

**BEHAVIORAL SCIENCES REGULATORY BOARD
ADDICTION COUNSELOR ADVISORY COMMITTEE
DRAFT AGENDA
FRIDAY, JUNE 24, 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/LuaM53TRvWQ>

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, June 24, 2022

10:00 a.m. Call to order and Roll Call

- I. Opening Remarks, Advisory Committee Chair**
- II. Agenda Approval**
- III. Review and Approval of Minutes for Previous Meeting on March 18, 2022**
- IV. Executive Director's Report**
- V. Old Business**
 - A. Continued Discussion on Possible Continuing Education Requirements in Diversity, Equity, and Inclusion (DEI)**
- VI. New Business**
 - A. Discussion on Unprofessional Conduct Regulations K.A.R. 102-7-11 and K.A.R. 102-7-11a**
 - B. Discussion on K.A.R. 102-7-3 Education Requirements for Licensure**
 - C. Addiction Counseling National Accrediting Bodies**
 - D. Possible New License Types**
- VII. Special Recognition of Sohna Shook**
- VIII. Next Meeting Friday, September 16, 2022?**
- IX. Adjournment**

**Behavioral Sciences Regulatory Board
Licensed Addiction Counselor Advisory Committee
Meeting on Tuesday, March 18, 2022**

Draft Minutes

- I. Call to Order:** The meeting was called to order by Chair Deb Stidham at 11:00 a.m.

Advisory Committee Members in Attendance: Advisory Committee members who participated by Zoom were Deb Stidham, Christina Boyd, Jason Hess, Chad Jacobs, Mike James, Charity Kossin, Dulcinea Rakestraw, and Sohna Shook.

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

- II. Review and Approval for the Agenda:** Jason Hess moved to approve the agenda. Dulcinea Rakestraw seconded the motion. The motion passed.

- III. Review and Approval of Minutes from Meeting on December 17, 2021:** Dulcinea Rakestraw moved to approve the minutes from the December 17, 2021, meeting as written. Charity Kossin 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. BSRB Staff Update. As of January 4, 2022, BSRB licensing staff are back in the office full-time. Investigators are using a hybrid model, working in the office three days each week and utilizing the BSRB Telework Pilot to work remotely two days each week. The Governor's previous mask mandate for state employees in state office buildings has been made optional, however the other pandemic directions still apply, including the direction to avoid in-person meetings, so Advisory Committee meetings will continue to be held remotely until we receive a change in direction. The BSRB has been working on a plan for the conversion of paper record to electronic records. The Strengthening People and Revitalizing Kansas (SPARK) Taskforce recently started accepting grant proposals for modernization funding, so the Executive Director submitted a request for additional funding to convert agency paper records to electronic records. The Executive Director will report updates back to the Advisory Committee.

B. 2022 Legislative Session. Legislation was requested on behalf of BSRB in the Senate Public Health and Welfare Committee. SB 387 included three recommendations of the Board of the BSRB. Information about SB 387 is posted to the front page of the BSRB website. The Executive Director provided a summary of the three Board recommendations in the bill. SB 387 was heard by the Senate Public Health and Welfare Committee, which removed the section of the bill that would have required continuing education for Licensed Psychologists in the area of Diversity, Equity, and Inclusion (DEI). After amending the bill, the Senate Committee voted the bill

favorable for passage as amended. Amended SB 387 was not passed by the Senate chamber prior to the Legislative Turnaround deadline, so the bill died on the Senate calendar. However, the Executive Director was able to have the contents of Amended SB 387 introduced in House Appropriations Committee as a new House Bill, HB 2734. HB 2734 was referred to the House Health and Human Services Committee and expedited for hearing on March 17, 2022. After hearing HB 2734, the Committee worked the bill the same day and passed HB 2734 out of Committee favorably with no changes. The Executive Director noted he will be working to ensure HB 2734 is passed on the House floor. The Executive Director provided updates on other bills with a connection to the BSRB. The Executive Director provided updates on other bills relevant to the BSRB.

C. FARB Conference. The Executive Director was invited to speak at the Federal Association of Regulatory Boards (FARB) annual conference in Fort Worth, Texas, on the topic of Public Protection Through Creative Access to Information. On Friday, February 4, 2022, the Executive Director attended Day 1 of the annual meeting of the American Association of State Counseling Boards (AASCB). One of the topics discussed at the conference was telehealth standards. Day 2 of the annual meeting was on Friday, February 18, 2022.

D. Board Meeting on March 14, 2022. At a future meeting, the Board plans to discuss the possibility of utilizing an impaired provider program for practitioners and establishing tele-health standards.

V. New Business

A. Changes to Continuing Education Requirements in Diversity, Equity and Inclusion (DEI). Advisory Committee members discussed support for continuing education in the area of DEI. It was noted that the Senate Public Health and Welfare Committee removed the Board-recommended requirement of continuing education in DEI for the Licensed Psychology profession from Senate Bill 387 and it has appeared that the Legislature has recently been seeking to remove requirements for licensure, rather than to add additional requirements. Advisory Committee members discussed availability of continuing education on this topic, the impact of one profession supporting a requirement compared to the impact if all professions supported a change to requirements, the value of ensuring that practitioners are able to take continuing education classes in different categories versus a system where many different categories of trainings were required, and the definition of DEI. Advisory Committee members did not make any recommendations, but expressed support for continuing to discuss this topic at future meetings.

B. Board-Approved Continuing Education Providers. The regulations for the Social Work profession allow the BSRB to pre-approve continuing education providers and pre-approve continuing education courses, upon application by individuals interested in that designation. Leslie Allen, Assistant Director and Licensing Manager for the BSRB, provided background on the number of pre-approved providers and the

criteria for what material is pre-approved. Advisory Committee members discussed whether pre-approval would mistakenly lead some individuals to believe that only providers and programs would need to be pre-approved for those hours to count. The Advisory Committee did not make a recommendation for any changes for the Addiction Counselor profession. The Chair noted that she would report back whether other Advisory Committees supported changes in this area.

- C. Training for Board/Advisory Committee Members.** The Executive Director provided training to Board members and Advisory Committee members serving on the Advisory Committee, including an overview of the Expectations of Board Members Policy, the Advisory Committee Policy, Guidelines for Public Attendees of Meetings, and a summary of Board Member and Advisory Committee Orientation prepared by Assistant Attorney General Janet Arndt.
- D. Unprofessional Conduct Regulations.** The Executive Director noted Advisory Committee members received a copy of the unprofessional conduct regulations for the profession and asked members to review the regulations to be able to discuss whether any changes are needed at the next Advisory Committee meeting. The Executive Director noted the importance of Advisory Committees reviewing the statutes and regulations for the professions to make sure those documents do not contain outdated terminology and take into consideration changes in technology, such as social media and telehealth.
- E. Committee Work for the Upcoming Year.** The members of the Advisory Committee did not highlight any specific topics beyond what is already being worked on by the Advisory Committee.

VI. Next Meeting. June 24, 2022, at 10 a.m.

VII. Adjournment. Jason Hess moved to Adjourn. Christina Boyd seconded. The motion carried.

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.)

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.)

INTERESTED IN HIGHER EDUCATION ADDICTION STUDIES ACCREDITATION?



Why the National Addiction Studies Accreditation Commission (NASAC)?

The Substance Abuse and Mental Health Administration (SAMHSA) and its Center for Substance Abuse Treatment (CSAT) encouraged the two primary groups representing academic educators and counselors to create a single higher education addiction studies curricula accreditation body to assess academic programs in addiction studies at regionally accredited institutions of higher education.

The International Coalition for Addiction Studies Education (INCASE) and NAADAC, the Association for Addiction Professionals formed an alliance to establish the National Addiction Studies Accreditation Commission (NASAC) to offer a single standard for higher education addiction studies programs.

NASAC is specific to accrediting addiction studies education programs and focuses on competent, knowledgeable, and evidence-based practices, as laid out by the National Addiction Studies Standards Curriculum Committee (NASSCC).

NASAC is one of only two organizations that accredit addiction studies programs. Of these programs, NASAC is the only accrediting body that accredits all academic degree levels for addiction studies education and represents addiction-focused education (1-year addiction certificate, and associate's, bachelor's, master's, and doctoral degree levels).

Why become accredited through NASAC?

Accreditation serves multiple roles and provides value to programs seeking accreditation:

- Accreditation standards can be used as guidance for creating an addiction studies education program meeting national standards.
- The process of accreditation requires the program to engage in self-assessment presenting the program with the occasion to evaluate its program goals, curriculum, strengths and weakness.
- Peer evaluation of programs creates an opportunity for program members to receive feedback from educators of similar programs.
- Programs that are accredited can demonstrate to key stake holders (students, legislators, future employers, and others) that their program meets national standards.
- NASAC accreditation contributes to increase the standardization of the academic requirements in the addiction workforce.

Learn more about how to become NASAC Accredited:

Visit www.nasacaccreditation.org, e-mail admin@nasacaccreditation.org, call **703-741-7686**, fax **703-741-7698**, or mail NASAC at **NASAC, 44 Canal Center Plaza, Ste 301, Alexandria, VA 22314.**



Manual

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Manual Purpose

The National Addiction Studies Accreditation Commission (NASAC) Manual is designed to be used by faculty members in addiction studies focused higher education programs as a guide to prepare for accreditation. The following includes the policies, procedures, and application for the NASAC accreditation process. In addition, others wanting guidance about standards for addiction counselor education and/or to understand the accreditation process may find this manual to be of benefit to them.

NASAC Accreditation Manual and Application, 3rd Edition.

Overview of Accreditation

Accreditation is a process to grant approval based on a minimum set of standard criteria being met and maintained. The accreditation process is a nongovernmental process that may be recognized by governmental entities. The NASAC Accreditation application process is a self-regulating function carried out by a peer evaluation review of a program from a regionally accredited college or university that offers a degree in addiction studies focused or has an addiction studies focused. The NASAC Commission is made up of evaluators from higher education faculty members and educators selected from institutions and addiction studies focused programs similar to the NASAC Accredited Programs.

