



Mount Wachusett
Community College

**SUBSTANCE ABUSE
COUNSELING CERTIFICATE
PROGRAM (SACC)**

STUDENT HANDBOOK

**Human Service Department
Mount Wachusett Community College
Gardner, MA 01440**

MAY, 2017

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INTRODUCTION

The Human Services Substance Abuse Counseling Certificate (SACC) program Student Handbook was created by the Mount Wachusett Community College Human Services faculty working on developing the SACC program and finding substance abuse practicum sites. The purpose of the Handbook is to provide the faculty and students affiliating with HS/SACC program with the updated academic curriculum, and forms associated with, but not limited to the SACC program and criteria to apply for Certification for the CADC and licensure for the LADC II.

The Mount Wachusett Community College administrators and HS faculty share a commitment with all affiliating institutions to deliver an enriching learning experience for all HS/SACC interns. A strong professional practicum component is essential in providing the necessary and required practical experience for an entry-level substance abuse counselor. The MWCC administration and HS faculty recognize the dedication and commitment required of an affiliating institution when accepting student for their substance abuse practicums. We greatly appreciate this partnership and thank you for helping our students become CADC/LADC II candidates. Students are required to meet immunization requirements outlined in the MWCC Catalog and Student Handbook including CORI, drug testing, and CPR training.

POLICY STATEMENT ON AFFIRMATIVE ACTION, EQUAL OPPORTUNITY & DIVERSITY

The Board of Higher Education of the Commonwealth of Massachusetts is responsible under Chapter 15A of the General Laws of the Commonwealth of Massachusetts for the overall governance of the public higher education system, which includes the fifteen Community Colleges. The Board of Higher Education and the Boards of Trustees of the Community Colleges maintain and promote a policy of non-discrimination on the basis of race, creed, religion, color, gender, gender identity, sexual orientation, age, disability, genetic information, maternity leave, military service and national origin ("protected class(s)/classification(s)"). Further, this policy prohibits retaliation and incorporates by reference, and where applicable, the requirements of Titles VI and VII of the Civil Rights Act of 1964; Title VI of the Civil Rights Act of 1968; Titles I and II of the Civil Rights Act of 1991; Title IX of the Education Amendments of 1972 and its regulations found at 34 C.F.R. part 106; Equal Pay Act of 1963; Civil Rights Restoration Act of 1988; Sections 503 and 504 of the Rehabilitation Act of 1973; Americans with Disabilities Act of 1990; Section 402 of the Vietnam-era Veterans Readjustment Act of 1974, Uniformed Services Employment and Reemployment Rights Act (USERRA); Age Discrimination Act of 1975; Age Discrimination in Employment Act of 1967, as amended; Family and Medical Leave Act of 1993; Federal Executive Order 11246 of 1965, as amended by Executive Order 11375 of 1967; Federal Executive Order 12900 of 1994; Federal Executive Order 13145 of 2000; Federal Executive Order 13160 of 2000; Federal Executive Order 13166 of 2000; Massachusetts Civil Rights Act; Massachusetts General Laws Chapters 151B, 151C, and Chapter 149; directives of the BHE, the Boards of Trustees of the Community Colleges and the Commonwealth of Massachusetts; and other applicable local, state and federal constitutions, statutes, regulations and executive orders.

Non-discrimination requires the elimination of all existing unlawful discriminatory conditions, whether purposeful or inadvertent. The Community Colleges are continuing to systematically examine all policies and procedures to be sure that they do not, if implemented as stated, operate to the detriment of any person on the basis of a protected classification. The Colleges shall require that the practices of those responsible in matters of employment and education, including all supervisors and faculty, are non-discriminatory. Should the College discover discrimination in treatment or effect in any employment, educational or service decision, action, inaction or practice within the College, all appropriate corrective and/or disciplinary actions shall be taken under the direction of the President of the College subject to any applicable collective bargaining agreement or other policy or procedure of the College.

The Community Colleges are committed to a policy of Affirmative Action, equal opportunity, equal education, non-discrimination, and diversity. They are committed to providing a learning, working and living environment for their students, employees and other members of the College Community, which values the diverse backgrounds of all people. The Colleges are committed to assuring that the "College Experience" is one that challenges, empowers, supports, and prepares its students to live in, work in, and value our increasingly global and diverse world. The Colleges believe that the diversity of socio-economic, racial, ethnic, religious, gender, sexual orientation, age and disability backgrounds of members of the College Community enriches the institutions and their various constituencies. The Colleges will not tolerate behavior based on bigotry, which has the effect of discriminating unlawfully against any member of their communities.

The Community Colleges provide equal access to educational, co-curricular and employment opportunities at the Colleges for all applicants, students and employees in compliance with all applicable laws, regulations and policies. All benefits, privileges and opportunities offered by the Colleges are available to all students, employees and other persons having dealings with the institutions on a non-discriminatory basis. The Colleges are committed to taking a proactive Affirmative Action posture with respect to their recruitment, selection and promotion of students and employees.

The purpose of the Affirmative Action component of this Policy is to establish a set of programmatic objectives, which shall provide for the recruitment, access and advancement of qualified persons from within the protected classes/classifications recognized under this Policy with respect to employment and enrollment opportunities. The intent of this Policy is to responsibly recognize, and to whatever extent possible, resolve the effects of past societal discrimination and the impact which that discrimination has had, not only on victims of such discrimination, but on the total academic, educational and social system as well. It is not intended and should not be used to discriminate against any applicant, employee, or student because of a protected classification. In response to that recognition, the Colleges, through their Boards of Trustees and Presidents, fully endorse the plan of action set forth in this Policy and shall oversee and monitor its implementation through the Affirmative Action Officer and other assigned personnel.

The following specific policies are established:

- Equal opportunity and affirmative action shall apply to all segments of the College; full and part-time employment; day and continuing education; the curriculum and offerings of the College.
- Equal opportunity and affirmative action shall be applied to the recruitment process for employment and/or access to education.
- Students will have access to the College, programs of study, activities, and other resources intended to serve them, according to the policies of the individual Colleges.
- Equal employment opportunity and affirmative action will be realized in all personnel employment, including recruitment, application for employment, hiring, benefits, compensation, training, promotion, and termination.
- All policies, procedures, privileges, and conditions of the College will follow and incorporate applicable equal opportunity and affirmative action rules and regulations.

The above-stated policies are intended to be applied broadly with the goal of promoting equal opportunity and diversity in Community Colleges. The Community Colleges pledge to apply all policies consistently, fairly, and vigorously. Attempts to subvert or abuse these policies will not be tolerated. Appropriate disciplinary action will be taken in the case of an infraction. Such disciplinary action shall be consistent with the appropriate collective bargaining agreement, if applicable.

All policies are made in compliance with laws and regulations and executive orders promulgated by the federal and state governments and other appropriate agencies and authorities, where applicable.

ADA/504 COORDINATOR: A College employee assigned the responsibility for maintaining the College's compliance with the Americans with Disabilities Act and Section 504 of the Rehabilitation Act. Alleged violations of the ADA or Section 504 shall be subject to the Affirmative Action Policy's Complaint Procedure as administered by the Affirmative Action Officer. The ADA Coordinator is Ann McDonald, Executive Vice President and can be contacted at 978-630-9164. The 504 Coordinator is Amy LaBarge and can be contacted at 978-630-9330.

AFFIRMATIVE ACTION OFFICER ("AAO"): A College employee assigned the responsibility of administering the College's Affirmative Action Policy. The Affirmative Action Officer may also serve as the College's Title IX Coordinator and/or the ADA/504 Coordinator. If the Affirmative Action Officer is the person against whom the complaint is filed, the President shall designate another College official to act as the Affirmative Action Officer for purposes of administering the Affirmative Action Policy. The Affirmative Action Officer is Diane Ruksnaitis, Vice President of Human Resources & Payroll and Affirmative Action Officer and can be contacted at 978-630-9160.

MISSION, GOALS, AND TARGET POPULATION

1. What is the mission statement of the program? What is the program purpose?

The Human Services program strives to develop skilled, caring, and ethical paraprofessional who will successfully gain employment upon completion of the associated degree program or transfer to the baccalaureate level. Within a supportive learning environment, students are guided to develop critical and creative thinking skills, to understand and utilize an ethical decision making process, to understand and develop cultural competency, and to learn advocacy, counseling and interviewing skills. Internship and service learning experiences maximize each student's professional and personal development.

The above mission statement reflects the Human Services program's competencies:

1. Demonstrate knowledge of the historical development of human services as a profession and implications of social policy.
2. Demonstrate an understanding of the major models of causation of normal and abnormal development and the conditions which promote or limit optimal functioning.
3. Develop and demonstrate effective intervention strategies that include counseling and interviewing skills, assessment, advocacy, outreach, and referral.
4. Demonstrate knowledge of the formal and informal supports and resources available in the community and skill in gaining access to them.
5. Demonstrate an awareness of one's individual strengths, attitudes, values, and belief systems on both a personal and professional level.
6. Develop and demonstrate the oral and written skills required for an effective communicator.
7. Develop an awareness of cultural diversity and a working knowledge of and respect for people's history, traditions, values, and social organizations such as family, community, and political structures.
8. Exercise professional ethics in all matters related to the helping relationship and the workplace.

(Revised Spring 2009)

In the past 55 years, the field of Human Services has gained an identity all its own as a helping profession. During the 1960's and 1970's, the deinstitutionalization and the subsequent transfer of emotionally and mentally challenged patients to community-based program certainly fueled this growth. Human Services workers are defined as generalists who enable people to lead more independent and productive lives by helping them identify and overcome barriers due to personal issues and societal conditions. These workers also take on the roles of mediator, coordinator, manager, educator, and advocator in order to assist individuals to lead more satisfying lives.

The purpose of the Human Services program and its dedicated faculty at Mount Wachusett Community College is to prepare students to develop a broad base of skills and to function in a wide variety of settings. The two major goals of the Human Services curriculum at Mount Wachusett Community College are the following:

1. To develop human services workers who are *generalists* and who, upon graduation, can be employed in a variety of settings in the human services field. The program is designed to be relevant to diverse direct-service roles in residential, vocational, and therapeutic settings. Its purpose is to educate and train workers who can assist in group homes, halfway houses, community mental health centers, and other social service agencies. These human services workers can organize and lead group activities, teach daily living skills, record written progress notes, and help clients obtain social and community services.
2. To provide a strong foundation for transfer into a four-year program in human services, psychology, sociology or social work, and eventual advancement in the field.

Regardless of age, gender, and cultural background, students entering the Human Services program must be emotionally mature and have a strong desire to help others. They should be interested in facilitating change and growth while helping individuals identify and overcome barriers due to personal issues and socioeconomic conditions.

2. Does the program have a certificate, options or concentrations? Please describe the purpose for these options.

The Human Services program has a certificate option (Human Services Technician Certificate) which can stand alone or serve as a stepping stone to the Human Services degree option. As explained earlier, the certificate has shown dramatic increases in enrollment. This has been due to renewed college focus on certificate programs and the concerted effort by advising to inform/notify students about this option. The Human Services department also worked with advising over the past year to front-load or “stack” the certificate within the Human Services degree curriculum. Students will be flagged/notified when they have completed these requirements and are eligible for the certificate. As they continue to pursue their education, they will have a resume worthy credential if they are seeking employment prior to graduating with an Associate’s degree in Human Services. The Human Service program has a certificate option Substance Abuse Counselor Certificate (SACC) leading to a CADA or CADACII.

3. Based on a review of other college catalogs, list the colleges in our general area that have similar programs and comment on significant differences from the program we currently offer. Do you feel these college impact enrollment in your program?

During our earlier efforts to establish a required internship, we examined Human Services curricula at community colleges across the state and all required an internship. Specifically, we found that students at colleges closest to us, Quinsigamond Community College, Greenfield Community College, Holyoke Community College, and Middlesex Community College, all had to complete practicum/field placements. In addition, several colleges also required courses on diversity or cultural competency. In order to better prepare our students for the field and to stay current with our competitors, we have also instituted a required internship placement (HST 250) and Cultural Awareness course (HST 150).

Upon a recent review of human services programs at colleges that would be our closest competitors in our general area (Quinsigamond Community College and Greenfield Community College), these similarities to our programs were found:

- Introduction to Human Services (both)
- Introduction to Psychology (both)
- Introduction to Sociology (both)
- Counseling Skills or Introduction to Counseling (both)
- Human Growth and Development (Greenfield)
- Cultural Competence for Human Service Workers (Quinsigamond)
- Speech Communications Skills (Quinsigamond)
- Introduction to Aging (Quinsigamond)
- Human Services Practicum (both)

Several of their courses are similar to several of our recently revised list of professional electives such as Drug Use and Abuse, Introduction to Gerontology, and Child Abuse and Neglect. Unlike many other programs, it is important to highlight that Abnormal Psychology is a required courses in our curriculum.

One notable difference between Greenfield CC and our program is their offering of course in case management (Case Management Practices). Although this would be considered an upper level course at four-year institutions, as evidenced by Fitchburg State University's offering of Case Management as a 300-level course, some students have inquired about having an introduction to these skills. This would be a valuable course in our curriculum for our students if we can ever find/create a space for it. In the meantime, more emphasis on case management can be introduced in the internship course.

At this time, these colleges do not seem to impact our enrollment. The Human Services program has steadily remained in the top 10 programs at MWCC, and moved to fourth place this year. We draw many students from the Greater Gardner area as well as the Fitchburg/Leominster area. Both the Gardner and Leominster campuses provide easy access for our students at a more affordable price than Fitchburg State University. The online availability of the Human Service program is also an asset and contributes to our competitiveness with other colleges.

4. Please describe how you monitor changes in the job market and review the program's currency and "fit" with the educational interests and needs in our region by:

- a. Relevant external parties, such as advisory board or speakers, students, alumni, community members, corporation/agencies. If there is an Advisor Board in place, please attach names of the members and indicate frequency of meetings. Please describe instances in the last five years where changes have been implemented as a result of consultation with external parties. Attach minutes from two of the most recent meetings.**

The Human Services Advisory Board meets annually in the spring. These professionals, as an independent body of agency leaders, continue to provide a fresh perspective, direction and support, and valuable input. They have played an instrumental role in the shaping classroom learning while providing a service to benefit the local community. Shelley Nicholson informs Human Services faculty of existing as well as new volunteer and internship sites. Over the past five years, the Human Services program collaborates with her to schedule Information/Orientation meetings for interns. She

also informs faculty of students' progress or challenges in the field. In addition, her office provides NobleHour training to student and faculty which is the program for tracking all service hours.

