year of study for a baccalaureate degree or two academic years of study for a master's degree;

(4) have clear administrative authority and primary responsibility within the program for the core and specialty areas of training in addiction counseling;

(5) have an established, organized, and comprehensive sequence of study that is planned by administrators who are responsible for providing an integrated educational experience in addiction counseling;

(6) for a master's degree program, be coordinated or directed by an identifiable person who holds a graduate degree that was earned from a regionally accredited college or university upon that person's actual completion of a formal academic training program;

(7) have an identifiable, full-time core faculty member who holds an earned graduate degree in addiction counseling or a related field;

(8) have an established, identifiable body of students who are formally enrolled in the program with the goal of obtaining coursework for the concentration in the study of addiction counseling;

(9) require the student's major advisor to be a member of the program faculty;

(10) require each student to complete the institution's requirements for the number of credit hours that must be completed at that institution and to satisfactorily complete an addiction counseling practicum or its equivalent that is provided by the program from which the student completes the concentration in the study of addiction counseling. The required practicum shall meet the following requirements:

(A) Accept as practicum students only applicants enrolled in the addiction counseling or related-field program;

(B) provide the majority of supervision by an individual who is licensed at the clinical level by the board;

(C) exist as a distinct and organized program that is clearly recognizable within an institution or agency, as well as in pertinent public, official documents issued by the institution or agency, and that is clearly recognizable as a training program for addiction counselors;

(D) identify students as being in training and not as staff members; and

(E) be an integrated and formally organized training experience, not an after-the-fact tabulation of experience; and

(11) conduct an ongoing, objective review and evaluation of each student's learning and progress and report this evaluation in the official student transcripts.

(j) In order to be approved by the board, each addiction counseling program or related-field program, except the related-field degree listed in paragraphs (d)(1) and (h)(1), shall meet the following requirements:

(1) Be regionally accredited, with accreditation standards equivalent to those met by Kansas colleges and universities;

(2) document in official publications, including course catalogs and announcements, the program description and standards and the admission requirements for the addiction counseling or related-field education and training program;

(3) identify and clearly describe in pertinent institutional catalogs the coursework, experiential, and other academic program requirements that must be satisfied before conferral of the degree;

(4) clearly identify and specify in pertinent institutional catalogs the intent to educate and train addiction counselors;

(5) have clearly established the addiction counselor or related-field education program as a coherent entity within the college or university that, when the applicant's degree was conferred, met the program standards in subsection (i);

(6) have conferred the degree upon the applicant's successful completion of an established and required formal program of studies; and

(7) have a library and equipment and resources available that are adequate for the size of the student body and the scope of the program offered.

(k) The following types of study shall not be substituted for or counted toward the coursework requirements of this regulation:

(1) Academic coursework that has been audited rather than graded;

(2) academic coursework for which the applicant received an incomplete or failing grade;

(3) coursework that the board determines is not closely related to the field or practice of addiction counseling;

(4) coursework or training provided by any college, university, institute, or training program that does not meet the requirements of subsections (i) and (j); and

(5) any continuing education, in-service activity, or on-the-job training.

(Authorized by K.S.A. 2013 Supp. 74-7507; implementing K.S.A. 2013 Supp. 65-6610; effective, T-102-7-1-11, July 1, 2011; effective, T-102-10-27-11, Oct. 27, 2011; effective Jan. 20, 2012; amended, T-102-7-16-13, July 16, 2013; amended Dec. 2, 2013.)