NASAC Formation

The Center for Substance Abuse Treatment (CSAT) and the Substance Abuse and Mental Health Services Administration (SAMSHA) encouraged the two primary groups representing academic addiction studies focused educators, the International Coalition for Addiction Studies Education (INCASE), and addiction professionals, NAADAC, the Association for Addiction Professionals, to create a single higher education addiction studies focused curricula accreditation body. In response, National Addiction Studies Accreditation Commission (NASAC) was formed to assess academic programs in addiction studies focused at regionally accredited institutions of higher education. Workshops and continuing education programs are not included in this accreditation process.

INCASE and NAADAC joined their higher education approval programs to provide a single standard for higher education addiction studies focused programs to form the National Addiction Studies Accreditation Commission (NASAC).

NASAC, is specific to accrediting addiction studies focused education programs and focuses on competent, knowledgeable and evidence-based practices, as laid out by SAMHSA.

NASAC is one of only two organizations that accredits addiction studies focused programs. Of these programs, NASAC is the only accrediting body that accredits all academic degree levels for addiction studies focused education and represents addiction-focused education (associates, bachelors, masters, and doctorates).

The NASAC Board of Commissioners

The NASAC Board of Commissioners is composed of six members. The president and past president of both NAADAC and INCASE shall be included on the board. NAADAC and INCASE shall each select one additional member from their organizations to comprise the remaining board membership. Therefore, three of the members are NAADAC members and three are INCASE members. The President of the NASAC Board of Commissioners term will be for one year; the office will alternate between one of three current NAADAC and INCASE members. In alternating years, the NASAC President will be a NAADAC member of the board and in the next year a INCASE member of the board will be NASAC President. The selection of President shall be made at the final NASAC board meeting of the prior calendar year. The NASAC Board of Commissioners will meet quarterly.

**The Mission Statement and Program Approval Process
of
The National Addiction Studies Accreditation Commission**

Part I: Mission Statement

In organizing a program approval process for higher education addiction studies focused curricula, NASAC promotes the following goals:

1. Quality assurance through the promulgation of program standards.
2. The development of articulation networks, transferability, and portability of matriculated certificates and degrees.
3. Providing a resource for the creation, expansion, and upgrade of addiction studies focused curricula.
4. Ensuring that the classroom, and supervised practicum coursework, has a bridge from science to practice in the preparation of an employable and professionally trained addictions workforce.
5. Self-governance of addiction studies within higher education.
6. Supporting addiction studies focused educators to advocate for their existence and needs within their institutional environment.
7. Assisting students in moving up educational and career ladders by legitimizing curricula and academic programs through approval of a single higher education addiction studies focused accreditation body.
8. Aiding in linking academic programs to workforce issues and trends, to enhance the employability and career mobility of students, and to ensure that curricula will aid in serving the needs of various subsets within the addiction field. These subsets include, but may not be limited to prevention, treatment, recovery support, administration, and research.
9. Addressing the following evaluation areas, at a minimum, during the program approval process:
 - a. Mission, goals and objectives.
 - b. Curriculum
 - c. Educational Modality
 - d. Practicum, Internship, Field Work or Field Experience if required.

Role and Value of NASAC Accreditation

Accreditation serves multiple roles and provides value to programs seeking accreditation:

1. NASAC accreditation standards can be used as guidance for creating a program meeting national standards when developing a program.
2. The process of NASAC accreditation requires the program to engage in self-assessment presenting the program with the occasion to evaluate its program goals, curriculum, and strengths and weakness.
3. Peer evaluation of programs creates an opportunity for program members to receive feedback from educators of similar programs.
4. Programs that are NASAC accredited can demonstrate to key stakeholders (students, legislator, future employers, and others) that their program meets national standards.
5. NASAC accreditation contributes to the possibility of increasing the standardization of the academic requirements for the addiction profession.

Assisting in Program Development

Colleges and universities considering establishing an addiction studies focused program will find the NASAC accreditation information useful when outlining the curriculum, developing courses, and setting standards for their program. NASAC accreditation standards were developed with input from the professional field represented by NAADAC and the academic world represented by INCASE. This collaboration contributes to the continued growth of knowledge in the field and ensures that programs using the accreditation standards as a guideline will have a curriculum meeting national standards for the profession.

Self-assessment Improves Programs

Each program seeking accreditation must complete a self-assessment evaluating the curriculum, the faculty credentials, and the outcomes of the program. The process of self-assessment for NASAC accreditation requires the program to be clear in its mission, create plans for reaching the mission, and demonstrate that the program meets national standards. Completing a systematic review of the curriculum, comparing it to the national standards, and assessing the program outcomes provides an opportunity for programs to reassess their mission on a regular basis, revise if necessary, update courses, assess priorities, and evaluate the effectiveness of the program in serving its purpose.

Peer Evaluation Provides Feedback

The NASAC accreditation process requires a site visit by an evaluation team consisting of faculty from programs already accredited. The peer evaluators will provide written feedback on the program. Also, the site visit offers an opportunity to discuss challenges, exchange ideas, and receive an outside perspective on the program. Peer evaluation combined with self-assessment provides the program with a broad perspective

regarding program merits. Programs that earn accreditation can ensure the public that outside professionals knowledgeable about the standards of the profession have provided a well-informed appraisal of the program and deemed the program to meet national standards.

Assurance to Stakeholders

NASAC accreditation provides assurance to prospective students that a program provides the content and skill development standards for the addiction profession. Being NASAC accredited means the program is approved for providing the curriculum, the faculty is appropriately credentialed, and the program has skill development opportunities that are essential for becoming an addiction professional.

Equally as important, clients of addiction professionals graduating from NASAC accredited programs benefit from providers who have been educated in programs providing education that meets or exceeds the national standards. Potential employers can be assured that a graduate of an NASAC accredited program has been provided the educational opportunity necessary for competence. Lastly, those providing funding for educational programs can be reassured that NASAC accredited programs are delivering quality addiction studies education.

Increasing Standardization of Academic Requirements for the Profession

The joining of INCASE and NAADAC has contributed to creating a single set of academic expectations for those entering the addiction profession. Also, the standards can be used as a guideline for state licensing or certification boards.

Code of Ethics

The following code of ethics applies to Commissioners, Evaluation Team Members, and Staff of the National Addiction Studies Accreditation Commission (NASAC), hereafter defined as NASAC Commissioners, Evaluation Team Members, and Staff.

Confidentiality

NASAC Commissioners, Evaluation Team Members, and Staff shall maintain confidentiality in regards to materials, discussions, correspondence, accreditation assessments, and other materials related to the accreditation process. Neither oral nor written communications shall be shared publically or privately without prior permission of the NASAC Commission.

Intellectual Property

NASAC Commissioners, Evaluation Team Members, and Staff agree to hold all intellectual property of NASC in strictest confidence. NASAC Accrediting Applications are the intellectual property of the applicant institution and/or faculty. Nothing shall be copied or used outside of the application and accreditation process without the expressed and written permission of the institution. The permission will include the purpose of the sharing of the intellectual property.

Boundaries/Dual Relationships

NASAC Commissioners, Evaluation Team Members, and Staff shall not engage in review or discussion of an institution if their objectivity is compromised. If a prior relationships exists, they shall disclose prior to the discussion. Possible dual relationships may include, but are not limited to: prior business or personal relationships with the accreditation applicant (personal or institutional); being philosophically opposed to the applicant's philosophy, educational modality, or theoretical orientation; or any other possible conflicts.

Gifts/Services

Minor gifts, memorializing the institution (cups, hats, shirts, etc.) with a fifty dollar maximum value may be accepted by NASAC Commissioners, Evaluation Team Members, and Staff from institutions seeking accreditation, but not requested, required or expected. All other gifts, and any gifts valued over fifty dollars, may not be accepted. Gifts that have been accepted will be accepted on behalf of and reported to NASAC.

NASAC Accreditation Approval Procedures Step by Step

1. Obtain application packet and instructions from the NASAC website:
www.nasacaccreditation.org
2. Complete application and return to NASAC with application fees.
3. NASAC Institution Approval Committee will select an evaluation team to send to your location.
4. The institution will prepare a preliminary self-study portfolio.
5. The Self-Study needs to be completed; please review the enclosed instructions. The purpose of the self-study is for the institution to reflect upon the program's mission, goals, and whether the program is meeting the national standards, as well as to demonstrate that the institution meets the NASAC standards.

Self-Study Instructions:

- a. Programs need to provide the outlined information and supporting documents when appropriate.
 - b. All information must be organized as indicated in the application packet.
 - c. Create an electronic document containing the organized information.
 - d. Send the Self-Study to the NASAC office electronically.
6. NASAC office staff will send the evaluation team the application and self-study within four weeks of the office receiving the self-study portfolio.
 7. Evaluation Team will consist of 3 people who meet the following criteria:
 - a. Must be a full-time or part-time faculty in an NASAC accredited addictions studies academic program. Exceptions may be made by Board of Commissioners.
 - b. Must have completed the NASAC evaluators training.
 - c. Will review the application and self-study to determine if the institution has provided sufficient information to be evaluated.
 - d. Will inform the institution if the information is not sufficient and what information needed.
 - e. The institution will have one month to respond with additional information or will need to begin the application process again.
 - f. Will review the application and self-study, for those with sufficient information, and assess whether the institution meets the NASAC standards.

- g. Will send a letter of instruction to the site specifying any concerns, clarification, or other documentation pertaining to the NASAC standards they would like the program to address.

The evaluation team may recommend to the NASAC Board of Commissioners that a site visit be completed (for example, it may be considered necessary for a program that received a conditional approval in a prior accreditation). If the NASAC Board of Commissioners determines a site visit is necessary, they will appoint an On-Site Evaluator.

8. On-Site Evaluator (if a site visit is deemed necessary)

The on-site evaluator will schedule a site visit with the institution. At minimum, the site visit will consist of the following meetings (more meetings may be added at the discretion of the site evaluation team with five business day's notification to the institution): During the site visit the evaluator will:

- a. Meet with appropriate Dean, Department Chair, and Program Coordinator.
 - b. Meet with Faculty of the Program.
 - c. Meet with Agency Supervisor(s), where a practicum is a component of the program.
 - d. Hold a focus group with students.
 - e. Conduct an exit interview and give verbal feedback about recommendations for program improvements or modifications and to answer questions from members of the institution. The site evaluators does not make the final decision as to whether or not the program meets NASAC standards and should be careful not to convey to the institution that they do because the final decision rests with the NASAC Institutional Approval Committee.
9. The Evaluation Team and Site Evaluator (if one is appointed) will make recommendations based upon the Evaluation Team's review and site visit (if one occurs) to the NASAC Board of Commissioners. The recommendations may be one of the following:

Tabling of the application to allow for further development of the program or submission of further documentation where indicated.