A few years ago, Erin Battistoni, Student Success Specialist (Advising Center) worked with the Human Services department to review the current curriculum and recommended a change in the sequencing of courses. The Human Services Certificate's requirements were front-loaded in the Human Services degree and student will be flagged/notified when they become eligible for the certificate. This will not only provide students with a credential for possible employment while they are completing their degree, but may also lead to more degree awards.

5. Describe the local labor market (using reports from the Office of Career Planning and Placement) and the program's fit for now and in five years in the future. Be specific and comment on labor trends for the college's service area, the Commonwealth of Massachusetts and nationally.

The following report from Pat Brewerton, Coordinator of Career Planning and Placement, defines a social and human services assistant and discusses job projections, educational requirements, entry level salary ranges, and job outlook locally. The report references Career Coach, a software labor market program, purchased by the college, to research data directly related to our local job market.

SUMMARY

SOCIAL AND HUMAN SERVICE ASSISTANTS

WHAT SOCIAL AND HUMAN SERVICES ASSISTANTS DO?

According to the OOH and Career InfoNet, social and human service assistants assist in providing client services in a wide variety of fields, such as psychology, rehabilitation, or social work, including support for families. May assist clients in identifying and obtaining available benefits and social and community services. May assist social workers with developing, organizing, and conducting programs to prevent and resolve problems relevant to substance abuse, human relationships, rehabilitation, or dependent care. Excludes "Rehabilitation Counselors", "Psychiatric Technicians", "Personal Care Aides", and "Eligible Interviewers, Government Programs".

JOB OUTLOOK

According to OOH employment of social and human service assistants is **projected to grow 22 percent** (nationally) from 2012 to 2022, much faster than the average for all occupation. Growth will be due to an increase in the elderly population and rising demand for healthcare and social services.

Much of the growth will be due to the needs of an aging population. An increase in number of older adults will cause growth in demand for social services. The elderly population often needs services such as delivery of meals and adult daycare. Social and human service assistants, who help find and provide these services, will be needed to meet this increased demand.

In addition, growth is expected as more people seek treatment for their addictions and more drug offenders are sent to treatment programs rather than to jail. The result will be an increase in demand

for social and human services assistants who work in treatment programs or work with people with addictions.

There also will be continued demand for child and family social and human services assistant. These workers will be needed to help others, such as social workers, investigate child abuse cases, as well as place children in foster care and with adoptive families.

5. Please list all of your current articulation agreements with colleges and universities. How have they been evaluated? Which ones are the most effective? Describe challenges that exist with transfer. What can be done to remedy these challenges?

The Human Services program has worked to develop many articulation agreements with colleges and universities. They include the following:

- Elms College
- Assumption College
- Springfield College School of Human Services (Boston campus)
- Cambridge College
- Becker College
- Hesser College
- Charter Oak State College

There are not any known challenges with these agreements at this time. The review process is completed when or if an articulation agreement is about to expire or the curriculum at either school changes. Either the four-year school reaches out to the Transfer Counselor or she reaches out to them. Veronica Guay, Assistant Dean of Business, Science, Technology and Mathematics looks at the edits/revisions. She, in turn, involved the respective dean and department chairs as needed to finalize the changes. The effectiveness of these agreements is reflected in our transfer rates to these institutions. In addition to Fitchburg State University, the top transfer schools for Human Services students are: St. Joseph's College of Maine, Elms College, all of which have articulation agreements with the Human Services program. Many Human Services students transfer to Fitchburg State University due to the ease of transfer, affordability, and close proximity to their communities.

Human Services Degree (HS)

This program is for those who wish to build a rewarding career helping people in need by empowering, enabling, and facilitating them to function more effectively in all aspects of living. Opportunities in this field are excellent. According to the Bureau of Labor Statistics, the human services sector is one of the fastest growing fields. The Human Services Degree program will prepare you for entry-level positions in social services or for transfer to four-year colleges or universities to pursue human services, psychology, social work, sociology, or other related majors.

Year 1		
Fall		Credits
ENG 101	College Writing I	3
HST 101	Introduction To Human Services	3
PSY 105	Introduction To Psychology	3
HST 150	Cultural Awareness	3
SOC 103	Introduction To Sociology	3
Spring		
ENG 102	College Writing II	3
HST 140	Counseling Methods And Interviewing Techniques	3
PSY 101	Psychology Of Self	3
PSY 240	Abnormal Psychology	3
Professional Elective		3
Year 2		
Fall		
SPC 113	Speech (formerly THE113)	3
PSY 110	Human Growth And Development	3
CIS 127	Computer Technologies	3
BIO 103	Human Health And Disease (or Lab Science Elective) ¹	3-4
MAT 126	Topics In Mathematics (or higher)	3-4
Spring		
POL 211	Massachusetts And The Federal System	3
SOC 205	Social Problems	3
HST 260	Human Services Seminar (Capstone)	3
HST 250	Human Services Internship Experience	4
General Elective ²		3
	Total Credits:	61-63

¹ Lab Science Electives: 4 credit course in AQS, BIO, BTC, CHE, EAS, EGM, NRD, or PHY
Lab Science recommended for transfer

Professional Electives

		Credits
HST 142	Counseling Methods and Interviewing Techniques II	3
HST 145	Introduction To Gerontology	3
PSY 244	Children With Special Needs	3
PSY 246	Psychology And The Law	3

PSY 280	Psychology Of Death And Dying	3
SOC 125	Gender Issues	3
SOC 129	Drug Use And Abuse In American Society	3
SOC 204	Sociology of the African American	3
SOC 206	Marriage And The Family	3
SOC 208	Juvenile Delinquency	3
SOC 210	Child Abuse And Neglect In American Society	3
SOC 212	Victimology	3

See Human Services program student learning outcomes and technical standards.

Helpful hints

Volunteer opportunities, service learning, and civic engagement components are suggested as ways of enhancing classroom learning. Technology is integrated into all aspects of attending college in the 21st century. Students are expected to have proficient computer skills and the ability to access the internet via desktop/laptop computer or tablet. Internet access may be from home or through a public site, such as a local public library, public college or at any Mount Wachusett Community College campuses.

Special requirements

Technical standards must be met with or without accommodations. Students seeking to participate in HST 250 Human Services Internship Experience may be subject to meeting additional technical standards and requirements which may include immunizations, CPR certification, health insurance, liability insurance, a Criminal/Sexual Offender Records Information (CORI/SORI) check, fingerprinting, and drug testing. Some of these may be done at the student's expense.

Human Services Technician Certificate (HSC)

This program is for those who wish to build a rewarding career helping people in need by empowering, enabling, and facilitating them to function more effectively in all aspects of living. Opportunities in this field are excellent. According to the Bureau of Labor Statistics, human services is one of the fastest growing fields. The Human Services Technician Certificate prepares students for immediate employment in entry-level human services positions. It also provides individuals currently working in entry-level positions an opportunity to enhance their skills.

Year 1		
Fall		Credits
ENG 101	College Writing I	3
HST 101	Introduction To Human Services	3
PSY 101	Psychology Of Self	3
PSY 105	Introduction To Psychology	3
Spring		
HST 140	Counseling Methods And Interviewing Techniques	3
Professional Elective		3
HST 150	Cultural Awareness	3
PSY 240	Abnormal Psychology	3
	Total Credits:	24

Professional Electives

		Credits
HST 142	Counseling Methods and Interviewing Techniques II	3
HST 145	Introduction To Gerontology	3
PSY 244	Children With Special Needs	3
PSY 246	Psychology And The Law	3
PSY 280	Psychology Of Death And Dying	3
SOC 125	Gender Issues	3
SOC 129	Drug Use And Abuse In American Society	3
SOC 204	Sociology of the African American	3
SOC 206	Marriage And The Family	3
SOC 208	Juvenile Delinquency	3
SOC 210	Child Abuse And Neglect In American Society	3
SOC 212	Victimology	3

See Human Services program student learning outcomes and technical standards.

Helpful hints

Volunteer opportunities, service learning, and civic engagement components are suggested as ways of enhancing classroom learning. Technology is integrated into all aspects of attending college in the 21st century. Students are expected to have proficient computer skills and the ability to access the internet via desktop/laptop computer or tablet. Internet access may be from home or through a public site, such as a local public library, public college or at any Mount Wachusett Community College campuses.

Special requirements

Technical standards must be met with or without accommodations.

Transfer options

This program is intended for immediate career entry. Courses completed as part of this certificate program can be applied to the Human Services Degree.

Substance Abuse Counseling Certificate (SACC)

This program will prepare students for certification as a Certified Alcohol and Drug Counselor (CADC). As a CADC, the student will be able to seek employment to help individuals who suffer from the effects of substance abuse. The Substance Abuse Counseling Certificate will address alcohol and drug abuse assessment and counseling, clinical evaluation, treatment planning and case management; as well as patient, family and community education.

The SACC curriculum culminates with a practicum that offers students an opportunity to learn in a work setting, while obtaining practical experience in substance abuse counseling. This experience can be applied to hours needed to qualify for state certification.

Year 1		
Fall		Credits
SOC 129	Drug Use And Abuse In American Society	3
HST 115	Issues of Chemical Dependency in Family Systems	3
HST 140	Counseling Methods And Interviewing Techniques	3
HST 149	Addictions Counseling	3
SOC 103	Introduction To Sociology	3
Spring		
HST 142	Counseling Methods and Interviewing Techniques II	3
HST 220	Psychopharmacology	3
HST 270	Practicum for Substance Abuse Counseling	6
Total Credits:		27

See Human Services program student learning outcomes and technical standards.

Helpful hints

Volunteer opportunities, service learning, and civic engagement components are suggested as ways of enhancing classroom learning. Technology is integrated into all aspects of attending college in the 21st century. Students are expected to have proficient computer skills and the ability to access the internet via desktop/laptop computer or tablet. Internet access may be from home or through a public site, such as a local public library, public college or at any Mount Wachusett Community College campuses.

Special requirements

Technical standards must be met with or without accommodations.

Students seeking to participate in the Substance Abuse Counseling Certificate program will be subject to meeting additional technical standards and requirements which may include immunizations, CPR certification, health insurance, liability insurance, a Criminal/Sexual Offender Records Information (CORI/SORI), fingerprinting, and drug testing. Some of these may be done at the student's expense.

Transfer options

This program is intended for immediate career entry. Courses completed as part of this certificate program can be applied to the Human Services Degree.

Program Student Learning Outcomes for HS, HSC and SACC

Upon graduation from this program, students shall have demonstrated the ability to:

- Demonstrate knowledge of the historical development of human services as a profession and the implications of social policy.
- Demonstrate an understanding of the major models of causation of normal and abnormal development and the conditions which promote or limit optimal functioning.
- Develop and demonstrate effective intervention strategies that include counseling and interviewing skills, assessment, advocacy, outreach, and referral.
- Demonstrate knowledge of the formal and informal supports, resources available in the community, and skill in gaining access to them.
- Demonstrate an awareness of one's individual strengths, attitudes, values, and belief systems on both a personal and professional level.
- Develop and demonstrate the oral and written skills required for an effective communicator.
- Develop an awareness of cultural diversity and a working knowledge of, and respect for, peoples' history, traditions, values, and social organizations such as family, community, and political structures.
- Exercise professional ethics in all matters related to the helping relationship and the workplace.

Technical Standards¹ for HS, HSC and SACC

¹ For general information about technical standards and accommodation, see [Technical Standards](#).

Students entering these programs must be able to demonstrate the ability to:

- Comprehend textbook material at the 11th grade level.
- Communicate information either in spoken, printed, signed, or computer voice format.
- Gather, analyze, and draw conclusions from data.
- Maintain cleanliness and personal grooming consistent with close personal contact.
- Comprehend and respond to the spoken word of all age-specific groups.
- Function without causing harm to self or others if under the influence of prescription or over-the-counter medications.
- React quickly, both mentally and physically.
- Work as a member of a team.
- Remain calm, rational, decisive, and in control at all times, especially during emergency situations.
- Identify behaviors that would endanger a person's safety and intervene quickly, with an appropriate solution, in a crisis situation.
- Exhibit social skills appropriate to professional interactions.

Courses

HST 101 Introduction to Human Services 3 Credits

Students are introduced to the organization and function of human service agencies as well as the ways in which the human services worker can deal effectively with the resources of the community. This course also acquaints the student with occupational information in the area of human services. Prerequisites: ENG 098, FYE 101, RDG 098, or placement.

HST 115 Issues of Chemical Dependency in Family Systems 3 Credits

This course will introduce students to the significance of the family and external support systems in the maintenance and treatment of chemical dependency. Students will be introduced to the characteristics and dynamics of families, couples, and significant others affected by chemical dependency and/or process addictions. Students will examine basic family theories, assessment, and models of intervention and engagement in the treatment and recovery process. The interaction between the family system and substance use behaviors will also be discussed. Students will analyze the role of self-help groups, their functions, and how they differ from more formal treatment. Prerequisites: ENG 098, RDG 098, FYE 101, or placement.

HST 140 Counseling Methods and Interviewing Techniques 3 Credits

This course acquaints the student with current views of counseling principles and methods. Interviewing techniques are introduced and developed through a workshop approach that includes videotaping. Prerequisite: PSY 105 strongly recommended, may be taken concurrently.

HST 142 Counseling Methods and Interviewing Techniques II 3 Credits

This course builds on the foundation of HST 140 Counseling Methods and Interviewing Techniques. Course content includes therapeutic structures, issues that face the beginning counselor, models of therapy, and practical aspects of the work. The class will use a comprehensive approach that focuses on theoretical perspectives and case studies to enhance the understanding of counseling and interviewing. Prerequisite: HST 140.