- a. Conditional Accreditation, with the condition that a plan for specific program modifications, additional information to be submitted, additional policies/procedures to be developed, or other relevant information. The Conditional Accreditation will be limited to a period of three years, before applying for Full Accreditation.
- b. Full Accreditation, with a renewal of the program approval process after a period of seven years. At the time of renewal, the program will fulfill the requirements of the current accreditation standards.

10. Approval Process

- a. Evaluation Team and Site Evaluator (if one is appointed) will submit written report to NASAC Board of Commissioners.
- b. NASAC Board of Commissioners will review documents provided by Evaluation Team and make a final decision that will be one of the following:
 - i. Tabling of the application to allow for further development of the program, or submission of further documentation where indicated.
 - ii. Denial of Accreditation
 - iii. Conditional Accreditation, with the condition that a plan for specific program modifications, additional information to be submitted, additional policies/procedures to be developed, or other relevant information. The Conditional Accreditation will be limited to a period of three years, before applying for Full Accreditation. A fee of \$300 will be due years two and three to maintain conditional accreditation.
 - iv. Full Accreditation, with a renewal of the program approval process after a period of seven years. At the time of renewal, the program will fulfill the requirements of the current accreditation standards. Payment of \$300 per year starting year two and ending year seven will be required to maintain full accreditation. Note: this payment can be made in one lump sum at any time, but cannot be late.
- c. The NASAC Office will provide a written notice of the outcome of the Site Visit to the institution.
- d. NASAC Commissioners will review recommendations and will send a formal written notice to the program regarding the outcome.

Appeal Process

After the normal evaluation process has been completed, and the college/university is denied accreditation, the college may use the following appeal process. The cost of the hearing will be paid by the applicant and shall include: staffing and administrative cost, cost for stenographic recording, and if the school chooses to be represented by counsel, the school will also pay for counsel for the National Addiction Studies Accreditation Commission. A deposit of \$1000 will be required. Any amount not used will be refunded.

1. The college must ask for clarifications of the reasons for denial from the chair of the evaluation team within 30 days. The chair will respond within 30 days after receiving the request.
2. Once the college receives the clarification, they may ask for a period, not to exceed 30 days, to correct the deficiencies.
3. Once the 30 days expires, the evaluators may
 - a. Accept the response to the clarification and re-open the evaluation process.
 - b. Uphold the initial denial.
4. If the evaluator upholds the initial denial, the applicant may appeal to the NASAC Board of Commissioners within 30 days of receiving the notice that the denial was upheld. In the appeal, the applicant shall state their rationale for the appeal. The evaluators will get a copy of the appeal for review, and shall within 30 days, provide a written response to the appeal to the commissioners.
5. The commission will review both the applicant's position and the evaluator's position, within 30 days, and shall decide to either
 - a. Overturn the evaluator's denial and approve the applicant's accreditation with conditions to be implemented within one year.
 - b. Uphold the denial.
6. If the commission upholds the denial, the applicant may ask for an appeal hearing. The hearing will take place within 12 months, at a time and place chosen by the commission. The hearing shall follow this protocol:
 - a. The chair of the evaluation team will make a 20 minute presentation to the commission explaining, in detail, the reasons for denial.
 - b. The applicant representative (one person) shall present a 20 minute rebuttal detailing the reasons the commission should reverse the decision of the evaluation team.
 - c. The commissioners will question both presenters for 20 minutes
 - d. The applicant and the chair of the evaluation team will be notified of the commission's decision within 30 days. This decision is final.

Completing the Preliminary Self-Study

The self-study is a process and a product that the institution performs for the accreditation process. The self-study is a portfolio that will be reviewed continuously throughout the site visit and accreditation review process.

The self-study must be organized in a portfolio per the following “Sections.” A table of contents for the sections or addendums must be included in the portfolio. Be thorough and complete in the preparation of your portfolio, as not every Evaluation Team reviewer will have knowledge of your program. Please submit an electronic PDF file of the completed Self-Study Portfolio to the NASAC office. It is important to keep an exact copy of these documents to be available during the site visit, if a site visit is deemed necessary.

Strengths, Improvements, Opportunities, and Threats to the Program:

It is important for programs to be regularly assessed to create and maintain a strong, effective, and relevant program that meet the current standards for the field. Programs need to evaluate the strengths, unique qualities, and weaknesses of the program to know what resources need to be allocated to maintain strengths and strengthen weaknesses. The self-study process provides the program with a chance to identify opportunities and threats that were not recognized previously. Looking toward the future increases the likelihood the program will maintain its relevancy and sustainability.

Section One- Part One: Mission and Goals

The mission of the program should be clear and concise. A program’s mission guides the program curriculum, staffing, and aids in students determination of whether the program meets students’ career goals. Goals for the program should directly relate to the mission of the program, and the program curriculum should demonstrate that the curriculum fulfills the goals and the mission.

Section One- Part Two: Regional Accreditation

The college or university housing the program applying for NASAC accreditation must have prior regional accreditation by one of the U.S. Department of Education designated accrediting agencies. The program must submit verification of regional accreditation by submitting a copy of the letter of accreditation or a copy of the current Certificate of Accreditation.

Regional Accreditation Bodies

Following are the Department of Education Approved Accreditation Bodies for Higher Education:

- Middle States Association of Colleges and Schools - Educational Institutions in New York, New Jersey, Pennsylvania, Delaware, Maryland, the District of Columbia,

Puerto Rico, and the US Virgin Islands, as well as schools for American children in Europe, North Africa, and the Middle East.

- New England Association of Schools and College - Educational institutions in the six New England states (Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, and Vermont).
- Higher Learning Commission - Educational institutions in Arkansas, Arizona, Colorado, Iowa, Illinois, Indiana, Kansas, Michigan, Minnesota, Missouri, North Dakota, Nebraska, Ohio, Oklahoma, New Mexico, South Dakota, Wisconsin, West Virginia, and Wyoming.
- Northwest Accreditation Commission for primary and secondary schools and Northwest Commission on Colleges and Universities for postsecondary institutions in Alaska, Idaho, Montana, Nevada, Oregon, Utah, and Washington.
- Western Association of Schools and Colleges - Educational institutions in California, Hawaii, Guam, American Samoa, Micronesia, Palau, and Northern Marianas Islands, as well as schools for American children in Asia.
- Southern Association of Colleges and Schools - Educational institutions in Virginia, Florida, Georgia, Kentucky, Louisiana, Mississippi, North Carolina, South Carolina, Alabama, Tennessee and Texas.

Section Two: The Curriculum

The most important aspect of the program is the curriculum. Programs need to have a comprehensive curriculum that provides the most current information for the field and offers students the knowledge and skill base necessary to meet the current standards of competence in the addictions field. Programs must demonstrate through course descriptions, outlines, and syllabi that the course objectives and requirements provide a comprehensive curriculum. Programs will also complete the TAP 21 content grid establishing that the courses cover the required content. The expectations must be met for each program applied: associates, bachelors, masters, and/or doctorate.

NASAC Curriculum Requirements

The specifications following each standard in this section define four levels of academic training: Associates, Bachelors, Masters and Doctoral. The curriculum requirements follow the SAMSHA Scopes of Practice guidelines and the TAP 21, TAP 21A, and each program will need to meet their state credentialing requirements.

KNOWLEDGE, THEORY AND SKILL DEVELOPMENT

Standard 1: History

The curriculum shall include the historical development of the overall field of addiction prevention and treatment.

The history of addictive disorders along with the contexts in which prevention and treatment evolved, provide a foundation for understanding the present conditions in the profession, and a framework for understanding future evolution. This includes the knowledge of how the profession developed from various non-professional experiences, how other disciplines succeeded or failed in dealing with addictive disorders, as well as the social and political forces that impacted upon service delivery.

Minimum Associate Specifications for Standard 1

Demonstrate how the following are included in the curriculum:

- a. Historical and cross-cultural survey of addictive disorders
- b. Historical roots of the prevention and treatment profession
- c. The evolution of the profession from the “para-professional” workers to the current degreed workers
- d. Historical and current legislation impacting upon the delivery of addiction services both nationally and at the state level.
- e. How public and personal attitudes influence personal behavior, Public Policy, and legislation related to substance related and addictive disorders services.

Minimum Bachelors Specifications for Standard 1

Demonstrate how the following are included in the curriculum:

- a. Standards for associate degree program.
- b. Demonstrate how the Knowledge and Theory related to the historical development of the profession is included and analyzed within the curriculum.
- c. Differences between the systems of government, economics and consumerism.
- d. Exposure to various political and economic motivators in society that impact prevention and treatment services.

Minimum Masters Specifications for Standard 1

Demonstrate how the following are included in the curriculum:

- a. Standards of associate and bachelor’s degree programs.
- b. Analyze and develop an understanding for the elements needed to improve the service delivery to clients/patients.
- c. Analyze and develop an understanding of the theories and elements necessary for current social change, surrounding the issues of prevention and treatment.
- d. Analyze and develop an understanding of various multicultural and international approaches to the prevention and treatment of substance related and addictive disorders.

Minimum Doctoral Specifications for Standard 1

Demonstrate how the following are included in the curriculum:

- a. Standards of associate, bachelors, and master’s degree programs.

- b. Demonstrate how the Knowledge and Theory related to the historical development of the profession is analyzed and integrated into new and creative insights, skills or models of change.

KNOWLEDGE, THEORY AND SKILL DEVELOPMENT

Standard 2: Substance Related and Addictive Disorder Counseling Skills

The curriculum will train students to have the knowledge, theory, and skills to provide the core functions of substance related and addictive disorders counseling.

For students being prepared to become substance related and addictive disorders professionals, the curriculum should include, at all levels, the 8 Skill Groups as well as the competencies laid out in the Technical Assistance Publication (TAP) Series 21, produced by the U.S. Department of Health and Human Services. The state where a college/institution is located may have different standards of practice, some will use a certification system, and others will use a licensure system. Curricula that is not intended to prepare counselors for certification or licensure as a substance related and addictive disorders professional may utilize only the relevant skills for their program.

The TAP 21 eight Skills Groups are:

- Treatment Admission
- Clinical Assessment
- Ongoing Treatment Planning
- Counseling Services
- Documentation
- Case Management
- Discharge and Continuing Care
- Legal, Ethical and Professional Growth Issues

Minimum Associate Specifications for Standard 2

Demonstrate the knowledge and skills to understand and utilize the Tap 21 skill groups and competencies of substance related and addictive disorders counseling are integrated into the curriculum.

- a. As listed above (or similar listing of core functions propagated by the International Certification and Reciprocity Consortium (IC&RC)).

Minimum Bachelors Specifications for Standard 2

Demonstrate the knowledge and skills to understand and show proficiency in utilizing the Tap 21 skills groups and competencies in substance related and addictive disorders counseling.

- a. As listed above (or similar listing of core functions propagated by the International Certification and Reciprocity Consortium (IC&RC)).

Minimum Masters Specifications for Standard 2

Demonstrate how the knowledge and skills related to the utilization of the Tap 21 in substance related and addictive disorders counseling are integrated into the curriculum at a Masters level.

- a. As listed above (or similar listing of core functions propagated by the International Certification and Reciprocity Consortium (IC&RC)).
- b. Diagnosis of substance use disorders (in addition to assessment).
- c. Gain a basic understanding of clinical supervision skills and techniques to assist in the training of students, interns, and other counselors.
- d. Provide training in these skill groups and train to entry level counselors.

Doctoral Specifications for Standard 2

Demonstrate how the knowledge and skills related to the utilization of the Tap 21 Skill Groups in substance related and addictive disorders counseling are integrated into the curriculum at a doctoral level.

- a. As listed above (or similar listing of core functions propagated by the International Certification and Reciprocity Consortium (IC&RC)).
- b. Develop proficiency in providing clinical supervision.
- c. Provide training and clinical supervision to students, interns, undergraduate, and master's level counselors.
- d. Provide academic education to undergraduate and graduate students and counselors.

KNOWLEDGE, THEORY AND SKILL DEVELOPMENT

Standard 3: Pharmacology and Physiology

The curriculum shall provide knowledge, theory and skills concerning pharmacology and physiology.

Students in the field of addiction studies need to have an appropriate level of understanding of pharmacology as it relates to the physical, emotional, social, and intellectual dynamics of the whole person.

Minimum Associate Specifications for Standard 3

Demonstrate how the knowledge, theory and skill utilization related to pharmacology is integrated into the curriculum:

- a. Basic understanding of how drugs effect and affect the physical, emotional, social, and spiritual aspects of the person.
- b. Basic knowledge of symptoms of intoxication and withdrawal.
- c. Basic knowledge of the physical effects of drugs on the human physiology.

- d. Difference between licit and illicit drug use.

Minimum Bachelors Specifications for Standard 3

Demonstrate how the knowledge, theory, and skill utilization related to pharmacology is integrated into the curriculum.

- a. Basic understanding of current neurobiology of substance related and addictive disorders.
- b. Substance related and addictive disorders as a Brain Disease.
- c. Provide client education about the physiology and pharmacology of use, abuse, addiction, and recovery to individuals, family members, and communities.
- d. Working understanding of pharmacological modalities of substance related and addictive disorders.

Minimum Masters Specifications for Standard 3

Demonstrate how the knowledge, theory and skill utilization related to pharmacology is integrated into the curriculum.

- a. Advanced understanding of pharmacology and neurobiology of substance related and addictive disorders.
- b. Understanding of psychiatric medications used in the treatment of coexisting disorders, and the implications for treatment.
- c. Advanced understanding of pharmacological modalities of substance related and addictive disorders.
- d. Develop knowledge and skills related to diet/nutrition and exercise as it relates to prevention, treatment and recovery.
- e. Basic understanding of current complementary medicine approaches to treating substance related and addictive disorders, including, but not limited to herbal medicines, acupuncture, meditation, biofeedback, and other similar therapies.

Minimum Doctoral Specifications for Standard 3

Same as Masters Specifications for Standard 3

KNOWLEDGE, THEORY AND SKILL DEVELOPMENT

Standard 4: Assessment

The curriculum shall include specific knowledge, theory and skills necessary to provide an assessment for substance related and addictive disorders.

Minimum Associate Specifications for Standard 4

Demonstrate how knowledge, theory and skill development regarding current standardized tools used to assess substance related and addictive disorders are included in the curriculum.

Minimum Bachelors Specifications for Standard 4

Demonstrate how knowledge, theory and skill development regarding current standardized tools used to assess substance related and addictive disorders are included in the curriculum.

Minimum Masters Specifications for Standard 4

Demonstrate how knowledge, theory and skill development regarding current standardized tools used to assess substance related and addictive disorders and related problems are included in the curriculum.

Minimum Doctoral Specifications for Standard 4

Demonstrate how knowledge, theory and skill development regarding current standardized tools used to assess substance related and addictive disorders and related problems are included in the curriculum.

KNOWLEDGE, THEORY AND SKILL DEVELOPMENT

Standard 5: Treatment Modalities

The curriculum shall provide knowledge, theory and skills related to various substance related and addictive disorders treatment modalities.

Document that knowledge of the treatment modalities accepted as the current levels of care are identified, described in philosophy and theory, so that appropriate treatment planning and referral can take place.

Minimum Associates Specifications for Standard 5

Students at this level will:

- a. Be familiar with the levels of care defined by the current ASAM criteria.
- b. Be aware of referral protocols between the various service providers in the local/county/state region.
- c. Be familiar with fees, payment scales, waived fees and other third party payees for various treatment providers.

Minimum Bachelors Specifications for Standard 5

Students at this level will:

- a. Be familiar with the levels of care defined by the current ASAM criteria.
- b. Be aware of referral protocols between the various service providers in the local/county/state region.
- c. Be familiar with fees, payment scales, waived fees and other third party payees for various treatment providers.

Minimum Masters Specifications for Standard 5

Students at this level will:

- a. Be aware of program evaluations, accreditations, and other similar functions to assist in providing the best quality treatment for clients/patients, in cooperation with other members of the treatment team.

Minimum Doctoral Specifications for Standard 5

Students at this level will:

- a. Supervise and conduct program evaluations, and accreditations, to assist in providing the best quality treatment for clients/patients in cooperation with other members of the treatment team.

KNOWLEDGE, THEORY AND SKILL DEVELOPMENT

Standard 6: Information Management and Recording Keeping

The curriculum shall provide for knowledge, theory and skills in information management.

Minimum Associates Specifications for Standard 6

Demonstrate how the following are included in the curriculum:

- a. Knowledge, theory and skills to develop information to complete a bio-psycho-social-spiritual) assessment for the purpose of development of a treatment plan.
- b. Knowledge, theory and skills to gather information through client observation, interviewing, active listening, consultation with others, internet access, library/resource centers, and observations.
- c. Knowledge, theory and skills to record and organize professionally relevant information.
- d. Issues related to federal and state confidentiality rules.
- e. Appropriate levels of literacy and writing skills necessary for professional communication.
- f. Use of technology for word processing, sending e-mail, and locating and evaluating information.

Minimum Bachelors Specifications for Standard 6

Demonstrate how the following are included in the curriculum:

- a. Knowledge and skills to obtain information through the observation of how the individual functions in relationship to various systems.
- b. Knowledge and skills to assess the adequacy, accuracy and validity of information provided by others.
- c. Knowledge and skills to develop a treatment plan, document progress in achieving the goals and objectives, write relevant letters, reports advocacy position statements, and develop a discharge summary.
- d. Produce a written case presentation.
- e. Produce a limited number of reports/term papers.

Minimum Masters Specifications for Standard 6

Demonstrate how the following are included in the curriculum:

- a. Knowledge and skills associated with management and clinical supervision of client records and information management.
- b. Knowledge and skills to develop basic programmatic needs assessment, program coordination and evaluation.
- c. Skills to interpret and present research findings in written or verbal form to clients, colleagues, or other professionals; and to use this information for community education and public relations.
- d. Produce a relevant *master's thesis* or project.

Minimum Doctoral Specifications for Standard 6

Demonstrate how the following are included in the curriculum:

- a. Knowledge and skills to gather relevant research information.
- b. Knowledge, theory and skills to analyze relevant research information.
- c. Produce a doctoral thesis or project.
- d. Knowledge and skills to organize and publish new and relevant information.

KNOWLEDGE, THEORY AND SKILL DEVELOPMENT

Standard 7: Interpersonal Communications

Learning experiences shall be provided for the student to develop his or her interpersonal skills.

- a. The ability to create genuine and empathetic relationships with others is central to the addiction professional.
- b. These skills are applicable to all levels of education, and a greater proficiency is expected at each progressively higher level.

Associates, Bachelors, Masters and Doctoral Levels

Demonstrate how the following are included in the curriculum:

- a. Clarifying expectations for self and others, as well as programs and systems.
- b. Dealing effectively with conflict and confrontation.
- c. Establishing rapport with clients.
- d. Maintaining behavior that is congruent with expressed values.
- e. Critical thinking for analysis, problem solving, synthesis, decision making, and predicting outcomes.
- f. Becoming familiar with sub-population issues, including, but not limited to: cultural/racial/ethnic, age, gender, sexual orientation, religious traditions and belief systems.

KNOWLEDGE, THEORY AND SKILL DEVELOPMENT

Standard 8: Administrative and Supervisory

Graduate and Post-graduate training shall include knowledge, theory and skills to provide administrative and supervisory competency.

At the Masters and Doctoral levels, graduates are expected to have supervisory and administrative skills, while Associate and Bachelor level workers need to know how to work under supervision.

Minimum Associates and Bachelors Specification for Standard 8

Demonstrate how the knowledge, theory, and skills for the following areas are included in the curriculum:

- a. Knowledge of rules and regulations regarding clinical supervision.
- b. Knowledge of what qualities to seek out in a clinical supervisor.
- c. How to work under supervision in an administrative structure.
- d. Know the limitations of scope of practice and function.
- e. Know when to seek out additional supervision and/or consultation.