HST 145 Introduction to Gerontology 3 Credits

Students are introduced to the field of gerontology, the multidisciplinary study of the biological, psychological, and social aspects of aging. This course explores the human aging process from these perspectives. A primary focus of this course is to replace myths with facts about aging and gain an understanding about what happens to older adults' bodies, minds, status in society, and social lives as they age. Attention is also given to programs and services for the elderly. Prerequisites: ENG 098, FYE 101, RDG 098, or placement.

HST 149 Addictions Counseling 3 Credits

This course provides the student with an overview of substance abuse counseling. Students will develop conceptual knowledge, practical skills, and self-awareness concerning the etiology of addiction, assessment strategies, diagnosis and treatment planning, and wellness strategies for facilitating optimal development and preventing clinician burnout. Prerequisites: ENG 098, RDG 098, FYE 101, or placement.

HST 150 Cultural Awareness 3 Credits

This course focuses on understanding cultural differences. Students will examine their own culture and others. Issues regarding how culture affects people and the world they live in will be discussed. Prerequisites: ENG 098, FYE 101, RDG 098, or placement. Fall.

HST 220 Psychopharmacology 3 Credits

This course introduces the student to the basic principles of pharmacology, anatomy, and physiology. These principles are applied to an examination of the major classes of psychoactive drugs, including those commonly subject to abuse. Students will explore the physical and mental effects of psychoactive drugs and compulsive behaviors. The mechanisms of action in the brain, patterns of physiological response in abuse, dependence, withdrawal and recovery will be discussed. Content will also focus on pharmacological adjuncts to detoxification and treatment, as well as psychotropic medication for co-occurring disorders. Prerequisites: HST 149.

HST 250 Human Services Internship Experience 4 Credits

During their last semester, students in this internship work directly with clients under the supervision of a professional worker in a human services setting. Students are expected to gain an understanding of the dynamics and appropriate treatment for clients and their families. Placements have included, but are not limited to, settings involving mental health, developmental disabilities, and community service projects. Students must complete 150 hours in addition to one class meeting per week. A consideration for placement includes an assessment of the student's readiness and faculty recommendations. The college also requires Criminal Offender Record Information (CORI) and liability insurance for all interns. Prerequisites: QPA 2.0, 45 credits earned toward the Human Services degree including ENG 102, HST 101, HST 140, PSY 110, PSY 240, SOC 103, and permission of department chairperson.

HST 260 Human Services Seminar (Capstone) 3 Credits

In this capstone course, students synthesize and apply concepts and skills learned in the Human Services (HS) program. This course requires students to show mastery of the material covered in the HS program through several required avenues including the following: seminar meetings and discussions; portfolio work; and a research paper. This course is designed to help students apply the knowledge and skills learned in the program and to explore self-perceptions related to their career choice in the human services field. Students must complete this course with a minimum grade of C to graduate. Prerequisites: 45 credits earned toward the Human Services degree including ENG 102, HST 101, HST 140, PSY 105, PSY 110, PSY 240, SOC 103, or permission of division dean. Spring.

HST 270 Practicum for Substance Abuse Counseling 6 Credits

This course provides a practical, field-based experience of 300 hours in an alcohol/chemical dependency treatment facility as required for Massachusetts Board of Substance Abuse Counselor Certification. The practicum is an integral component of the alcohol and drug addiction counseling program. Academic and applied counseling skills are synthesized and used by students in an addiction counseling setting. Practicum is a vital educational component for future CADCs to learn and practice the 12 Core Functions and 8 Practice Domains of an addiction counselor in a supervised setting. Prerequisites: HST 115, HST 140, HST 142 (or corequisite), HST 149, HST 220 (or corequisite); SOC 129.

The Mount Wachusett Community College Substance Abuse Counseling Certificate (SACC) curriculum was designed to include 270 hours of education in the following categories:

I. 110 hours of knowledge of alcoholism and drug abuse

<p>SOC 129 Drug Use and Abuse in American Society</p> <p>DESCRIPTION: This course offers a sociological analysis of the drug problem in the United States and the consequences of drug addiction for individuals and society. It includes a factual exploration of selected drug types, reasons for use, drug laws and drug treatment programs.</p> <p>SCOPE AND PURPOSE: This course is intended to give students a thorough understanding of current policy toward both alcohol and drug abuse in the US. It will expose students to information on the nature of drug abuse, its extent, the connections between drugs and crime, a comparison of US drug policy and that of other countries, the relative merits of both supply-side and demand-side efforts to control drug abuse and the issues of legalization, treatment and punishment as they relate to drug addicts and traffickers. The course is intended both for personal enrichment and education on the issue of drug abuse and as a source of information and understanding for those who intend to pursue careers in criminal justice, health-related fields and human services.</p> <p>COURSE OBJECTIVES: Upon completion of this course, students should be able to:</p> <ul style="list-style-type: none"> ☐ Explain the nature and extent of drug use in US society and define the terms "drugs," "drug abuse" and drug addict." ☐ Discuss the various means of obtaining information on the extent of drug use and why it is impossible to get a fully accurate picture. ☐ Explain the dichotomy between the legal status of alcohol and that of other drugs, considering the harmful effects of each. ☐ Analyze the relationship between drugs and crime and explain how drug-related crime is often a function of the criminalization of certain drugs. ☐ Explain neurological theories of drug abuse and the limitations of those theories. ☐ Discuss the effects of alcohol on the body and the dangers of alcohol abuse. ☐ Explain the physiological effects of certain drugs on users. 	<p>45</p>
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<p>Discuss and evaluate various sociological theories of drug abuse and how these theories impact public policy in the US.</p> <p>☑ Discuss and evaluate various treatment approaches to dealing with drug abuse and the difficulties in assessing the effectiveness of these approaches.</p> <p>☑ Explain the various models of drug abuse prevention programs and discuss efforts to evaluate their effectiveness.</p> <p>☑ Discuss “supply side” versus “demand side” approaches to curtailing drug use and explain the difficulties inherent in each.</p> <p>☑ Explain and evaluate the impact of the “War on Drugs” on drug use in the US and its criminal justice system.</p> <p>☑ Discuss the pros and cons of legalizing the medical and recreational use of drugs such as marijuana.</p> <p>☑ Compare US drug policy to that of European countries, discussing the positive and negative aspects of each.</p> <p>☑ Explain the concept of “harm reduction” and evaluate its effectiveness as an approach to controlling drug abuse.</p>	
<p>HST 149 Addictions Counseling</p> <p>Course Description:</p> <p>This course provides the student with an overview of substance abuse counseling. Students will develop conceptual knowledge, practical skills, and self-awareness concerning the etiology of addiction, assessment strategies, diagnosis and treatment planning, and wellness strategies for facilitating optimal development and preventing clinician burnout.</p> <p>Course Overview:</p> <p>This course is crucial to the development and preparation of the alcohol and drug addiction counselor. The course is designed to provide students with an introduction to the field of substance abuse counseling. The primary goals are to increase the students understanding of substance-related and addictive disorders and to facilitate the development of addiction counseling competencies that are associated with evidence-based interventions. Students will also increase their knowledge about specific drugs of abuse. Definitions and etiologies of alcohol and drug addiction will be discussed and associated with the treatment process. Students will be familiarized with theoretical models of substance use and abuse, and will explore a variety of treatment approaches. Emphasis will be on developing and practicing Motivational Interviewing skills and applying the Transtheoretical Model of Change. The primary aim of the course is to increase the student’s confidence</p>	45

in the ability to assess and treat substance-related and addictive disorders from a holistic perspective. Students will be introduced to the 12 core functions of the substance abuse counselor.

Addiction Counseling Course Outcomes:

Upon successful completion of this course, the student will be able to:

1. Identify standard screening and assessment instruments for substance-related and addictive disorders.
2. Utilize appropriate screening tools and/or methods for addiction, aggression, and danger to self and/or others, as well as co-occurring mental disorders.
3. Apply the assessment of a client's stage of dependence, change, or recovery to determine the appropriate treatment modality and placement criteria within the continuum of care.
4. Explain the impact of co-occurring substance use disorders on medical and psychological disorders.
5. Identify treatment services appropriate to the personal and cultural identity and language of the client.
6. Analyze common reasons why people use mood-altering chemicals.
7. Facilitate the client's engagement in the treatment and recovery process.
8. Evaluate the research on the genetic origins of addictions, alcoholism, and chemical dependency disorders.
9. Analyze factors that influence recreational drug use.
10. Describe the impact of the "hidden faces" of chemical dependency among the elderly, women, homosexuals, and the disabled, and ethnic minorities.
11. Identify and properly use the basic terminology used in substance abuse counseling.
12. Summarize the 12 core functions of the substance abuse counselor
13. Incorporates stress reduction and self-care practices

into personal and professional settings.	
<p>HST 220 Psychopharmacology</p> <p>Psychopharmacology Course Description:</p> <p>This course introduces the student to the basic principles of pharmacology, anatomy, and physiology. These principles are applied to an examination of the major classes of psychoactive drugs, including those commonly subject to abuse. Students will explore the physical and mental effects of psychoactive drugs and compulsive behaviors. The mechanisms of action in the brain, patterns of physiological response in abuse, dependence, withdrawal and recovery will be discussed. Content will also focus on pharmacological adjuncts to detoxification and treatment, as well as psychotropic medication for co-occurring disorders.</p> <p>Course Overview:</p> <p>This course is a fundamental component in the preparation of the alcohol and drug addiction counselor. The focus is on the presentation of various classifications of psychoactive drugs and other drugs of abuse, a basic overview of the factors, which influence the absorption, distribution, metabolism and excretion of drugs (pharmacokinetics), and the interaction of psychoactive drugs and the receptors responsible for the action of the drug in the body (pharmacodynamics). Medication-assisted treatment (MAT), anti-craving medications, and the major medications used for co-existing mental and emotional disorders and how they are used in the recovery process will also be presented. Emphasis is on the pharmacology and neurochemistry of alcohol and other drugs and other addictive behaviors ("process addiction"), as well as discussions of these substances and behaviors in their historical, social and psychological contexts. Care of the self and self-awareness are also important components of success in this course.</p> <p>Psychopharmacology Course Outcomes:</p> <p>Upon successful completion of this course, the student will be able to:</p> <ol style="list-style-type: none"> 1. Classify the various psychoactive substances according to their characteristics effects and/or clinical uses. 2. Summarize functioning of neurons, including synaptic transmission and the role of neurotransmitters. 3. Explain the basic pharmacokinetics and pharmacodynamics of the major drug classifications of various psychoactive substances under consideration. 	20

<p>4. Define addition, dependence, abuse, misuse, tolerance, cross-tolerance, withdrawal, and other addiction-related terminology.</p> <p>5. Describe historical and sociocultural aspects of substance use disorders.</p> <p>6. Examine the abuse liability and withdrawal symptoms of different substances of abuse.</p> <p>7. Describe the biomedical, psychological, and social consequences of substance abuse and addiction. Coverage will include different substances of abuse and their effects of the brain and other organ systems.</p> <p>8. Discuss current theories of addictions (including process addictions) in terms of neurotransmitter actions.</p> <p>9. Understand the epidemiology of substance abuse, including the prevalence and consequences of substance abuse in special populations including women, the elderly, adolescents, Native Americans, African Americans, other ethnic minority groups, gay, lesbian, bisexual and transgendered persons, and health professionals.</p> <p>10. Integrate course content into the process of case conceptualization, treatment planning, and direct clinical work.</p> <p>11. Incorporates stress reduction and self-care practices into personal and professional settings.</p>	
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II. 75 hours of alcohol and drug abuse counseling; assessment: clinical evaluation; treatment planning and case management

<p>HST 140 Counseling Method and Interviewing Techniques</p> <p>Course Description: This course acquaints the student with current views of counseling principles and methods. Interviewing techniques are introduced and developed through a workshop approach.</p> <p>Student Outcomes: At the completion of this course the student should have a better understanding what is required to become a counselor and develop the beginning interpersonal skills needed to perform successfully. The student will be able to evaluate his current ability and work at developing skills necessary in counseling. These skills include the importance of understanding</p>	45
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yourself and values; building a counseling relationship; developing empathy, understanding respect, warmth, and genuineness; the ability to set general goals as well as MAPS (measurable, attainable, positive, specific goals); exploring resistance; revealing an understanding of the stages of the readiness and the importance of exploring motivation, hope and resources for the client; taking action, and successfully ending a relationship.

Chapter 1: In this chapter you have learned about several aspects vital to thinking and acting as a practitioner.

- ✓ You should be able to identify some of the influences of your religion or spiritual beliefs, culture, sexual orientation, gender, and family beliefs and norms on your attitudes and behavior.
- ✓ Identify several risks of burnout for practitioners and ways to minimize these risks.

Chapter 2: In this chapter, you have learned about several perspectives that can help you better understand how you and your clients think, feel, and make choices.

- ✓ You should be able to give an example of how a personal construct might influence a decision.
- ✓ Compare and contrast a strengths perspective with a deficit-focused view.
- ✓ Define *empowerment*.
- ✓ Describe how the ecological perspective would provide a broader view of a client.
- ✓ Give two examples of how the dual perspective provides a deeper understanding of a marginalized group of people.

Chapter 3: In this chapter, you have learned about professional relationships, roles, and responsibilities, including professional ethics, values, and legal obligations.

- ✓ You should now be able to explain the differences between professional and personal relationships.
- ✓ List four unique aspects of a client-practitioner relationship.
- ✓ Describe important legal and ethical obligations that practitioners should understand and keep in mind as they work with clients.

Chapter 4: In this chapter, you have learned about the essential interpersonal qualities needed for developing effective relationships with clients.

- ✓ You should now be able to name and describe the four core

interpersonal qualities that Rogers (1957) identified as essential to the development of a relationship with a client.

- ✓ Name, describe, and give an example of each of the seven common practitioner mistakes.

Chapter 5: In this chapter, you have learned skills for attending, observing, and listening, all of which invite clients to be actively involved in the process.

- ✓ You should now be able to describe three things to observe as you listen to clients.
- ✓ List three ways to attend or communicate involvement to clients.
- ✓ Compare typical conversational behavior with listening in the practice setting.
- ✓ Demonstrate the skills of attending, observing, and listening.

Chapter 6: In this chapter you have learned about preparing, opening, and closing a meeting with individual clients, groups, and families.

- ✓ You should be able to summarize the important elements of confidentiality in working with clients.
- ✓ Summarize key activities you need to do to prepare for a meeting.
- ✓ Give an example of how you might open an initial meeting with an individual and with a group.
- ✓ List the important elements to include when you open a meeting with a new group or client.
- ✓ Give an example of how you might open a second meeting with a family.
- ✓ Demonstrate opening and closing a meeting.

- ✓ Chapter 7: In this chapter you have learned about showing empathy using such skills as reflecting client feelings; reflecting content; reflecting feelings and content; summarizing; and exploring meanings of what the client has said.
- ✓ Give an example of reflecting content with an individual, family, or group.
- ✓ Give an example of a response reflecting feelings and content that could be used with an individual, family, or group.
- ✓ Give an example of a summary statement that could be used with an individual, family, or group.
- ✓ Give an example of exploring meanings that could be used with an individual, family, or group.
- ✓ Demonstrate four ways to express understanding.

Chapter 8

- ✓ In this chapter, you learned to use questions to explore the client's situation and identify strengths.

- ✓ You should now be able to explain practitioner tasks related to exploring.
- ✓ Explain the difference between closed-ended and open-ended questions and give examples of each.
- ✓ Discuss ways that questions can be used to explore patterns, to invite a new approach, and to explore strengths.
- ✓ Give examples of how questions can elicit information about a client's strengths.
- ✓ Identify three ways to demonstrate respect.
- ✓ Demonstrate appropriate use of questions.

Chapter 9: In this chapter, you learned to use questions to clarify what the client is saying.

- ✓ You should now be able to identify the practitioner's tasks related to going further.
- ✓ Give examples of questions (with individuals, groups, and families) that invite a deeper understanding of what the client is saying by seeking clarification.
- ✓ Identify when allowing silence is important.
- ✓ Give an example of a question that explores previous attempts to solve the problem, the history of the problem, and severity or intensity of the problem.
- ✓ Give an example of a question that explores feelings about the problem and effects of the problem on functioning.
- ✓ Demonstrate appropriately seeking clarification.
- ✓ Demonstrating gaining further understanding related to person, problem, and situation.

Chapter 10: In this chapter you have learned about assessing readiness to work on problems, the effect of discounting on motivation, and the importance of hope.

- ✓ You should now be able to describe the five stages of readiness for change identified by Prochaska (1999) and give an example of each stage.
- ✓ Give an example of a discounting statement.
- ✓ Identify factors that influence motivation.
- ✓ Name two ways practitioners can invite hope in clients.

Chapter 11: In this chapter you learned about identifying the client's key problems.

- ✓ You should now be able to demonstrate how to help a client move from seeing the problem as belonging to someone else to something the client has the ability to change.
- ✓ Identify skills that can be used with clients in the pre-contemplation, contemplation, and preparation stages of change.

- ✓ Give examples of using the following skills: partializing, advanced reflecting, noticing patterns and themes, identifying discrepancies, rolling with resistance, supporting self-efficacy, and expressing empathy.
- ✓ Demonstrate the skills used to reach agreement on problems.

Chapter 12: In this chapter, you have learned responses to assist clients in identifying their goals and establishing measurable, attainable, positive, and specific goals (MAPS).

- ✓ You should now be able to give an example of a general goal and explain how it could be developed into a more specific MAPS goal.
- ✓ List five questions that could be used to invite a client to move from a general goal to a MAPS goal.
- ✓ Give examples of MAPS goals for an individual, family, and group.
- ✓ Be able to describe having reached a general goal and a MAPS goal.
- ✓ Demonstrate skills used to reach a MAPS goal.

Chapter 13: In this chapter you have learned about working with clients to create an action plan to achieve their identified goals. You have also learned the following skills that are useful in the action phase of your work with clients: identifying steps, teaching, directing, inviting a different perspective, identifying discrepancies, giving feedback, using self-disclosure, and focusing on improvements.

- ✓ You should now be able to give an example of using exception-finding questions to help identify a step.
- ✓ Explain when and why practitioners might instruct their clients.
- ✓ Describe how a practitioner might invite clients to consider taking a new perspective on their experiences, behaviors, thoughts, feelings, or situations.
- ✓ Give an example of a statement identifying a discrepancy.
- ✓ Give two examples of how a practitioner might direct a client.
- ✓ Give an example of how you might give feedback to a client.
- ✓ Explain appropriate and inappropriate uses of self-disclosure by a practitioner.
- ✓ Identify several reasons for focusing on improvements.
- ✓ Demonstrate the skills related to the action phase.

Chapter 14: In this chapter, you have learned about evaluating progress and ending the professional relationship in an effective and supportive way.

- ✓ You should now be able to design a goal attainment scale.
- ✓ State three reasons for lack of progress toward the MAPS goal.
- ✓ Give two examples of appropriate evaluation comments.
- ✓ Describe the six steps in the ending process.
- ✓ Demonstrate evaluating and ending a professional relationship

<h2>HST 142 Counseling Methods and Interviewing Techniques II</h2>	45
<p>Course Description: This course continues and expands the skills and methods first developed in HST140 Counseling Methods and Interviewing Techniques. Course content includes therapeutic structures and issues that face the beginning counselor, models of therapy, and practical aspects of the work. The classroom will use a workshop approach to develop and fine-tune skills needed for counseling and interviewing.</p>	
<p>Student Outcomes: Building upon the techniques of counseling skills learned in HST 140, you will now learn counseling theoretical perspectives. At the completion of this course the student should have a better understanding of the twelve perspectives of contemporary systems. This is obtained by reading the textbook and student manual provided and viewing the DVD with the author Jerry Corey, as he develops an integrative approach to counseling with his client Stan, through every therapy style. The student will also continue to develop an understanding of their own self-growth process through workbook activities. This course is an introduction to counseling therapies; the student will not be a counselor at the end of this course. It gives you a better understanding of each therapy for reference when discussed in clinical settings.</p>	
<p>The purpose of the course is to expose you to a variety of contrasting theoretical models underlying both individual and group practice in counseling. Specific objectives are:</p>	
<ul style="list-style-type: none"> • Describe the therapeutic process and the practical elements of the counseling interaction. • Identify a variety of ethical and professional issues in counseling to guide you in developing a position on these issues. • Develop self-evaluation skills, writing skills, and critical thinking skills. • Synthesize your integration of theoretical and experiential learning in order to form your own personal model of the counseling process. • Identify issues faced by beginning therapists. • Challenge you to look at your own qualities that support and hinder your attempts at being therapeutic for others. Evaluate the benefits of seeking personal counseling as a counselor. • Applying 12 counseling theories to specific cases. (See the case of Stan in the TPCP text and Student Manual, and the Case Study of Stan DVD. • Synthesize and apply all of the theories you are studying to yourself personally. • Explain the concept of bracketing and what is involved in managing a 	

counselor's personal values.

- Explain how values relate to identifying goals in counseling.
- Evaluate the role of diversity issues in the therapeutic relationship.
- Describe what is involved in acquiring competency as a multicultural counselor.
- Describe mandatory, aspirational, and positive ethics.
- Identify characteristics and procedural steps of ethical decision making.
- Articulate the dimensions of confidentiality (privacy, privileged communications, and exceptions). Define the right of informed consent. Identify the major exceptions to confidentiality.
- Recognize when it is necessary to modify techniques with diverse clients.
- Identify some key ethical issues in assessment and diagnosis.
- Compare arguments for and against evidence-based practice.
- Explain the differences between a boundary crossing and a boundary violation.
- Describe the ethical and legal aspects of using technology. Understand how to manage boundaries and risks associated with using social media.
- Identify the major exceptions to confidentiality.
- Describe these key concepts of the Adlerian therapy: purposeful and goal-oriented behavior, inferiority and superiority, subjective view of reality, unity of personality, lifestyle, and encouragement
- Define these techniques commonly used in Psychoanalytic therapy: maintaining the analytic framework, free association, interpretation, dream analysis, and analysis and interpretation of resistance, countertransference and transference.
- Examine the key concepts and basic assumptions underlying the Existential approach, including self-awareness, freedom and responsibility, intimacy and isolation, meaning in life, death anxiety, and authenticity.
- Examine the key concepts and basic assumptions underlying the Person-Centered therapy: Describe the main thrust of emotion-focused therapy. Differentiate the contributions of Carl Rogers and Abraham Maslow to humanistic psychology. Describe the ways that empathy, unconditional positive regard, and genuineness are fundamental to the process and outcome of therapy.
- Define the philosophy and basic assumptions underlying Gestalt theory and therapy. Identify these key concepts of the approach: here and now, awareness, dealing with unfinished business, contact and resistance to contact, body language, and the role of experiments in therapy. Describe how the I/Thou relationship is central to the use of experiments in the therapy process. Define these standard Gestalt therapy interventions: role playing, future projection, making the rounds, staying with the feeling, working with dreams, and creating experiments based on here-and-now awareness.

- Identify the key figures associated with the development of Behavior therapy. Differentiate the four developmental areas of behavior therapy: classical conditioning, operant conditioning, social cognitive theory, and cognitive behavior therapy. Evaluate the central characteristics and assumptions that unite the diverse field of behavior therapy. Identify the diverse array of behavioral techniques and procedures and how they fit within the evidence-based practice movement.
- Identify common attributes shared by all Cognitive Behavior approaches. Describe how the A-B-C. Explain how cognitive methods can be applied to change thinking and behavior. Apply the unique contributions of Aaron Beck to the development of cognitive therapy. Describe the basic principles of strengths-based CBT. Define Meichenbaum's three-phase process of behavior change and the the key concepts and phases of Meichenbaum's stress inoculation training. Differentiate REBT from CT with respect to how faulty beliefs are explored in therapy. Know some of the main differences in how Ellis, Beck, Padesky, and Meichenbaum apply CBT in practice.
- Describe how Choice theory is the theoretical underpinning of Reality therapy. Understand the concept and clinical implications of total behavior. Explain how the WDEP model is applied to practice.
- Identify the key figures and their contributions to the development of Feminist therapy. Differentiate between the six interrelated principles associated with feminist therapy. Describe the importance of an egalitarian relationship and how collaboration works in the therapy process. Identify standard feminist therapy procedures such as therapist self-disclosure, reframing, relabeling, gender-role analysis and intervention, power analysis and intervention, and social action.
- Identify how the Postmodern Approaches differ from the modernist approaches. Describe the historical roots of social constructionism. Examine the distinguishing features and key concepts of solution-focused brief therapy. Identify the role of the therapeutic relationship in the solution-focused approach. Identify the distinguishing features and key concepts of narrative therapy.
- Identify the key figures and major schools of Family Therapy. Synthesize the commonalities among all models of family systems therapy. Describe how family systems therapy is different from individual therapy
- Apply the importance of psychotherapy integration and why it is increasing in popularity. Identify some specific advantages of psychotherapy integration. Examine some of the main challenges of developing an integrative approach. Describe how spiritual and religious values can ethically and effectively be integrated into counseling practice.

- III. 75 hours related to patient, family and community education; cultural competency and/or other co-existing issue

HST 115 Issues of Chemical Dependency in Family Systems Course Description: This course will introduce students to the significance of the family and external support systems in the maintenance and treatment of chemical dependency. Students will be introduced to the characteristics and dynamics of families, couples, and significant others affected by chemical dependency and/or process addictions. Students will examine basic family theories, assessment, and models of intervention and engagement in the treatment and recovery process. The interaction between the family system and substance use behaviors will also be discussed. Students will analyze the role of self-help groups, their functions, and how they differ from more formal treatment. Course Overview: This course identifies the addictive and intergenerational patterns within families and the benefits of working with families in substance abuse treatment. Family is defined to include diverse forms. The purpose of this course is to provide students with an introduction to family theories, perspectives of family therapy along with issues of codependency. The basic models of family therapy, as well as assessment and intervention techniques will be presented in order to assist students in their understanding of family and couple dynamics. Students will have an opportunity to practice those techniques through written and in-class experiential exercises. Students are encouraged to reflect upon the theoretical frameworks to understand and to create interventions for alcoholic and chemically dependent family systems. This course reviews how to help families regroup after abstinence, appropriately deal with emotional upheaval, learn ways to cope with relapse, and find their ways to establishing a more stable family system. Expanding the alcohol and drug addiction counselor's role to include psychoeducational and supportive counseling, the course provides tips for assessment at pivotal stages of recovery and emphasizes the importance of collaboration with other professionals and communities. Students will have the opportunity to explore the impact of their personal family history on their role as counselor. Course Outcomes: Upon successful completion of this course, the student will be able to: 1. Identify the benefits of working with families in substance abuse	45
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<p>treatment.</p> <ol style="list-style-type: none"> 2. Summarize the effects of addictive behavior on family systems. 3. Assess clinical and research information about substance abuse and the family. 4. Assess the impairment levels of families and family members when addiction becomes the central organizing principle for the family. 5. Explain family systems theory and practice. 6. Demonstrate basic skills for working with families. 7. Assess motivation in individuals and families. 8. Illustrate how to negotiate a contract for helping. 9. Develop problem and solutions sequences. 10. Develop skills to explore strengths in families, institutions, and communities that foster recovery and healing. 11. Analyze issues related to codependence. 12. Examine symptoms of codependence. 13. Demonstrate skills and techniques used in confronting and working with codependent behavior. 14. Examine the importance of being mindful and thoughtful about issues of addiction for the family and how to help families begin their own healing journey. 	
<p>SOC 103 Introduction to Sociology</p> <p>Course Description: SOC 103 Introduction to Sociology</p> <p>Students are introduced to the scientific study of society through basic sociological concepts, theories and perspectives. Concepts covered will include culture, socialization, social statuses and roles, social inequalities (race, class, gender and age), social institutions (such as family, education, religion, economy, government, politics, media and health), deviance, and social change. In order to create global awareness, students will develop critical thinking skills by making connections between their own lives and the broader social community.</p> <p>Course Outcomes: At the successful completion of this course the student should be able to discuss the following objectives with confidence:</p>	<p>45</p>