Minimum Masters and Doctoral Specifications for Standard 8

Demonstrate how the knowledge, theory, and skills for the following areas are included in the curriculum:

- a. Program planning, coordination, and evaluation.
- b. Providing supervision, administrative and clinical.
- c. Grant and contract management.
- d. Develop professional needs assessment and development plans.
- e. Understand the legal and regulatory aspects of service delivery.
- f. Understand the approaches to public policy development, the legislative and statutory process, regulation development and enforcement.
- g. Constituency building, advocacy techniques such as lobbying, grass roots movements, community development, and community organizing.
- h. Train and supervise students, interns and certified counselors.
- i. Evaluate students, interns, counselors and other staff.

Section Three: Educational Modality

NASAC recognizes that programs are offered in a variety of modalities including on-line, off-campus sites, and through other forms of technology. The program needs to demonstrate that the program meets the accreditation requirements at all sites and in all modalities in which it is provided to students. Please provide the physical address of all campus programs and if the program is on-line, please provide the website address.

Section Four: Practicum, Internship, Field Work, or Field Experience, if Required

Practical experiences are a valuable part of increasing students' knowledge and skill competencies. Programs have a responsibility to ensure students receive appropriate and adequate training and supervision.

NASAC FIELD PRACTICE AND SUPERVISED TRAINING REQUIREMENTS

Minimum Requirements

While there is agreement that field experiences or supervised training is a critical component overall training in the addiction profession, there are variations in format, duration, and placements.

Supervised experience and training are a process of professional development that integrates academic knowledge, theory and skill development, with professional behaviors that are being taught concurrently in the classroom. It should be an integral part of the total educational process. The content of the supervised experiences shall be with each academic level.

Where appropriate, the supervised training should qualify as hours that qualify for certification or licensure in a certified or licensed discipline within state requirements. These standards will not dictate the number of hours, but the program must document how the hours fulfill state-mandated certification or licensure requirements in whole or in part.

Field Standard 1

The program shall provide field experience/supervised training that is integrated with the curriculum.

Specifications for all levels of Field Standard 1

- a. Demonstrate how students are exposed to substance related and addictive disorders agencies, clients/patients, and self-help groups within the program.
- b. Provide a copy of the text and/or manual and guidelines given to the students advising them of the field experience placement requirements.
- c. Provide documentation of written agreements with field agencies and/or clinical supervisors that specify the student's role, activities, supervision, field instruction, and evaluations.
- d. Each placement shall have both a field supervisor and academic faculty supervisor.

Additional Specification for Field Standard 1

Bachelors, Masters and Doctoral levels

The program shall demonstrate how:

- a. The student is assigned and supervised with an independent caseload or the assignment of administrative function within the agency.
- b. The supervised training site is either a licensed facility that treats addictive and substance related disorders or a community-based agency, or a practice with an appropriately licensed and trained supervisor.
- c. Masters and Doctoral levels should include training sites that provide services to those with co-occurring disorders. Bachelors level students may also be exposed to this population.

Field Standard 2

Academic Credit

The program shall provide academic credit for field experiences and other supervised training.

The granting of academic credit for field experiences and other supervised training is widely accepted. It validates the experience as a genuine part of the curriculum and tends to assure quality instruction.

Specifications for all levels for Field Standard 2

- a. Provide academic credit for all or some of the hours required by the state certifying or licensing bodies.
- b. Advise students of the total number of hours required by state certifying or licensing bodies, and how many of these hours will be satisfied by the field placement/supervised training experience.
- c. Demonstrate how training experience is structured with clear learning experiences and methods of evaluation.

Field Standard 3

Supervision

Field supervisors shall be licensed (or certified, depending on state requirements) clinical supervisors, with training in providing clinical supervision (in accordance with state regulations), to insure that field supervisors provide quality learning experiences.

Maximum learning will occur only when both the field placement and the college/university provides quality supervision to the students.

Specifications for all levels of Field Standard 3

- a. Supervisors shall have no less than the same credential or degree than the program awards. It is strongly recommended that supervisors have no less than one degree level above the level of degree that the students are

seeking. A minimum of a Masters Degree is recommended. State regulatory credentials should be minimal requirements. Doctoral students should be supervised by a supervisor holding a doctoral degree: however when this is not readily available a supervisor holding the highest level of supervisory status available within the area (reasonable driving distance) will suffice.

- b. Supervisors should have training in how to provide clinical supervision. If the supervisor does not have a supervision credential, the school shall help provide minimum Continuing Education to the field supervisor.
- c. Demonstrate that the Faculty Course Supervisor has at least one site-visit each semester (or quarter) to help monitor the progress of the experience or meet with all clinical supervisors at least once per semester.
- d. Demonstrate that there is a written plan for learning objectives, activities, and outcomes for each student that was agreed to by the faculty supervisor, the student, and the field supervisor.
- e. Document a final summary evaluation for each student and how the evaluation is used to assist in personal/professional growth. Included, should be a format for suggesting that the student has or does not have the potential to become a substance use disorder/addiction professional.

Addiction Curriculum Evaluation Scales

INSTRUCTIONS:	AA	BA	MA	DA
In the columns list the course number of the class/s which cover each specific content area for all addiction studies degrees offer within your program. You only need to meet the requirements for your degree/s area/s. See attachment for the SAMHSA Scopes of Practice.				
<u>A. FOUNDATIONS FOR ADDICTION PROFESSIONALS</u>				
I. UNDERSTANDING ADDICTION				
The professional is able to:				
1) Understand a variety of models and theories of addiction and other substance-related problems.				
2) Appreciate the social, political, economic, and cultural context within which addiction and substance abuse exist, including risk and resiliency factors that characterize individuals and their living environments.				
3) Describe the behavioral, psychological, physical health, and social effects of psychoactive drugs, including alcohol and tobacco, on the consumer and significant others.				
4) Recognize the potential for substance use disorders to mimic a variety of medical and psychological disorders, and the potential for medical and psychological disorders to co-exist with addiction and substance abuse.				
II. TREATMENT KNOWLEDGE				
The professional is able to:				
5) Describe the philosophies, practices, policies, and outcomes of the most generally accepted models of treatment, recovery, relapse prevention and continuing care for addiction and other substance-related problems.				
6) Appreciate the importance of family, social networks, and community systems in the treatment and recovery process.				
7) Understand the importance of research and outcome data, and their application in clinical practice.				
8) Appreciate the value of an interdisciplinary approach to addiction treatment.				
III. APPLICATION TO PRACTICE				
The professional is able to:				
9) Understand the established diagnostic criteria for substance dependence and abuse, and describe treatment modalities and placement criteria within the continuum of care.				
10) Describe a variety of helping strategies for reducing the negative effects of substance abuse and dependency.				
11) Tailor helping strategies and treatment modalities to the client's stage of dependency, change, or recovery.				
12) Adapt treatment services to the client's level of cultural and language literacy, acculturation, or assimilation.				

INSTRUCTIONS: In the columns list the course number of the class/s which cover each specific content area for all addiction studies degrees offer within your program. You only need to meet the requirements for your degree/s area/s. See attachment for the SAMHSA Scopes of Practice.	AA	BA	MA	DA
13) Appreciate the need to adapt practice to the range of treatment settings and modalities.				
14) Be familiar with medical and pharmaceutical resources in the treatment of addictive disease and other substance-related disorders.				
15) Understand the variety of insurance and health maintenance options available, and appreciate the importance of helping clients access those benefits.				
16) Recognize that crisis may indicate an underlying substance abuse problem, and may represent a window of opportunity for change.				
17) Understand the need for, and the use of, methods for measuring treatment outcome.				
IV. PROFESSIONAL READINESS The professional is able to:				
18) Understand diverse racial and ethnic cultures, including their distinct patterns of interpreting reality, world view, adaptation, and communication, and to incorporate the special needs of minority groups and the differently abled into clinical practice.				
19) Understand the importance of self-awareness in one's personal, professional, and cultural life.				
20) Understand the addiction professional's obligation to adhere to generally accepted ethical and behavioral standards of conduct in the helping relationship.				
21) Understand the importance of ongoing supervision and continuing education in the delivery of client services.				
22) Understand the obligation of the addiction professional to participate in prevention, as well as treatment.				
23) Understand and appropriately apply agency-specific policies and procedures for handling crises or dangerous situations, including safety measures for clients and staff.				
<u>B. ADDICTION COUNSELOR COMPETENCIES</u> The knowledge, skills, and attitudes within each function that are essential to the competent practice of addiction treatment and substance abuse counseling.				
I. Clinical Evaluation The systematic approach to screening and assessment.				

INSTRUCTIONS: In the columns list the course number of the class/s which cover each specific content area for all addiction studies degrees offer within your program. You only need to meet the requirements for your degree/s area/s. See attachment for the SAMHSA Scopes of Practice.	AA	BA	MA	DA
Ia. SCREENING The process through which the counselor, client, and available significant others determine the most appropriate initial course of action, given the client's needs, characteristics, and available resources within the community. The counselor is able to:				
24) Establish rapport, including management of crisis situations and determination of need for additional professional assistance.				
25) Gather data systematically from the client and other available collateral sources, using screening instruments and other methods that are sensitive to age, culture and gender. At a minimum, data should include: current and historic substance use; health, mental health, and substance-related treatment history; mental status; and current social, environmental, and/or economic constraints on the client's ability to follow-through successfully with an action plan.				
26) Screen for alcohol and other drug toxicity, withdrawal symptoms, aggression or danger to others, and potential for self-inflicted harm or suicide.				
27) Help the client identify the role of substance use in his/her current life problems.				
28) Determine the client's readiness for treatment/change and the needs of others involved in the current situation.				
29) Review the treatment options relevant to the client's needs, characteristics, and goals.				
30) Apply accepted criteria for diagnosis, and the use of modalities on the continuum of care, in making treatment recommendations.				
31) Construct with the client and others, as appropriate, an initial action plan based on needs, preferences, and available resources.				
32) Based on an initial action plan, take specific steps to initiate an admission or referral, and ensure follow-through.				
Ib. ASSESSMENT An ongoing process through which the counselor collaborates with the client, and others, to gather and interpret information necessary for planning treatment and evaluating client progress. The counselor is able to:				

INSTRUCTIONS: In the columns list the course number of the class/s which cover each specific content area for all addiction studies degrees offer within your program. You only need to meet the requirements for your degree/s area/s. See attachment for the SAMHSA Scopes of Practice.	AA	BA	MA	DA
33) Select and use comprehensive assessment instruments that are sensitive to age, gender and culture, and which address: <ul style="list-style-type: none"> • History of alcohol and other drug use • Health, mental health, and substance-related treatment history • History of sexual abuse or other physical, emotional, and verbal abuse, and/or other significant trauma • Family issues • Work history and career issues • Psychological, emotional, and world-view concerns • Physical and mental health status • Acculturation, assimilation, and cultural identification(s) • Education and basic life skills • Socio-economic characteristics, lifestyle, and current legal status • Use of community resources • Behavioral indicators of problems in the domains listed above 				
34) Analyze and interpret the data to determine treatment recommendations.				
35) Seek appropriate supervision and consultation.				
36) Document assessment findings and treatment recommendations.				
II. Treatment Planning A collaborative process through which the counselor and client develop desired treatment outcomes, and identify the strategies to achieve them. At a minimum, the treatment plan addresses the identified substance related disorder(s), as well as issues related to treatment progress, including relationships with family/friends, employment, education, spirituality, health concerns, and legal needs. The counselor is able to:				
37) Obtain and interpret all relevant assessment information.				
38) Explain assessment findings to the client and others potentially involved in treatment.				
39) Provide the client and significant others with clarification and further information, as needed.				
40) Examine treatment implications in collaboration with the client and significant others.				