1. Be able to define basic sociological terminology.
2. Compare and contrast different viewpoints of the three major theoretical perspectives: functionalist, conflict, and interactionist
3. Have an appreciation for difficult cultures, understanding they all share a basic socialization process needed for all societies to function properly.
4. Describe various cultural universals. Also understand the difference between cultural relativism and Edgerton's concept of "sick societies".
5. Define socialization, and the importance of the role of socialization in developing mores of culture. Describe the social institutions in the socialization process.
6. Discuss the different types of groups, including the importance of group size and cohesiveness in affecting intergroup relations; including Gemeinschaft & Gesellschaft.
7. Define racial, ethnic, and minority groups.
8. Analyze the components of social control. Discuss formal and informal social control, and how deviance is formed from the three major theoretical perspectives.
9. Identify the different systems of social stratification. How inequality and poverty are powerful consequences of stratification systems.
10. Define prejudice and discrimination, including racial/ethnic, gender and age discrimination. Explain how institutional discrimination affects social relations.
11. Define the "feminization of poverty" and who are the United States' new poor.
12. Define religion and education from a sociological perspective.
13. Understand the different value system of a collective vs. individualistic culture and how this affects

<p>socialization and life goals</p> <ol style="list-style-type: none"> 14. Recognize various compositions of family and the importance on socialization of a culture. 15. Discuss the various types of economic systems emphasizing the extend downsizing and deindustrialization has had on the economy and lifestyle of Americans. Define globalization and the influence of the U.S. in this process. 16. Have more experience in expressing yourself orally and in written form from class discussions and written assignments. 17. Demonstrate an active role in classroom discussions, and debates 18. Evaluate how sociology applies in your evaluation of everyday experiences by using the sociological imagination perspective. 19. Develop an understanding of prejudice and stereotyping in your life and analyze your values in the final project. 	
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- IV. 10 hours related to profession and ethical responsibilities
- V. 300 hours supervised practicum (12 core functions)

HST 270 Practicum for Substance Abuse Counseling	10
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<p>HST 270 Practicum for Substance Abuse Counseling</p> <p>Course Description:</p> <p>This course provides a practical, field-based experience of 300 hours in an alcohol/chemical dependency treatment facility as required by the Massachusetts Board of Substance Abuse Counselor Certification. The practicum is an integral component of the alcohol and drug addiction counseling program. Academic and applied counseling skills are synthesized and used by students in an addiction counseling setting. Practicum is a vital educational</p>	300
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component for future CADAC s to learn and practice the 12 Core Functions and 8 Practice Domains of an addiction counselor in a supervised setting.

Course Overview:

The primary objective of the practicum is to provide an opportunity for integration of knowledge and skills in a chemical dependency treatment setting. Applying theory and counseling skills under competent supervision enables students to make the necessary transition from the certificate program to a valuable employee in the field of substance abuse treatment. When the transition is made with adequate supervision, students gain competence and confidence in their delivery of counseling services. The reality of the practicum setting provides the necessary bridge between training and professional competence. Regular and ongoing supervision (group and/or individual) is provided by qualified and approved on-site supervisor in cooperation with the assigned MWCC course instructor/practicum supervisor. It is expected that Addiction Counseling Certificate Program students will have supervised responsibilities similar to regular staff members, thereby contributing substantially to the functioning of the facility/organization.

Course Outcomes:

Upon successful completion of this course, the student will be able to:

1. Build addiction counseling skills (i.e. the 12 Core Functions and 8 Practice Domains of an addiction counselor) in a supervised clinical setting leading to independent practice.
2. Construct an integrated and comprehensive understanding of the role and function of counselors in the addiction counseling setting.
3. Demonstrate knowledge about referral agencies and other community resources and be able to refer clients when appropriate.
4. Develop a well-informed understanding of legal, ethical, and professional issues confronting professional addiction counselors employed in either a community setting.
5. Demonstrate awareness of issues and intervention strategies specific to diverse populations of clients (e.g. culturally diverse individuals, clients with disabilities, older adults, and gay, lesbian, transgender, bisexual individuals (GLTB), etc.).
6. Demonstrate comprehensive record keeping and report writing skills.
7. Develop a self-awareness of abilities, behaviors, values, and attitudes and how they impact on performance in addiction counseling.
8. Apply a thorough understanding of case management strategies and

<p>techniques involved in the practice of addiction counseling in the community.</p> <p>9. Demonstrate skills in the selection and administration of a variety of assessment instruments.</p> <p>10. Demonstrate the ability to give and receive feedback in a respectful, growth oriented, professional manner.</p>	
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ENROLLMENT SUMMARY

5 YEARS: 2010 – 2014

(FALL AND SPRING)

(Shawn LaRoche 3/3/15)

Fall Enrollment					
	Fall 2010	Fall 2011	Fall 2012	Fall 2013	Fall 2014
HS TTL	212	203	234	237	235
HS	194	186	216	217	183
HSC	18	17	18	20	52
MWCC Overall	4,893	4,755	4,731	4,734	4,336
MWCC Degree Seeking	4,363	4,276	4,283	4,222	3,924
HS TTL		-4%	15%	1%	-1%
HS		-4%	16%	0%	-16%
HSC		-6%	6%	11%	160%
MWCC Overall		-3%	-1%	0%	-8%
MWCC Degree Seeking		-2%	0%	-1%	-7%
Spring Enrollment					
	Spring 2010	Spring 2011	Spring 2012	Spring 2013	Spring 2014
HS TTL	180	213	191	211	202
HS	170	192	175	191	175
HSC	10	21	16	20	27
MWCC Overall	4,650	4,540	4,589	4,486	4,184
MWCC Degree Seeking	4,046	3,990	4,044	3,920	3,729
HS TTL		18%	-10%	10%	-4%
HS		13%	-9%	9%	-8%
HSC		110%	-24%	25%	35%
MWCC Overall		-2%	1%	-2%	-7%
MWCC Degree Seeking		-1%	1%	-3%	-5%

ENROLLMENT BY AGE

(Shawn LaRoche 3/3/15)

Fall Enrollment by Age

Spring Enrollment by Age

	Fall 2010	Fall 2011	Fall 2012	Fall 2013	Fall 2014	Spring 2010	Spring 2011	Spring 2012	Spring 2013	Spring 2014
HS	194	186	216	217	183	170	192	175	191	175
Under 18	0	1	1	0	1	0	1	1	0	0
18-19	17	16	34	26	14	19	19	8	25	17
20-21	39	33	27	28	29	25	35	28	28	29
22-24	20	20	36	44	27	18	22	26	31	36
25-29	35	32	32	42	38	26	36	27	36	33
30-34	17	17	24	15	16	21	19	23	26	14
35-39	14	13	14	15	19	17	13	16	12	16
40-49	33	34	25	32	25	23	32	31	20	19
50-64	17	17	20	14	13	19	14	12	12	10
65+	1	1	2	1	1	1	0	1	0	1
Unknown Age	1	2	1	0	0	1	1	2	1	0
HSC	18	17	18	20	52	10	21	16	20	27
Under 18	0	0	0	0	0	0	0	0	0	0
18-19	1	0	0	0	13	0	1	1	0	2
20-21	0	0	1	3	3	2	1	1	2	2
22-24	3	2	6	3	10	0	2	2	1	6
25-29	2	3	1	3	6	1	4	1	3	7
30-34	1	0	3	4	5	1	2	2	2	2
35-39	2	4	2	1	5	1	4	5	3	3
40-49	4	2	4	0	6	1	1	3	4	0
50-64	5	5	1	5	3	3	6	1	5	4
65+	0	1	0	1	1	0	0	0	0	1
Unknown Age	0	0	0	0	0	1	0	0	0	0
Grand Total	212	203	234	237	235	180	213	191	211	202
Under 18	0	1	1	0	1	0	1	1	0	0
18-19	18	16	34	26	27	19	20	9	25	19
20-21	39	33	28	31	32	27	36	29	30	31
22-24	23	22	42	47	37	18	24	28	32	42
25-29	37	35	33	45	44	27	40	28	39	40
30-34	18	17	27	19	21	22	21	25	28	16
35-39	16	17	16	16	24	18	17	21	15	19
40-49	37	36	29	32	31	24	33	34	24	19
50-64	22	22	21	19	16	22	20	13	17	14
65+	1	2	2	2	2	1	0	1	0	2
Unknown Age	1	2	1	0	0	2	1	2	1	0

RETENTION AND PERSISTENCE RATES

(Shawn LaRoche 3/3/15)

Fall to Spring Retention and Persistence

	Graduated	Did not Return	Returned	TOTAL	ATC	RETN Rate	PERS Rate
Fall 2009 to Spring 2010	7	31	111	149	142	78%	79%
HS	6	26	104	136	130	80%	81%
HSC	1	5	7	13	12	58%	62%
MWCC Overall	130	1,332	3,299	4,761	4,631	71%	72%
MWCC Degree Seeking	130	1,024	2,997	4,151	4,021	75%	75%
Fall 2010 to Spring 2011	4	47	161	212	208	77%	78%
HS	4	42	148	194	190	78%	78%
HSC	-	5	13	18	18	72%	72%
MWCC Overall	116	1,518	3,259	4,893	4,777	68%	69%
MWCC Degree Seeking	116	1,213	3,034	4,363	4,247	71%	72%
Fall 2011 to Spring 2012	2	67	134	203	201	67%	67%
HS	2	59	125	186	184	68%	68%
HSC	-	8	9	17	17	53%	53%
MWCC Overall	113	1,322	3,320	4,755	4,642	72%	72%
MWCC Degree Seeking	113	1,084	3,079	4,276	4,163	74%	75%
Fall 2012 to Spring 2013	7	74	153	234	227	67%	68%
HS	6	69	141	216	210	67%	68%
HSC	1	5	12	18	17	71%	72%
MWCC Overall	165	1,362	3,204	4,731	4,566	70%	71%
MWCC Degree Seeking	165	1,155	2,963	4,283	4,118	72%	73%
Fall 2013 to Spring 2014	15	77	145	237	222	65%	68%
HS	12	71	134	217	205	65%	67%
HSC	3	6	11	20	17	65%	70%
MWCC Overall	174	1,399	3,161	4,734	4,560	69%	70%
MWCC Degree Seeking	173	1,112	2,937	4,222	4,049	73%	74%

Spring to Fall Retention and Persistence

	Graduated	Did not Return	Returned	TOTAL	ATC	RETN Rate	PERS Rate
Spring 2010 to Fall 2010	17	48	115	180	163	71%	73%
HS	16	46	108	170	154	70%	73%
HSC	1	2	7	10	9	78%	80%
MWCC Overall	499	1,760	2,391	4,650	4,151	58%	62%
MWCC Degree Seeking	494	1,340	2,212	4,046	3,552	62%	67%
Spring 2011 to Fall 2011	25	73	115	213	188	61%	66%
HS	23	66	103	192	169	61%	66%
HSC	2	7	12	21	19	63%	67%
MWCC Overall	473	1,730	2,337	4,540	4,067	57%	62%
MWCC Degree Seeking	468	1,355	2,167	3,990	3,522	62%	66%
Spring 2012 to Fall 2012	29	66	96	191	162	59%	65%
HS	24	61	90	175	151	60%	65%
HSC	5	5	6	16	11	55%	69%
MWCC Overall	491	1,701	2,397	4,589	4,098	58%	63%
MWCC Degree Seeking	476	1,348	2,220	4,044	3,568	62%	67%
Spring 2013 to Fall 2013	31	64	116	211	180	64%	70%
HS	24	57	110	191	167	66%	70%
HSC	7	7	6	20	13	46%	65%
MWCC Overall	531	1,546	2,409	4,486	3,955	61%	66%
MWCC Degree Seeking	512	1,195	2,213	3,920	3,408	65%	70%
Spring 2014 to Fall 2014	29	59	114	202	173	66%	71%
HS	27	49	99	175	148	67%	72%
HSC	2	10	15	27	25	60%	63%
MWCC Overall	538	1,368	2,278	4,184	3,646	62%	67%
MWCC Degree Seeking	512	1,106	2,111	3,729	3,217	66%	70%

Fall to Fall Retention and Persistence

	Graduated	Did not Return	Returned	TOTAL	ATC	RETN Rate	PERS Rate
Fall 2009 to Fall 2010	22	53	74	149	127	58%	64%
HS	21	47	68	136	115	59%	65%
HSC	1	6	6	13	12	50%	54%
MWCC Overall	643	2,064	2,054	4,761	4,118	50%	57%
MWCC Degree Seeking	638	1,621	1,892	4,151	3,513	54%	61%
Fall 2010 to Fall 2011	30	84	98	212	182	54%	60%
HS	27	79	88	194	167	53%	59%
HSC	3	5	10	18	15	67%	72%
MWCC Overall	597	2,248	2,048	4,893	4,296	48%	54%
MWCC Degree Seeking	591	1,853	1,919	4,363	3,772	51%	58%
Fall 2011 to Fall 2012	29	86	88	203	174	51%	58%
HS	25	78	83	186	161	52%	58%
HSC	4	8	5	17	13	38%	53%
MWCC Overall	595	1,942	2,080	4,755	4,160	50%	56%
MWCC Degree Seeking	585	1,749	1,942	4,276	3,691	53%	59%
Fall 2012 to Fall 2013	36	97	101	234	198	51%	59%
HS	31	88	97	216	185	52%	59%
HSC	5	9	4	18	13	31%	50%
MWCC Overall	687	1,972	2,072	4,731	4,044	51%	58%
MWCC Degree Seeking	670	1,678	1,935	4,283	3,613	54%	61%
Fall 2013 to Fall 2014	41	102	94	237	196	48%	57%
HS	36	93	88	217	181	49%	57%
HSC	5	9	6	20	15	40%	55%
MWCC Overall	700	1,991	2,043	4,734	4,034	51%	58%
MWCC Degree Seeking	672	1,641	1,909	4,222	3,550	54%	61%

Graduation Rates (Shawn LaRoche 3/3/15)

Graduation Rates - HS and HSC					
	% Graduated Within 1 Year	% Graduated Within 2 Years	% Graduated Within 3 Years	% Graduated Within 4 Years	% Graduated Within 5 Years
HS					
Fall 2005	0.0%	8.3%	25.0%	33.3%	41.7%
Fall 2006	0.0%	0.0%	11.1%	11.1%	22.2%
Fall 2007	0.0%	0.0%	7.7%	7.7%	7.7%
Fall 2008	0.0%	0.0%	25.0%	25.0%	25.0%
Fall 2009	0.0%	0.0%	3.8%	23.1%	23.1%
Fall 2010	0.0%	4.5%	27.3%	36.4%	
Fall 2011	0.0%	0.0%	10.0%		
Fall 2012	0.0%	0.0%			
Fall 2013	0.0%				
HSC					
Fall 2005	20.0%	20.0%	20.0%	20.0%	20.0%
Fall 2006	0.0%	0.0%	0.0%	0.0%	0.0%
Fall 2007	NA	NA	NA	NA	NA
Fall 2008	NA	NA	NA	NA	NA
Fall 2009	0.0%	0.0%	100.0%	100.0%	100.0%
Fall 2010	NA	NA	NA	NA	
Fall 2011	100.0%	100.0%	100.0%		
Fall 2012	100.0%	100.0%			
Fall 2013	50.0%				

SUBSTANCE ABUSE COUNSELING CERTIFICATE (SACC)

REQUIREMENTS

Year 1		
Fall		Credits
SOC 129	Drug Use And Abuse In American Society	3
HST 115	Issues of Chemical Dependency in Family Systems	3
HST 140	Counseling Methods And Interviewing Techniques	3
HST 149	Addictions Counseling	3
SOC 103	Introduction To Sociology	3
Spring		
HST 142	Counseling Methods and Interviewing Techniques II	3
HST 220	Psychopharmacology	3
HST 270	Practicum for Substance Abuse Counseling	6
	Total Credits:	27



Mount Wachusett
Community College

444 Green Street, Gardner, MA 01440-1000

978-632-6600 • mwcc.edu

Faculty in the MWCC Human Service Department

Candace Shivers

Department Chair

Associate Professor, Sociology and Human Services

978 630-9590

Julie Capozzi

Associate Professor, Psychology and Sociology

Teaches counseling courses and the practicum course in the Substance Abuse Counseling Certificate Program; developed all existing practicum sites for the SACC program; member of the Addiction

Advisory Education Group (AEAG) for BSAS/ LDAC

978-630-9302

Sheila Murphy

Professor of Human Services and Psychology

Coordinator of Honors Program

978 630- 9331

HUMAN SERVICES CLUB

The purpose of this club shall be to form a group of students to search for and assess the needs of the community and to utilize the group's potential as helping members of that society by extending the helping process to others. All members of Mount Wachusett Community College and its faculty are welcome to participate in all aspects of the Human Services Club and become part of a helping resource in the college community.

THE MASSACHUSETTS BOARD
OF SUBSTANCE ABUSE COUNSELOR
CERTIFICATION, INC.

P.O. Box 7070
Worcester, MA 01605
508) 842-8707

November 7, 2016

Margaret Jaillet, Assistant Dean
Mount Wachusett Community College
444 Green Street
Gardner, MA 01440

Dear Margaret,

Effective July 1, 2017, the MBSACC training/education requirements for the CADC Certification are changing from 270 hours to 300 hours as follows:

120 Alcohol/Drug Specific Studies
120 hours of Counseling Techniques
45 hours of Behavioral Science
10 hours of Professional Ethics in Counseling

Based on the information supplied to me, the Substance Abuse Counseling Certificate Program at Mount Wachusett Community College meets the current MBSACC training/education requirement of 270 hours towards CADC Certification and will also meet the MBSACC expanded 300 hour training and education requirement towards the CADC Certification. **Congratulations!**

Please note if any of the courses in the educational program of the Substance Abuse Counseling Certificate Program at Mount Wachusett Community College should change, Mount Wachusett Community College needs to notify the Massachusetts Board of Substance Abuse Counselor Certification (MBSACC) of these changes as soon as possible because it could affect the approved program status as stipulated above.

If you have any questions with regard to the above stated program approval, please feel free to email me at mbsacc@aol.com or contact me by phone at (508) 842-8707.

Sincerely,

Jacquelyn Cummins
Executive Director
MBSACC



The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Department of Public Health
250 Washington Street, Boston, MA 02108-4619

CHARLES D. BAKER
Governor

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Lieutenant Governor

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MONICA BHAREL, MD, MPH
Commissioner

Tel: 617-624-6000
www.mass.gov/dph

April 6, 2017

Ms. Julie Capozzi
Mount Wachusett Community College
444 Green St, Gardner MA 01440

Dear Ms. Capozzi,

Thank you for submitting the Addiction Education Approval Application for **Mount Wachusett Community College**. Based on the application and its supporting documents this program has been approved for the **300 hours**. This approval expires on **June 30, 2019**. Renewal notices and instructions will be provided to your program a minimum of 60 days prior to the expiration of this approval.

Your program will appear in our published listing of Addiction Education Providers as follows:

Program Name: Mount Wachusett Community College

Total Program Hours: 300

Locations: 444 Green St, Gardner MA 01440

Contact Person: Julie Capozzi

Phone Number: (978) 630-9302

Website: <http://catalog.mwcc.edu/associateddegreesandcertificatelistandotheroptions/humanservices/>

Email Address: j_capozzi@mwcc.mass.edu

This list, along with resources for students interested in LADC can be found at:

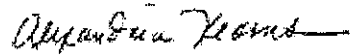
<http://www.mass.gov/eohhs/gov/departments/dph/programs/substance-abuse/providers/alcohol-and-drug-counselor/licensing-requirements.html>

Program approval was based on the contents of the application submitted; changes may impact approval status. During the approval period, any of the following changes should be communicated to DPH/BSAS as soon as possible, preferably prior to the proposed change but no more than 5 days after the change occurs:

- Responsible official(s);
- Contact information Program content;
- Course hours;
- Delivery method;
- Standards for instructors;
- Program location(s); and
- Any change in the submitted Attestations/Certifications.

If you have any questions or to notify us of any of the above listed changes, please contact me at Alex.Kearns@state.ma.us or 781-828-1861.

Sincerely,

A handwritten signature in cursive script, reading "Alexandria Kearns", followed by a horizontal line.

Alexandria Kearns
Program Coordinator
DPH/BSAS Quality Assurance and Licensing

Cc Tracey Nicolosi, Director of Quality Assurance and Licensing
Jen Parks, Workforce Development and Training Coordinator



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Addictions

The Diagnostic Criteria for Substance Use Disorders (Addiction)

A. Tom Horvath, Ph.D., ABPP, Kaushik Misra, Ph.D., Amy K. Epner, Ph.D., and Galen Morgan Cooper, Ph.D.

The DSM-5 establishes nine types of Substance-Related Disorders:



1. Alcohol
2. Caffeine*
3. Cannabis (e.g., marijuana)
4. Hallucinogens
5. Inhalants
6. Opioid (e.g., heroin)
7. Sedatives, Hypnotics, or Anxiolytics (e.g., valium, "qualudes")
8. Stimulants (cocaine, methamphetamine)
9. Tobacco

*Substance use disorder does not apply to caffeine.

Regardless of the particular substance, the diagnosis of a substance use disorder is based upon a pathological set of behaviors related to the use of that substance. These behaviors fall into four main categories:

1. Impaired control
2. Social impairment
3. Risky use
4. Pharmacological indicators (tolerance and withdrawal)

Let's review each of these key diagnostic criteria in greater detail.

1.A. Impaired control:

Impaired control may be evidenced in several different ways:

1) Using for longer periods of time than intended, or using larger amounts than intended; 2) Wanting to reduce use, yet being unsuccessful doing so; 3) Spending excessive time getting/using/recovering from the drug use; 4) Cravings that are so intense it is difficult to think about anything else.

2.B. Social impairment

You may recall our definition of addiction: Addiction is repeated involvement with a substance or activity, despite the substantial harm it now causes, because that involvement was (and may continue to be) pleasurable and/or valuable. Social impairment is one type of substantial harm (or consequence) caused by the repeated use of a substance or an activity.

5) People may continue to use despite problems with work, school or family/social obligations. This might include repeated work absences, poor school performance, neglect of children, or failure to meet household responsibilities.

6) Addiction may also be indicated when someone continues substance use despite having interpersonal problems because of the substance use. This could include arguments with family members about the substance use; or, losing important friendships because of continued use.

7) Important and meaningful social and recreational activities may be given up or reduced because of substance use. A person may spend less time with their family, or they may stop playing golf with their friends.

3.C. Risky Use

The key issue of this criterion is the failure to refrain from using the substance despite the harm it causes.

8) Addiction may be indicated when someone repeatedly uses substances in physically dangerous situations. For instance, using alcohol or other drugs while operating machinery or driving a car.

9) Some people continue to use addictive substances even though they are aware it is causing or worsening physical and psychological problems. An

example is the person who continues to smoke cigarettes despite having a respiratory disorder such as asthma or COPD.

4.D. Pharmacological indicators: Tolerance and Withdrawal

For many people, tolerance and withdrawal are the classic indicators of advanced addiction. As such, these are particularly important concepts. This criterion refers to the adjustment the body makes as it attempts to adapt to the continued and frequent use of a substance. This adjustment is called maintaining homeostatic balance.

10) Tolerance occurs when people need to increase the amount of a substance to achieve the same desired effect. Stated differently, it is when someone experiences less of an effect using the same amount. The "desired effect" might be the desire to avoid withdrawal symptoms. On the other hand, it may be the desire to get high. People experience tolerance differently; i.e., people vary in their sensitivities to different substances. Specific drugs will vary in terms of how quickly tolerance develops and the dose needed for tolerance to develop.

11) Withdrawal is the body's response to the abrupt cessation of a drug, once the body has developed a tolerance to it. The resulting cluster of (very unpleasant and sometimes fatal) symptoms is specific to each drug. We discuss these specific symptoms in each substance category. Although withdrawal is very unpleasant, it does not usually require medical assistance. However, withdrawal from some drugs can be fatal. Therefore, consult with a medical professional before attempting to stop drug use after a period of heavy and continuous use. This will ensure that quitting is as safe and comfortable as possible.

If a person is experiencing withdrawal symptoms at the time they are being evaluated for treatment, they will be diagnosed with both substance use and substance withdrawal.

A person needs to meet at least 2 of these criteria to be diagnosed with a substance-use disorder. The severity of addiction is determined by the number of criteria met.

Share:            

Link: (Here's how to do it ...)



Substance Use Disorders

Get the facts on common substance use disorders such as those related to alcohol, tobacco, cannabis (marijuana), stimulants, hallucinogens, and opioids.

The *Diagnostic and Statistical Manual of Mental Disorders*, Fifth Edition (DSM-5), no longer uses the terms substance abuse and substance dependence, rather it refers to substance use disorders, which are defined as mild, moderate, or severe to indicate the level of severity, which is determined by the number of diagnostic criteria met by an individual. Substance use disorders occur when the recurrent use of alcohol and/or drugs causes clinically and functionally significant impairment, such as health problems, disability, and failure to meet major responsibilities at work, school, or home. According to the DSM-5, a diagnosis of substance use disorder is based on evidence of impaired control, social impairment, risky use, and pharmacological criteria.

The following is a list with descriptions of the most common substance use disorders in the United States.

Alcohol Use Disorder (AUD)

Excessive alcohol use can increase a person's risk of developing serious health problems in addition to those issues associated with intoxication behaviors and alcohol withdrawal symptoms. According to the Centers for Disease Control and Prevention (CDC), excessive alcohol use causes 88,000 deaths a year. Data from the [National Survey on Drug Use and Health \(NSDUH\) — 2014 \(PDF | 3.4 MB\)](#) show that in 2014, slightly more than half (52.7%) of Americans ages 12 and up reported being current drinkers of alcohol. Most people drink alcohol in moderation. However, of those 176.6 million alcohol users, an estimated 17 million have an AUD.

Many Americans begin drinking at an early age. In 2012, about 24% of eighth graders and 64% of twelfth graders used alcohol in the past year.

The definitions for the different levels of drinking include the following:

- **Moderate Drinking**—According to the Dietary Guidelines for Americans, moderate drinking is up to 1 drink per day for women and up to 2 drinks per day for men.
- **Binge Drinking**—SAMHSA defines binge drinking as drinking 5 or more alcoholic drinks on the same occasion on at least 1 day in the past 30 days. The National Institute on Alcohol Abuse and Alcoholism (NIAAA) defines binge drinking as a pattern of drinking that produces blood alcohol concentrations (BAC) of greater than 0.08 g/dL. This usually occurs after 4 drinks for women and 5 drinks for men over a 2 hour period.
- **Heavy Drinking**—SAMHSA defines heavy drinking as drinking 5 or more drinks on the same occasion on each of 5 or more days in the past 30 days.

Excessive drinking can put you at risk of developing an alcohol use disorder in addition to other health and safety problems. Genetics have also been shown to be a risk factor for the development of an AUD. To be diagnosed with an AUD, individuals must meet certain diagnostic criteria. Some of these criteria include problems controlling intake of alcohol, continued use of alcohol despite problems resulting from drinking, development of a tolerance, drinking that leads to risky situations, or the development of withdrawal symptoms. The severity of an AUD—mild, moderate, or severe—is based on the number of criteria met.

Learn more about alcohol from the [Alcohol, Tobacco, and Other Drugs](#) topic. Learn more about the treatments for AUD. Find more information at the [NIAAA website](#).

Tobacco Use Disorder

According to the CDC, more than 480,000 deaths each year are caused by cigarette smoking. Tobacco use and smoking do damage to nearly every organ in the human body, often leading to lung cancer, respiratory disorders, heart disease, stroke, and other illnesses.

In 2014, an estimated 66.9 million Americans aged 12 or older were current users of a tobacco product (25.2%). Young adults aged 18 to 25 had the highest rate of current use of a tobacco product (35%), followed by adults aged 26 or older (25.8%), and by youths aged 12 to 17 (7%).

In 2014, the prevalence of current use of a tobacco product was 37.8% for American Indians or Alaska Natives, 27.6% for whites, 26.6% for blacks, 30.6% for Native Hawaiians or other Pacific Islanders, 18.8% for Hispanics, and 10.2% for Asians.

For information and strategies to help you or a loved one stop smoking or using tobacco, visit SAMHSA's [Treatments for Substance Use Disorders](#) page. To find out more about smoking and tobacco, visit the [CDC website](#).