INSTRUCTIONS: In the columns list the course number of the class/s which cover each specific content area for all addiction studies degrees offer within your program. You only need to meet the requirements for your degree/s area/s. See attachment for the SAMHSA Scopes of Practice.	AA	BA	MA	DA
41) Confirm the readiness of the client and significant others to participate in treatment.				
42) Prioritize client needs in the order they will be addressed.				
43) Formulate mutually agreed-upon treatment outcomes for each need.				
44) Identify appropriate strategies for each outcome.				
45) Match treatment activities and community resources with prioritized client needs, in a manner consistent with the client's diagnosis and existing placement criteria.				
46) Develop, with the client, a mutually acceptable plan of action, as well as methods for monitoring and evaluating progress.				
47) Inform the client of his/her confidentiality rights, program procedures that safeguard them, and the exceptions imposed by statute.				
48) Reassess the treatment plan at regular intervals, and/or when indicated by changing circumstances.				
III. Referral The process of facilitating the client's utilization of available support systems and community resources to meet needs identified in clinical evaluation and/or treatment planning. The counselor is able to:				
49) Establish and maintain professional relations with civic groups, agencies, other professionals, governmental entities, and the community-at-large in order to ensure appropriate referrals, identify service gaps, expand community resources, and help address unmet needs.				
50) Continuously assess and evaluate referral resources to determine their appropriateness.				
51) Differentiate between situations in which it is most appropriate for the client to self-refer to a resource, and instances requiring counselor referral.				
52) Arrange referrals to other professionals, agencies, community programs, or other appropriate resources to meet client needs.				
53) Explain in clear and specific language the necessity for, and process of, referral to increase the likelihood of client understanding and follow-through.				
54) Exchange relevant information with the agency/professional to whom the referral is being made, in a manner consistent with confidentiality regulations and generally accepted professional standards of care.				
55) Evaluate the outcome of the referral.				

INSTRUCTIONS: In the columns list the course number of the class/s which cover each specific content area for all addiction studies degrees offer within your program. You only need to meet the requirements for your degree/s area/s. See attachment for the SAMHSA Scopes of Practice.	AA	BA	MA	DA
IV. Case Management The administrative, clinical, and evaluative activities that bring the client, treatment services, community agencies, and other resources together to focus on issues and needs identified in the treatment plan. Case management establishes a framework for action to achieve specified goals. It involves collaboration with the client and significant others, coordination of treatment and referral services, liaison activities with community resources and managed care systems, and ongoing evaluation of treatment progress and client needs.				
IVa. IMPLEMENTING THE TREATMENT PLAN The counselor is able to:				
56) Initiate collaboration with referral sources.				
57) Obtain and interpret all relevant screening, assessment, and initial treatment planning information.				
58) Confirm the client's eligibility for admission and continued readiness for treatment/change.				
59) Complete necessary administrative procedures for admission to treatment.				
60) Establish accurate treatment expectations for the client and involved significant others, including: <ul style="list-style-type: none"> • Nature of services • Program goals • Program procedures • Rules regarding client conduct • Schedule of treatment activities • Costs of treatment • Factors affecting duration of care • Client rights and responsibilities 				
61) Coordinate all treatment activities with services provided to the client by other resources.				
IVb. CONSULTING The counselor is able to:				
62) Summarize the client's background, treatment plan, recovery progress, and problems inhibiting progress for the purpose of assuring quality of care, gaining feedback, and planning changes in the course of treatment.				
63) Understand terminology, procedures, and the roles of other disciplines related to the treatment of addiction.				

INSTRUCTIONS: In the columns list the course number of the class/s which cover each specific content area for all addiction studies degrees offer within your program. You only need to meet the requirements for your degree/s area/s. See attachment for the SAMHSA Scopes of Practice.	AA	BA	MA	DA
64) Contribute as a member of a multi-disciplinary treatment team.				
65) Apply confidentiality-related legal restrictions appropriately.				
66) Demonstrate respect and nonjudgmental attitudes toward the client in all contacts with other professionals or agencies.				
IVc. CONTINUING ASSESSMENT AND TREATMENT PLANNING The counselor is able to:				
67) Maintain ongoing contact with the client, and involved significant others, to ensure adherence to the treatment plan.				
68) Understand and recognize culturally appropriate stages of change and other signs of treatment progress.				
69) Assess treatment/recovery progress and, in consultation with the client and significant others, make appropriate changes to the treatment plan to ensure progress toward treatment objectives.				
70) Describe and document treatment process, progress, and outcome.				
71) Apply generally accepted measures of treatment outcome.				
72) Utilize referral skills, as described in Section 3 (above).				
73) Conduct continuing care, relapse prevention, and discharge planning with the client and involved significant others.				
74) Assure the accurate documentation of case management activities throughout the course of treatment.				
75) Apply placement, continued stay, and discharge criteria for each modality on the continuum of care.				
V. Counseling A collaborative process that facilitates the client's progress toward mutually determined treatment goals and objectives. Counseling includes individual, couple, family, and group methods that are sensitive to individual client characteristics and the influence of significant others, as well as the client's cultural and social context. Competence in counseling is built upon an understanding and appreciation of, and the ability to use appropriately, the contributions of various addiction counseling models as they apply to modalities of care for individuals, groups, families, couples, and intimate dyads.				
Va. INDIVIDUAL COUNSELING The counselor is able to:				
76) Establish a helping relationship with the client characterized by warmth, respect, genuineness, concreteness and empathy.				

INSTRUCTIONS:	AA	BA	MA	DA
<p>In the columns list the course number of the class/s which cover each specific content area for all addiction studies degrees offer within your program. You only need to meet the requirements for your degree/s area/s. See attachment for the SAMHSA Scopes of Practice.</p>				
77) Facilitate the client's engagement in the treatment/recovery process.				
78) Work with the client to establish realistic, achievable goals consistent with achieving and maintaining recovery.				
79) Encourage and reinforce all client actions that are determined to be beneficial in progressing toward treatment goals.				
80) Work appropriately with the client to recognize and discourage all behaviors inconsistent with progress toward treatment goals.				
81) Recognize how, when, and why to use the client's significant others to enhance or support the treatment plan.				
82) Promote client knowledge, skills, and attitudes that contribute to a positive change in substance use behaviors.				
83) Promote client knowledge, skills, and attitudes consistent with the maintenance of good health (as defined by both the client culture and the treatment culture) and the prevention of HIV/AIDS, TB, STDs, and other communicable diseases.				
84) Facilitate the development of basic and life skills associated with recovery.				
85) Adapt counseling strategies to the individual characteristics of the client, including (but not limited to): disability, gender, sexual orientation, developmental level, acculturation, ethnicity, age, and health status.				
86) Make constructive therapeutic responses when the client's behavior is inconsistent with stated recovery goals.				
87) Apply crisis management skills.				
88) Mentor the client's identification, selection, and practice of strategies that help sustain the knowledge, skills, and attitudes needed for maintaining treatment progress, relapse prevention, and continuing care.				
<p>Vb. GROUP COUNSELING</p> <p>The counselor is able to:</p>				
89) Describe, select, and appropriately use strategies from accepted and culturally appropriate models for group counseling with addicted or substance abusing clients.				
90) Perform the actions necessary to start a group, including: determining group type, purpose, size, and leadership; recruiting and selecting members; establishing group goals and clarifying behavioral ground rules for participating; identifying outcomes; and determining criteria and methods for termination or graduation from the group.				
91) Facilitate the entry of new members and the transition of exiting members.				

INSTRUCTIONS: In the columns list the course number of the class/s which cover each specific content area for all addiction studies degrees offer within your program. You only need to meet the requirements for your degree/s area/s. See attachment for the SAMHSA Scopes of Practice.	AA	BA	MA	DA
92) Facilitate group growth within the established ground rules, and precipitate movement toward group and individual goals by using methods consistent with group type.				
93) Understand the concepts of "process" and "content," and shift the focus of the group when such an intervention will help the group move toward its goals.				
94) Describe and summarize client behavior within the group for the purpose of documenting the client's progress and identifying needs/issues that may require modification of the treatment plan.				
Vc. COUNSELING FOR FAMILIES, COUPLES, AND INTIMATE DYADS The counselor is able to:				
95) Understand the characteristics and dynamics of families, couples, and intimate dyads affected by addiction.				
96) Be familiar with and appropriately use models of diagnosis and intervention for families, couples, and intimate dyads, including extended, kinship, or tribal family structures.				
97) Facilitate the engagement of selected members of the family, couple, or intimate dyad in the treatment and recovery process.				
98) Help members of the family, couple, or intimate dyad understand the interaction between their system and addiction.				
99) Help families, couples, and intimate dyads adopt strategies and behaviors that sustain recovery and maintain healthy relationships.				
VI. Client, Family, and Community Education The process of providing clients, families, significant others, and community groups with information on risks related to alcohol and other drug use, as well as available prevention, treatment, and recovery resources. The counselor is able to:				
100) Design and provide culturally relevant formal and informal education programs that raise awareness and support substance abuse prevention and/or the recovery process.				
101) Describe factors that increase the likelihood that an individual, community, or group will be at-risk for alcohol and other drug problems.				
102) Sensitize others to issues of cultural identity, ethnic background, age, and gender role or identity in prevention, treatment, and recovery.				
103) Describe warning signs, symptoms, and the course of addictions.				
104) Describe how addiction affects families and significant/concerned others.				
105) Describe continuum of care resources that are available to significant/concerned others.				