Cannabis Use Disorder

Marijuana is the most-used drug after alcohol and tobacco in the United States. According to SAMHSA data:

- In 2014, about 22.2 million people ages 12 and up reported using marijuana during the past month.
- Also in 2014, there were 2.6 million people in that age range who had used marijuana for the first time within the past 12 months. People between the ages of 12 and 49 report first using the drug at an average age of 18.5.

In the past year, 4.2 million people ages 12 and up met criteria for a substance use disorder based on marijuana use.

Marijuana's immediate effects include distorted perception, difficulty with thinking and problem solving, and loss of motor coordination. Long-term use of the drug can contribute to respiratory infection, impaired memory, and exposure to cancer-causing compounds. Heavy marijuana use in youth has also been linked to [increased risk for developing mental illness and poorer cognitive functioning](#).

Some symptoms of cannabis use disorder include disruptions in functioning due to cannabis use, the development of tolerance, cravings for cannabis, and the development of withdrawal symptoms, such as the inability to sleep, restlessness, nervousness, anger, or depression within a week of ceasing heavy use.

Learn more about cannabis from the [Alcohol, Tobacco, and Other Drugs](#) topic. For information about the treatment of cannabis use disorder, visit SAMHSA's [Treatments for Substance Use Disorders](#) page.

Stimulant Use Disorder

Stimulants increase alertness, attention, and energy, as well as elevate blood pressure, heart rate, and respiration. They include a wide range of drugs that have historically been used to treat conditions, such as obesity, attention deficit hyperactivity disorder and, occasionally, depression. Like other prescription medications, stimulants can be diverted for illegal use. The most commonly abused stimulants are amphetamines, methamphetamine, and cocaine. Stimulants can be synthetic (such as amphetamines) or can be plant-derived (such as cocaine). They are usually taken orally, snorted, or intravenously.

In 2014, an estimated 913,000 people ages 12 and older had a stimulant use disorder because of cocaine use, and an estimated 476,000 people had a stimulant use disorder as a result of using other stimulants besides methamphetamines. In 2014, almost 569,000 people in the United States ages 12 and up reported using methamphetamines in the past month.

Symptoms of stimulant use disorders include craving for stimulants, failure to control use when attempted, continued use despite interference with major obligations or social functioning, use of larger amounts over time, development of tolerance, spending a great deal of time to obtain and use stimulants, and withdrawal symptoms that occur after stopping or reducing use, including fatigue, vivid and unpleasant dreams, sleep problems, increased appetite, or irregular problems in controlling movement.

Learn more about stimulants from the [Alcohol, Tobacco, and Other Drugs](#) topic. For information about the treatment of stimulant use disorder, visit SAMHSA's [Treatments for Substance Use Disorders](#) page.

Hallucinogen Use Disorder

Hallucinogens can be chemically synthesized (as with lysergic acid diethylamide or LSD) or may occur naturally (as with psilocybin mushrooms, peyote). These drugs can produce visual and auditory hallucinations, feelings of detachment from one's environment and oneself, and distortions in time and perception.

In 2014, approximately 246,000 Americans had a hallucinogen use disorder. Symptoms of hallucinogen use disorder include craving for hallucinogens, failure to control use when attempted, continued use despite interference with major obligations or social functioning, use of larger amounts over time, use in risky situations like driving, development of tolerance, and spending a great deal of time to obtain and use hallucinogens.

Learn more about hallucinogens from the [Alcohol, Tobacco, and Other Drugs](#) topic.

Opioid Use Disorder

Opioids reduce the perception of pain but can also produce drowsiness, mental confusion, euphoria, nausea, constipation, and, depending upon the amount of drug taken, can depress respiration. Illegal opioid drugs, such as heroin and legally available pain relievers such as oxycodone and hydrocodone can cause serious health effects in those who misuse them. Some people experience a euphoric response to opioid medications, and it is common that people misusing opioids try to intensify their experience by snorting or injecting them. These methods increase their risk for serious medical complications, including overdose.

Other users have switched from prescription opiates to heroin as a result of availability and lower price. Because of variable purity and other chemicals and drugs mixed with heroin on the black market, this also increases risk of overdose. Overdoses with opioid pharmaceuticals led to almost 17,000 deaths in 2011.

Since 1999, opiate overdose deaths have increased 265% among men and 400% among women.

In 2014, an estimated 1.9 million people had an opioid use disorder related to prescription pain relievers and an estimated 586,000 had an opioid use disorder related to heroin use.

Symptoms of opioid use disorders include strong desire for opioids, inability to control or reduce use, continued use despite interference with major obligations or social functioning, use of larger amounts over time, development of tolerance, spending a great deal of time to obtain and use opioids, and withdrawal symptoms that occur after stopping or reducing use, such as negative mood, nausea or vomiting, muscle aches, diarrhea, fever, and insomnia.

Learn more about opioids from the [Alcohol, Tobacco, and Other Drugs](#) topic. For information about the treatment of opioid use disorder, visit SAMHSA's [Treatments for Substance Use Disorders](#) page.

Last Updated: 10/27/2015

Licensure and Certification:

A Comparison of Requirements and Features

for Substance Use and Addictions Counselors in Massachusetts

INTRODUCTION

In Massachusetts, both Licensure (LADC) and Certification (CADC) are available to recognize specialty training in addition.

Employers often prefer to hire people with specialty training; third-party reimbursement is increasingly available for people who hold licenses or certifications; and the preparation required will increase your ability to provide quality services to clients.

The following tables provide a general overview of the similarities and differences between the two:

- Licensure of Alcohol and Drug Counselors is provided by the Bureau of Substance Abuse Services (BSAS). There are three levels of licensure: LADC Assistant, LADC II, and LADC I.
- Certification of Alcohol and Drug Counselors is provided by the Massachusetts Board of Substance Abuse Counselor Certification (MBSACC), the MA chapter of IC&RC (International Certification and Reciprocity Consortium). There are three levels of certification: CAC, CADC, CADC II.

IMPORTANT NOTE: While efforts are made to keep this Crosswalk up to date, changes by the Licensing or Certifying bodies may not yet be reflected. Individuals must contact the appropriate personnel at BSAS for Licensure, and at the Massachusetts Board of Substance Abuse Counselor Certification (MBSACC) for Certification, to discuss applicability of the information for their own circumstances.

CONTACT INFORMATION

Licensure (LADC) – Bureau of Substance Abuse Services (BSAS):

Ian Bain (BSAS), ian.bain@state.ma.us /617-624-5165

Certification (CADC) – Massachusetts Board of Substance Abuse Counselor Certification (MBSACC):

Jackie Cummins (MBSACC), mbasacc@aol.com /508-842-8707

Different levels of Licensure/Certification can Enable the Holder to:					
	CAC	CADC	CADC-II	LADC Assistant	LADC I
Get Reimbursed by a 3 rd Party	No	Yes, possibly. This is determined by insurance companies and payers.		No	Yes – some, with a Master's Degree in Behavioral Sciences
Work independently	No	Yes – under the supervision of a Master's level and Certified clinician	Yes – with a Master's degree in counseling and an established private practice.	No	Yes
Work under supervision	Yes	Of a Master's level and Certified Clinician	Of someone with equivalent credentials and a Doctorate	Yes	Yes
Work at a licensed program under supervision	Yes	Yes	Yes	Yes	Yes (licensed program or other health care facility)

Application Process			
	CAC	CADC	LADC I
Steps required to apply for Certification or Licensure	1. Request application from MBSACC. 2. Obtain and document all required education and field experience. 3. Complete application. 4. Verify acceptance of application. 5. Take and pass exam (see section on examination for more information).		1. Ensure that licensing requirements have been met, including passing exam. 2. Request access to the application from BSAS (which is online in the eLicensing system) 3. Complete application (use forms provided to document work experience and education; submit one letter of evaluation from most recent supervisor, and two letters from individuals familiar with applicant's related work). <i>Note: Application processing takes a minimum of 30 days.</i>

Education Requirements*					
	CAC	CADC	CADC-II	LADC Assistant	LADC I
Minimum Degree	High School/ Equivalent	High School/ Equivalent	Master's in Counseling or closely related field	High School/ Equivalent	Master's in Behavioral Science ¹ with 18 Graduate Semester Hours in Counseling
Alcohol & Drug ² Education Hours	174 with specific category requirements	264 with specific category requirements	174	50 with specific category requirements	260
Ethics Education Hours specific to A&D Counseling	6	6	6	Included in Alcohol and Drug Education Hours	10

*Documentation (course descriptions, syllabi, instructor information) may be requested for review by BSAS or MBSACC.

Supervised Practical Experience					
	CAC	CADC*	CADC-II*	LADC Assistant	LADC I*
Work, Internship or Practicum ³ (must be supervised)	4000 hours	6000 hours with High School/Equivalent 5000 hours with Associate's Degree in Behavioral Science 4000 hours with Bachelor's Degree in Behavioral Science 2000 hours with Master's in Counseling	2000 hours with Master's Degree and no CADC No additional hours if the relevant hours were documented for CADC	2000 hours	6000 hours with Master's Degree and no LADC II 2000 hours if 4000 were documented with Bachelors for LADC II No additional hours if 6000 were documented for LADC II
Supervision of Work, Internship or Practicum ⁴	120 hours related to the Four Essential Domains and DSM 5 Diagnostic Criteria ⁵	300 hours related to the Four Essential Domains and DSM 5 Diagnostic Criteria, with at least 10 in each Domain (included in the Supervised Hours above) For individuals with a related Master's degree, this must be a Counseling Practicum.		0 hours	300 hours in an appropriate setting ³ with at least 10 hours in each of the 12 Core Functions (in addition to the Supervised Hours above)

*When you want to upgrade an existing license or certification to a higher level, contact the relevant office to determine which qualifications from the existing level will count. In particular, there are multiple considerations when upgrading from CAC to CADC or CADC-II, or from LADC Assistant to LADC II or LADC I.

Examination				
	CAC	CADC	CADC-II	LADC Assistant LADC II LADC I
Exam Date	For all License and Certification Levels, testing is held in June, September, and December of each year, usually on the second Friday of the month.			
	To find out about the next exam, contact: MBSACC, 508-842-8707			
Exam Type	IC&RC	IC&RC	IC&RC ADVANCED	IC&RC IC&RC IC&RC
Steps required to register for Exam	<p><i>CADC application must be complete before registering for Exam.</i></p> <ol style="list-style-type: none"> 1. Request application from MBSACC. 2. Obtain and document all required education and field experience. 3. Complete application. 4. Submit completed application along with documentation by February 28th for June Exam, May 31st for September Exam, and August 31st for December Exam. 5. MBSACC will distribute results to applicants 5-7 weeks following exam. 			
	<p><i>Exam may be taken at any point in the application process.</i></p> <ol style="list-style-type: none"> 1. Contact BSAS for referral to MBSACC. 2. Contact MBSACC to request an Exam Seat Reservation Form by February 15th for June exam; May 15th for September exam; and August 15th for December exam. 3. Submit the completed Exam Seat Reservation Form by February 28th for June Exam; May 31st for September Exam; and August 31st for December Exam 4. Take Exam. 5. Exam results are sent to BSAS 5-7 weeks following exam. BSAS then distributes results to applicants. 			

Alternatives to full Application and Exam Processes (for those holding current Certification or Licensure in another state or jurisdiction)				
	CAC	CADC	CADC-II	LADC Assistant LADC II LADC I
Certification/Licensure can be available as follows	Not available	If credentialed by another IC&RC Board at the equivalent Reciprocity Level		If requirements are similar to MA licensing requirements. This is determined via consultation with Licensing staff at BSAS, and review of relevant factors (e.g. other state/jurisdiction's requirements, education and experience of the applicant, whether the credential is in good standing, etc.)
Exam is waived as follows	Not available	Via Reciprocity with another IC&RC Board and if credentialed with equivalent level certificate		The exam is not required for applicants who hold a current, valid certification from a recognized certifying body including: MBSACC, CEAP, CAC, NAADAC, ICRC.

Recognition of License or Certification in other States/Jurisdictions (for those who hold current Certification or Licensure in MA)				
CAC	CADC	CADC-II	LADC Asst.	LADC I
Certification/ Licensure may be available as follows	Not available	IC&RC reciprocity is available in 47 states and territories; 24 countries; 5 Native American regions; all branches of the military. There may be additional requirements in some states/jurisdictions.	IC&RC reciprocity is available in 47 states and territories; 24 countries; 5 Native American regions; all branches of the military that offer the IC&RC Advanced reciprocal credential. There may be additional requirements in some states/jurisdictions.	Check with the local certifying board or state licensing authority
	Visit IC&RC web page to determine reciprocity possibilities (http://internationalcredentialing.org).		Visit IC&RC web page to determine reciprocity possibilities (http://internationalcredentialing.org).	