INSTRUCTIONS: In the columns list the course number of the class/s which cover each specific content area for all addiction studies degrees offer within your program. You only need to meet the requirements for your degree/s area/s. See attachment for the SAMHSA Scopes of Practice.	AA	BA	MA	DA
106) Describe principles and philosophies of prevention, treatment, relapse, and recovery.				
107) Understand the health and behavioral problems related to the treatment of addiction, including transmission and prevention of HIV/AIDS, TB, STDs, and other communicable diseases.				
108) Teach basic life skills such as stress management, relaxation, communication, assertiveness, and refusal skills.				
VII. Documentation The recording of the screening and intake process, assessment, and treatment plan, as well as the preparation of written reports, clinical progress notes, discharge summaries and other client-related data. The counselor is able to:				
109) Demonstrate knowledge of accepted principles of client record management.				
110) Protect client rights to privacy and confidentiality in the preparation and handling of records, especially in relation to the communication of client information with third parties.				
111) Prepare accurate and concise screening, intake, and assessment reports.				
112) Prepare and record treatment and continuing care plans that are consistent with agency standards and comply with applicable administrative rules.				
113) Record progress of the client in relation to treatment goals and objectives.				
114) Prepare an accurate, concise, informative, and current discharge summary.				
115) Document the treatment outcome, using accepted methods and instruments.				
VIII. Professional and Ethical Responsibilities The obligations of an addiction counselor to adhere to generally accepted ethical and behavioral standards of conduct and continuing professional development. The counselor shall:				
116) Demonstrate ethical behaviors by adhering to established professional codes of ethics that define the professional context within which the counselor works, in order to maintain professional standards and safeguard the client.				
117) Interpret and apply information from current counseling and addictions research literature in order to improve client care and enhance professional growth.				
118) Adhere to federal and state laws, and agency regulations, regarding addictions treatment.				
119) Recognize the importance of individual differences by gaining knowledge about personality, cultures, lifestyles, and other factors influencing client behavior, and applying this knowledge to practice.				

INSTRUCTIONS: In the columns list the course number of the class/s which cover each specific content area for all addiction studies degrees offer within your program. You only need to meet the requirements for your degree/s area/s. See attachment for the SAMHSA Scopes of Practice.	AA	BA	MA	DA
120) Utilize a range of supervisory options to process personal feelings and concerns about clients.				
121) Conduct culturally appropriate self-evaluations of professional performance, applying ethical, legal, and professional standards to enhance self-awareness and performance.				
122) Obtain appropriate continuing professional education.				
123) Assess and participate in regular supervision and consultation sessions.				
124) Develop and utilize strategies to maintain physical and mental health.				

NASAC Accreditation Renewal Protocol

Please submit on your university/college letterhead a narrative describing each of the following:

1. Describe any significant changes in the administrative status of your program (example: the addiction studies focused program has been subsumed within the Behavioral Health Program as a track or cluster of courses).
2. Describe the addition or elimination of program components (example: addition of an online degree, reduction of course content).
3. Describe changes in the curriculum (examples: addition of new course, elimination of a course, the program has become online only and no longer has “ground” classes).
4. Describe changes in the staffing patterns of your program (example: addition of new full time faculty, program no longer has a full time faculty coordinator or instructor).
5. If not previously submitted, indicate how the major substance related and addictive disorders counselor competencies, as outlined in TAP 21, are covered in your coursework.
6. Describe any significant events that affected your program that have not been addressed in the questions above.
7. (Example: loss of regional accreditation, grants received, loss of funding, award or public notice, change in state credentialing requirements). Such information is useful in highlighting the work of NASAC accredited institutions. If your college/university’s regional accreditation is put on probationary status, the program’s NASAC accreditation will be placed on probationary status as well.

Please submit this documentation to the NASAC Office, for review by the NASAC Commission.

NASAC
44 Canal Center Plaza, Suite 301
Alexandria, VA 22314
703-741-7698

admin@nasacaccreditation.org
www.NASACaccreditation.org

**National Addiction Studies Accreditation Commission
Accredited Programs as of June 21, 2022**

University/College Name	State	Accredited Programs	Degrees	Contact Name	Contact Phone	NASAC Accreditation Dates
Casper College	WY	Addictionology	AS, AA	Diana Quealy-Berge, PhD	(307) 268-2590	6/30/2013 – 12/31/2026
Clark College	WA	Addiction Counselor Education	Certificate, AAS, AA	Marcia Roi, PhD	(360) 992-2171	1/1/2021 – 12/31/2028
College of Lake County	IL	Addiction Counseling and Treatment	AAS	Janet Mason, MSW	(847) 543-2536	10/30/12 – 12/31/2026
Colorado State University	CO	Addiction Counseling in Psychology	MS	Bradley T. Conner, PhD	(970) 491-6197	
Community College of Baltimore County	MD	Human Services Counseling	AAS	Theodore E. McCadden, Jr, DEd, LCADC, ICPS	(443) 840-3783	8/01/2017 – 12/31/2024
Eastern Washington University	WA	Addiction Studies, Behavioral Health, Master’s Certificate, Licensed Professional Certificate	BA, MA	Grace Cornelius Creasman, MSW	(509) 828-1437	3/7/2018 – 12/31/2024
Edmonds Community College	WA	Addiction Studies	ATA, AS-T, Certificate	Timothy Burdick, PhD	(425) 640-1633	9/30/2013 – 12/31/2027
Elgin Community College	IL	Human Services Substance Abuse Concentration	AAS	Joseph Rosenfeld, PhD	(847) 214-7345	8/1/2014 – 12/31/2027
Governors State University	IL	Addiction Studies and Behavioral Health	MHS	Cheryl Mejta, PhD	(708) 534-4911	9/30/2013 – 12/31/2027
Grand Canyon University College of Humanities and Social Services	AZ	Addictions Counseling	MS	Brent Bailey	(602) 639-7433	7/31/2013 – 12/31/2026
Grand Canyon University College of Humanities and Social Services	AZ	Christian Counseling of Substance Use and Addictive Disorders	MS	Christopher Ogaz	(602) 639.8672	8/30/2018 – 6/1/2023

**National Addiction Studies Accreditation Commission
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Guilford Technical Community College	NC	Human Services Technology Substance Abuse Concentration	AAS	Stacey Inman, MA, LCAS, CCS	(336) 334-4822 EXT: 50421	7/1/2019 – 6/1/2023
Hazelden Betty Ford Graduate School of Addiction Studies	MN	Addiction Studies	MA	Kevin Doyle, EdD, LPCC, LPC, LSATP	(651) 213-4863	9/30/2012 – 12/31//2026
Indiana Wesleyan University	IN	Addiction Counseling	MA	Don Osborn, PhD	(800) 621-8667	9/30/2013 – 12/31/2027
Kingsborough Community College	NY	Chemical Dependency Counseling Program and the Substance Abuse Counseling	Certificate Program	Joan Standora, PhD	(718) 368-5289 or (718) 368-5235	11/30/2015 – 12/31//2022
Metropolitan State University of Denver	CO	Addiction Studies	BS	Tricia Hudson- Matthew, EdD, CAC III, CSPT	(303) 615-0596	2/28/2013 – 12/31/2026
Metropoitan State University, Minnosota	MN	Alcohol & Drug Counseling Program	BS	Derrick Crim, EdD, LADC, CPPR, MAPM	(651) 793.1361	
Minot State University	ND	Addiction Studies	BS	Vicki Michels, PhD	(800) 777-0750	10/30/2012 – 12/31/2026
Minnesota State University, Mankato	MN	Alcohol and Drug Studies	BS	Jennifer Londgren, EdD, LMFT, NCC	(507) 389-5937	8/01/2017 – 12/31/2024
Mohave Community College	AZ	Substance Abuse Counseling	AA	Lori Howell	(928) 505-3373	01/01/2021 – 12/31/2027
Monmouth University	NJ	Psychological Counseling—Addiction Studies Track	MA	Alan Cavaiola, PhD	(732) 571-3400	11/30/2013 – 12/31/2027
Ocean County College	NJ	Addiction Counseling Certificate Program	AS	Jeffrey Lang, MS	(609) 980-3514	6/1/2016 – 12/31/2022
Ottawa University	AZ	Addiction Counseling	BS, MA	Trish Hernandez, PsyD	(602) 749-5156	7/1/2014 – 12/31/2027
Purdue University Global	Online	Graduate Psychology	MS	Bridget Rivera, PsyD, MAC	(410) 608-2783	2/26/2016 – 12/31/2022
Purdue University Global	Online	Undergraduate Psychology	BS	Bridget Rivera, PsyD, MAC	(410) 608-2783	2/26/2016 – 12/31/2022

**National Addiction Studies Accreditation Commission
Accredited Programs as of June 21, 2022**

Rio Salado	AZ	Addictions and Substance Use Disorders	AAS	Kirk Bowden, PhD	(480) 517-8000	9/30/2012 – 1/1/2027
San Antonio College	TX	Human Services Specialization in Addiction Counseling; Human Services Specialization in Substance Abuse Prevention	AAS	Edwin Bergen PhD, LPC-S, LCDC, NCC, AADC	(210) 486-1267	5/1/2017 – 12/31/2023
Spokane Falls Community College	WA	Addiction Studies	AAS	Carla Dvoracek	(509) 533-3626	1/1/2022 to 12/31/2027
University of South Dakota	SD	Addiction Counseling and Prevention	BS, MA	Frank Zavadil, MA	(605) 658-5950	1/1/2023 – 12/31/2029

SECTION 3. CLINICAL PROGRAM STAFFING

R03-301. Requirements and Records

- A. A licensee shall maintain personnel files for each qualified staff to include documentation that verifies the individual:
1. Is at least 18 years of age,
 2. Maintains a current Kansas Department of Social and Rehabilitation Services Credentialed Alcohol and other Drug Abuse Counselor certificate by completing:
 - a. 40 CEUs of approved content, as stipulated in the Continuing Education Guidelines for Kansas SRS Credentialed Alcohol and other Drug Abuse Counselors, per 2 year renewal cycle of which 6 CEUs include:
 - 1) Two hours in ethics, and
 - 2) Two hours in confidentiality to include 42 CFR, Part 2, and,
 - 3) Two hours in infectious disease to include basic HIV, AIDS, Tuberculosis, Hepatitis, and STI's prevention and facts, or
 - b. CEU requirements as stipulated in the individual's qualifying license or credential, as listed in R03-302 (A)(1) and (D)(1-3), and
 - c. Review with the counselor's dated signature of the Kansas SRS Alcohol and other Drug Abuse Counselor Code of Ethics and
 - d. Completion of a basic information form as provided by the Department of Social and Rehabilitation Services for the purpose of data collection on those working in licensed substance abuse treatment centers.
- B. A licensee shall ensure the supervision of a counselor assistant is documented in a supervision log within 7 days after the supervisory session to include:
1. The date of the supervision,
 2. The name, signature, professional credential, and job title of staff member receiving supervision,
 3. The name, signature, professional credential, or job title of the individual providing supervision,
 4. The duration of the supervision at a ratio of no less than:
 - a. 2 hours of one-to-one monthly supervision when the counselor assistant has provided 20 hours or more of alcohol and other drug treatment services in a month, or
 - b. 1 hour of one-to-one monthly supervision when the counselor assistant provides less than 20 hours of alcohol and other drug treatment services in a month.
 5. A description of the topics that address the following:
 - a. A review of the counselor assistant's work including client assessments, treatment plans, progress notes, and discharge summaries,
 - b. Discussion pertaining to the recognition of the unique treatment needs of the clients serviced by the counselor assistant, and
 - c. An evaluation by the counselor assistant as to the relevance of the supervision toward the professional development goals of the counselor assistant,
 6. Identification of counselor assistant's progress toward identified goals, and
 7. Identification of any additional training that may enhance the counselor assistant's

*Prior to
CHCSEK
Supv. / Course*

skill and knowledge.

- C. The scope of practice for a Kansas Department of Social and Rehabilitation Services Credentialed Alcohol and other Drug Abuse Counselor, Counselor Assistant, and Counselor-in-Training shall include:
1. Client screening, assessment, or evaluation and referral,
 2. Treatment plan development with client input,
 3. Case management services,
 4. Individual, group, and family counseling,
 5. Documentation of the client's treatment progress in the clinical record,
 6. Crisis intervention services,
 7. Development and submission of official written documentation of treatment progress and recommendations for court related purposes,
 8. Adherence to confidentiality requirements for client records and information,
 9. Adherence to ethical standards of conduct as stipulated in the Kansas SRS Alcohol and other Drug Abuse Counselor Code of Ethics.

R03-302. Supplemental Requirements for Individual Credentialing

- A. Individuals seeking the Kansas Department of Social and Rehabilitation Services Alcohol and other Drug Abuse Counselor Credentialing shall:
1. Be registered by the Behavioral Science Regulatory Board as an Alcohol and Other Drug Abuse Counselor according to KSA 65-6601(b), or
 2. Have an Associate's, Bachelor's, Master's or Doctorate degree from an accredited college or university, and
 3. Complete a minimum of 27 academic credit hours at a Department of Social and Rehabilitation Services approved educational institution, such as a college or university or other designated educational institution, in the following course content areas:
 - a. Addictions – 3 credit hours,
 - b. Individual counseling – 3 credit hours,
 - c. Group counseling – 3 credit hours,
 - d. Screening, assessment, treatment planning, and client records management – 3 credit hours,
 - e. Multi cultural aspects and special populations – 3 credit hours,
 - f. Ethics and confidentiality – 3 credit hours,
 - g. Pharmacology – 1 credit hour,
 - h. High risk medical issues – 1 credit hour,
 - i. Family and addictions – 2 credit hours,
 - j. Abnormal psychology, co-occurring mental, cognitive, or developmental disorders – 3 credit hours, and
 - k. Field experience utilizing the Kansas Department of Social and Rehabilitation Services approved supervision guidelines – 2 credit hours or 200 actual clock hours,
 4. Have a GPA of 2.5 or higher for the course work identified in subsection (A) (3).
- B. An applicant may be credentialed according to the Licensing Standards, Chapter 13, number 2, adopted in 1993 if the applicant:
1. Demonstrates the completion of at least 1 credit hour of a Department of Social and Rehabilitation Services approved course content identified in subsection

2. (A)(3) prior to January 1, 2004, and
Completes all required coursework by January 1, 2007.
- C. An individual who is currently practicing or has practiced as an alcohol and other drug abuse counselor and is licensed, certified, or credentialed by another state, territory, or country may qualify for Kansas Department of Social and Rehabilitation Services Credentialed Alcohol and other Drug Abuse Counselor if the applicant submits documentation to include:
1. A signed and dated letter from a previous employer on professional letterhead detailing the dates of employment, volunteer work, or internship and a description of the nature of employment,
 2. Copies of transcripts from educational institution, if applicable,
 3. Copies of degrees earned, if applicable, or
 4. Is qualified in accordance with subsection (A) (2-4) of the standards, as determined by the Department of Social and Rehabilitation Services.
- D. An individual with professional credentials that are not listed in subsection (A) may qualify as a Kansas Department of Social and Rehabilitation Services Credentialed Alcohol and other Drug Abuse Counselor if such person submits documentation verifying:
1. Current certification to diagnose using the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV), or
 2. Current licensure at the Master's degree level with the Behavioral Sciences Regulatory Board, or
 3. A Master's or Doctorate degree in Theology or Divinity, and
 4. A passing score on a drug and alcohol counselor competency test conducted by a nationally recognized organization such as the National Association of Alcohol and Drug Abuse Counselors or the International Consortium of Reciprocity Counselors.
- E. An individual who meets the criteria in subsections (D)(1-3) and is currently employed in a licensed program may make application and be credentialed as a Counselor Assistant effective for a period of one year to comply with subsection (D)(4).
- F. An individual seeking a Kansas Department of Social and Rehabilitation Services Alcohol and other Drug Abuse Counselor Assistant Credential shall provide documentation verifying:
1. Completion of a minimum of 6 academic credit hours in the addiction specific courses listed in subsection (A) (3),
 2. Completion of 6 CEU contact hours according to subsection R03-301 (A) (2),
 3. Enrollment in a Department of Social and Rehabilitation Services approved college or university to comply with the 27 credit hour course requirements specified in subsection (A)(3),
 4. A written supervisory plan and agreement with a Kansas Department of Social and Rehabilitation Services Credentialed Alcohol and other Drug Abuse Counselor that consists of:
 - a. The goals and objectives of the supervision,
 - b. The means to determine and evaluate progress toward the goals,
 - c. The date the supervisory plan and agreement was entered,
 - d. The anticipated term of the agreement and schedule for an annual update,

- e. The process of termination of the agreement by either party, and
 - f. The process for the supervisory plan to be integrated into the applicant's academic course work to include the completion of a minimum of 6 credit hours per year within 4 years,
5. A letter from the Department of Social and Rehabilitation or its designee confirming the individual's status as a Counselor Assistant.
 6. An individual failing to maintain his or her Counselor Assistant credential by meeting the above requirements listed in subsection (F) may not continue to provide alcohol and other drug services as stipulated in R03-301 subsection (C).
- G. An individual completing the required 27 credit hours as identified in subsection (A)(3) may retain the Counselor Assistant credential by:
1. Submitting the required CEUs referenced in R03-301 subsections (A) (2) and (A) (4) every 2 year cycle, and
 2. Continuing to receive ongoing, documented supervision as stipulated in subsection (F) (4).
- H. A Kansas Department of Social and Rehabilitation Services Credentialed Alcohol and other Drug Abuse Counselor shall document the concurrent review of services, reports, and client records such as evaluations, assessments, treatment plans, and discharge summaries prepared by a counselor assistant.

R03-303. Supplemental Requirements for Credentialing Application Materials and Process

- A. An individual applying for initial credentialing as a Kansas Department of Social and Rehabilitation Services Credentialed Alcohol and other Drug Abuse Counselor, or Counselor Assistant, or Counselor-in-Training shall submit an application packet provided by SRS that includes:
 1. Supporting documentation, and
 2. A transcript identifying relevant college or university course work.
- B. An individual applying for renewal of credentialing as a Kansas Department of Social and Rehabilitation Services Credentialed Alcohol and other Drug Abuse Counselor, or Counselor Assistant, or Counselor-in-Training shall submit 30 days prior to the individual's credentialing expiration:
 1. A renewal application provided by the Department of Social and Rehabilitation Services, and
 2. Documentation of required CEUs obtained during the current credentialing period, and
 3. Documentation of at least 6 credit hours of approved course work per year, if applicable.
- C. An individual applying for renewal of Kansas Department of Social and Rehabilitation Services Credentialed Alcohol and other Drug Abuse Counselor or Counselor Assistant or Counselor-in-Training who fails to comply with subsection (B) shall be determined ineligible for credentialing.
- D. An individual who has been determined ineligible according to subsection (C) may apply for a provisional credential for a period of up to 6 months following the expiration of the

individual's last credentialed period by submitting the following documents to SRS:

1. A completed application, and
 2. A written plan to meet the CEU requirements.
- E. An individual who has a provisional credential shall complete the required CEUs prior to the expiration date of the provisional credential or the credential will be determined expired.
- F. An individual whose credential has expired for a period of at least 1 year may apply for a provisional credential by:
1. Submitting a letter that documents the lapse from credentialing requirements, and
 2. Completing all previously required coursework or CEUs as required by the Department of Social and Rehabilitation Services.
- G. An individual who has been determined to be in violation of the Kansas Department of Social and Rehabilitation Services Credentialed Alcohol and other Drug Abuse Counselor Code of Ethics may have the credential:
1. Revoked, or
 2. Placed on provisional status.
- H. An individual who has had a credential revoked may reapply for credentialing to include the process listed in R03-303(B) and will be subject to approval of the Secretary of SRS.
- I. Any judgment rendered to an individual as the result of these standards may be appealed through due process as stipulated in K.S.A. 75-3306.