Maintaining Licensure or Certification				
CAC	CADC	CADC-II	LADC Asst.	LADC I
Continuing Education topics and hours	40 hours of Continuing Education in Addictions, Counseling Techniques, and/or Behavioral Science are required every 2 years. Up to 50% (20 CEUs) can be completed via online/distance learning.		40 hours of Continuing Education in Addictions, Counseling and related topics are required every 2 years. Up to 50% (20 CEUs) can be completed via online/distance learning. <i>BSAS CE Policy: www.mass.gov/eohhs/docs/dph/substance- abuse/adcounselor-ce-policy.doc</i>	

Definitions and references:

1. **Alcohol & Drug:** related to all forms of drugs, including alcohol and all forms of prescription and other drugs. Also related to addiction to alcohol, drugs, or activities such as gambling. Includes multiple physiological, legal, psychological, social and other perspectives as described in category requirements. For the LADC Assistant, the 50 hours must be 10 hours in each of the following areas, as defined in Section 168.006 – Eligibility Requirements found in the Licensure of Alcohol and Drug Counselors Regulations: Assessment; Counseling; Case Management; Client, Family and Community Education; and Professional Responsibility (which includes Ethics).
2. **Behavioral Sciences**, as defined in Massachusetts regulations, means anthropology, art/dance therapy, child development/family relations, community mental health, chemical dependence, counseling/guidance, criminal justice, divinity/religion/theology, drama therapy, education, gerontology, health administration, health education, human services, music therapy, nursing/ medicine, occupational therapy, pastoral counseling, physical therapy, psychology, recreational therapy, rehabilitation counseling, social work, sociology, special education, speech pathology, and vocational counseling. If the coursework for the Behavioral Science degree submitted by an applicant does not provide sufficient substance use and addiction education to meet the requirements, additional coursework may be necessary.
3. **Work, Internship or Practicum:** practice in diagnostic assessment, intervention, and alcoholism and/or drug counseling to establish and maintain recovery and prevent relapse; regular on-site, documented clinical supervision required by the license or certification.
 - For LADC I or II, BSAS considers work experience from a variety of settings which are licensed or approved to provide substance use/addictions services. Settings can be treatment programs, mental health and primary care settings, or private practices. The applicant needs to document that the work experience included diagnostic assessment, intervention, and substance use/addictions counseling.
4. **Supervision of Work, Internship or Practicum:** Supervision is a formal, systematic process of staff development that focuses on integrating knowledge and enhancing clinical skills and other competencies in counseling.
 - For LADC applicants, supervision must be documented on forms provided by BSAS in the application, and include the signature of an approved supervisor for the work or academic setting, as well as:
 - o For each work position held: a description of the substance use and addictions work, the number of hours, the number of hours of individual and group supervision the person received.
 - o For each practicum: the number of hours in each of the 12 Core functions, and where the practicum was done.
 - Supervisors must be:
 - o A LADC I, or
 - o A Clinician who has:
 - (1) a master's degree in one of the following disciplines or a closely related field: clinical psychology, education-counseling, medicine, psychology, psychiatric nursing, rehabilitative counseling, social work, and who has a minimum of one year of supervised substance abuse counseling experience; or
 - (2) a bachelor's degree in any of the listed disciplines and a minimum of two years of supervised substance abuse counseling experience; or
 - (3) a recognized certification or licensure including 4,000 hours of clinically supervised counseling of individuals with substance use disorders including at least 220 documented hours of supervision.
 - For CADC applicants, supervision must be documented on forms provided by MBSACC in the application, and
 - o MBSACC requires workplaces to provide clinical supervisors, preferring that they hold CADC or CADC-II Certification.
 - o For practicum or internships, MBSACC accepts supervisors selected by the academic institution.

5. **Four Domains and DSM5 Diagnostic Criteria:** The Four Domains are: Domain I: Screening, Assessment, and Engagement; Domain II: Treatment Planning, Collaboration, and Referral; Domain III: Counseling (Counseling & Education for CAD-C-II); Domain IV: Professional and Ethical Responsibilities. In the past, IC&RC documents referred to 8 domains, based upon TAP 21: The federal Substance Abuse and Mental Health Administration (SAMSHA)'s Technical Assistance Publication #21 - Addiction Counseling Competencies: The Knowledge, Skills and Attitudes of Professional Practice and 12 Core Functions: screening, intake, orientation, assessment, treatment planning, counseling, case management, crisis intervention, client education, referrals, reports and record keeping, and consultation with other professionals. The original content is incorporated into the current Four Essential Domains. Some additional changes were made on content for advanced certification.
6. **MA Licensing Requirements:** Per 105 CMR 168.014: The Department will issue a license without requiring written or oral examination to any applicant who is deemed eligible for reciprocity based on the following:
- (A) the applicant holds a current, valid license as an alcohol and drug counselor or a comparable field in other state wherein the requirements for licensure are deemed by the Department to be equivalent to or in excess of those requirements of the Department; and,
 - (B) the Department receives written verification from the other state licensing authority that the applicant is in good standing.
7. **Recognized Certifying Bodies:** International Certification and Reciprocity Consortium, Massachusetts Board of Substance Abuse Counselor Certification, National Association of Alcohol and Drug Counselors, Certified Employee Assistance Professionals.



Health and Human Services

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Licensing Requirements

Description

Licensed Alcohol and Drug Counselor I - LADC I

A person licensed by the Department to conduct an independent practice of alcohol and drug counseling, and to provide supervision to other alcohol and drug counselors.







Licensed Alcohol and Drug Counselor II - LADC II

A person licensed by the Department to practice alcohol and drug counseling under clinical supervision.

Licensed Alcohol and Drug Counselor Assistant

A person licensed by the Department to provide recovery based services under direct clinical and administrative supervision.

Requirements

- [For Self-Assessment Tools to help you determine which license you be a candidate for, download this file \(LADC Self-Assessment Tools\)](#).  
- [For a list of Education Providers approved by BSAS to provide the 270 hours of education required for LADC I and LADC II, download this file. \(APPROVED ADDICTION EDUCATION PROVIDERS\)](#).  
- [For a printable version of the requirements, complete with definitions of key concepts, download this PDF file.](#)  

All requirements including exam must be met before access to online application is granted through Massachusetts Virtual Gateway.

Licensed Alcohol and Drug Counselor I

- Master's or doctoral degree in behavioral sciences
- Minimum of 270 hours of training that address the full range of education related to substance abuse counseling
- 300 hours of supervised practical training
- 6,000 hours of supervised alcohol and drug counseling work experience
- Successfully complete a written examination

Licensed Alcohol and Drug Counselor II

- Minimum of 270 hours of training that address the full range of education related to substance abuse counseling
- 300 hours of supervised practical training
- 6,000 hours of supervised alcohol and drug counseling work experience (4,000 if applicant holds a Bachelors degree)
- Successfully complete a written examination
- Show proof of high school diploma or equivalent

Licensed Alcohol and Drug Counselor Assistant

- Show proof of high school diploma or equivalent
- 2,000 hours of work experience in the alcohol or drug abuse field
- Minimum of 50 hours of training that address the full range of education related to substance abuse counseling
- Successfully complete a written examination

Licensing Requirements

For further details on requirements please refer to Section 168.006 - Eligibility Requirements found in the Licensure of Alcohol and Drug Counselors Regulations which are included in your application packet.

Additional Information

Reciprocity

The Department will issue a license without requiring written or oral examination to any applicant who is deemed eligible for reciprocity based on the following:

- The applicant holds a current, valid license as an alcohol and drug counselor or a comparable field in other state wherein the requirements for licensure are deemed by the Department to be equivalent to or in excess of those requirements of the Department; and,
- The Department receives written verification from the other state licensing authority that the applicant is in good standing.

Massachusetts Residency

Not required.

US Citizenship

Required, and proof of 18 years of age with a copy of birth certificate, drivers license, or passport as documentation.

168.013 Examination waiver

The Department will issue a license without requiring written examination to any applicant who is deemed eligible provided that the applicant holds a current, valid certification from a recognized certifying body including: MBSACC, CEAP, CAC, CAS, NAADAC, and ICRC.

For more information on ICRC examination and test prep in Massachusetts contact the Massachusetts Board of Substance Abuse Counselor Certification at 508-842-8707 or www.mbsacc.org

If you have questions regarding the counselor licensing process please contact Unit staff: Ian Bain at telephone 617-624-5165, email Ian.Bain@state.ma.us or visit www.mass.gov/dph/bsas

This information is provided by the Bureau of Substance Abuse Services within the Department of Public Health.

Alcohol and Drug Counselor Licensing Fact Sheet

What education is required to qualify for licensure:

	LADC Assistant	LADC II	LADC I
Minimum Degree	High School/ Equivalent	High School/ Equivalent	Master's in Behavioral Science ¹ with 18 Graduate Semester Hours in Counseling
Alcohol & Drug ² Education Hours	50 with specific category requirements	270	270

How many hours of Supervised Work/Practical Experience are needed:

	LADC Assistant	LADC II*	LADC I*
Supervised Work Experience with the last 10 yrs.	2000 hours	6000 hours with <i>High School/ Equivalent</i> 4000 hours with <i>Bachelor's Degree</i>	6000 hours with <i>Master's Degree and no LADC II</i> 2000 hours if 4000 were documented with <i>Bachelors for LADC II</i> <i>No additional hours if 6000 were documented for LADC II</i>
Supervised Practicum	0 hours	300 hours in an approved setting with at least 10 hours in each of the 12 Core Functions (<i>in addition to the Supervised Hours above</i>).	

What examination is required, when are exams given:

	LADC Assistant	LADC II	LADC I
Exam Date	Exams are administered by the Mass Board of Substance Abuse Counselor Certification and occur in June, September, and December of each year. You must contact BSAS's LADC Coordinator, Ian Bain at Ian.Bain@state.ma.us for a referral to the examination four to six months before the exam date. MBSACC contact is Jackie Cummins at who can be reached at 508-842-8707. If you hold a current license or certification substantially similar to the LADC you will be applying for in MA, you may be considered under the exam waiver or reciprocity. The exam waiver provision applies to candidates who hold certification by a recognized certifying body. The reciprocity provision applies to candidate licensed in another state as an LADC or comparable field. Contact Ian Bain with questions on Exam Waiver and/or Reciprocity.		
Exam Type	IC&RC- Administered by MBSACC		
Steps required to register for Exam	<ol style="list-style-type: none"> 1. As stated above contact BSAS for referral to MBSACC. You are not required to have an application on file to take the exam 2. Contact MBSACC to request an Exam Seat Reservation Form by February 15th for June exam; May 15th for September exam; and August 15th for December exam. 3. Submit the completed Exam Seat Reservation Form by February 28th for June Exam, May 31st for September Exam, and August 31st for December Exam. 4. Take Exam. 5. Exam results are sent to BSAS 5-7 weeks following exam. BSAS then distributes results to applicants. 		

Application Process- Once I complete all the requirements how do I apply;

	LADC Assistant	LADC II	LADC I
Steps required to apply for	1. Complete a Self-Assessment Form* for the license you will be applying for, this also serves as a request for access to BSAS Counselor eLicensing.		

Certification or Licensure	<p>2. BSAS will grant access to those applicants who have passed the exam (see section on examination for more information) and who appear to meet the licensing requirements.</p> <p>3. Complete the application in eLicensing. The application contains questions about the applicant's personal and demographic information, work experience, education and disciplinary history. All applicants must provide identification document (license, passport gov't issued ID) and authorize a CORI check as part of the application process. The application also provides forms so the applicant can document work experience and education and have it signed off on by their supervisor. The supervision must be equivalent to an Approved Supervisor (see definition below.) The applicant must also obtain and submit one letter of evaluation from their current or most recent supervisor and two additional letters from individuals familiar with their work in substance abuse treatment</p> <p>4. Application review and processing takes a minimum of 30 days.</p>
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Working as a Licensed Alcohol and Drug Counselor

Can I:	LADC Assistant	LADC II	LADC I
Get Reimbursed by a 3 rd Party	No	No	Yes – contact insurers/private payers directly for information.
Work independently in Private Practice	No	No	Yes
Work under supervision	Yes	Yes	Yes
Work at a licensed program under supervision	Yes	Yes	Yes (licensed program or other health care facility)

Self-Assessment Tools for LADC I, LADC II and LADC are available at:

<http://www.mass.gov/eohhs/gov/departments/dph/programs/substance-abuse/providers/alcohol-and-drug-counselor/licensing-requirements.html>

For more information contact LADC Coordinator: Ian.Bain@state.ma.us

Version Date-10/12/2016

Definitions and references:

- Behavioral Sciences:** as defined in Massachusetts regulations, means anthropology, art/dance therapy, child development/family relations, community mental health, chemical dependence, counseling/guidance, criminal justice, divinity/religion/theology, drama therapy, education, gerontology, health administration, health education, human services, music therapy, nursing/medicine, occupational therapy, pastoral counseling, physical therapy, psychology, recreational therapy, rehabilitation counseling, social work, sociology, special education, speech pathology, and vocational counseling. If the coursework for the Behavioral Science degree submitted by an applicant does not provide sufficient substance use and addiction education to meet the requirements, additional coursework may be necessary.
- Alcohol & Drug Education Hours:** related to all forms of drugs, including alcohol and all forms of prescription and other drugs. Also related to addiction to alcohol, drugs, or activities such as gambling. Includes multiple physiological, legal, psychological, social and other perspectives as described in category requirements.

For LADC II, and I specific education required is as follows:

- 110 hours related to knowledge of alcoholism and drug abuse.
- 75 hours related to alcohol and drug abuse counseling; assessment; clinical evaluation; treatment planning and case management.

- (c) 75 hours related to patient, family and community education (for alcohol and drugs, HIV/AIDS, infectious diseases, tobacco cessation, etc.); cultural competency and/or other co-existing issues.
- (d) 10 hours related to professional and ethical responsibilities.

For the LADC Assistant, the 50 hours must be 10 hours in each of the following areas, as defined in Section 168.006 – Eligibility Requirements found in the Licensure of Alcohol and Drug Counselors Regulations: Assessment; Counseling; Case Management; Client, Family and Community Education; and Professional Responsibility (which includes Ethics).

3. **Work, Internship or Practicum:** practice in diagnostic assessment, intervention, and alcoholism and/or drug counseling to establish and maintain recovery and prevent relapse; regular on-site, documented clinical supervision required by the license or certification.
 - For LADC I or II, BSAS considers work experience from a variety of settings *licensed or approved to provide alcohol and drug abuse treatment, intervention and prevention services* that range from substance abuse treatment programs, mental health and primary care settings to private practices. The applicant needs to document that the work experience included diagnostic assessment, intervention, and alcoholism and/or drug counseling to establish and maintain recovery and prevent relapse.
4. **Supervision of Work, Internship or Practicum:** Supervision is a formal, systematic process of staff development that focuses on integrating knowledge and enhancing clinical skills and other competencies in counseling.
 - **For LADC applicants,** supervision must be documented on forms provided by BSAS in the application, and include the signature of an approved supervisor for the work or academic setting as well as:
 - For work: a description of the substance use and addictions work in each position (diagnostic assessment, intervention, and alcoholism and/or drug counseling to establish and maintain recovery and prevent relapse), the number of hours in each position, the number of hours of individual and group supervision the person received in the position.
 - For a practicum: the practicum site, date of completion and number of hours in each of the 12 Core functions.

Supervisors must be

- A LADC I, or
 - A Clinician who has:
 - (1) a master's degree in one of the following disciplines or a closely related field: clinical psychology, education-counseling, medicine, psychology, psychiatric nursing, rehabilitative counseling, social work, and who has a minimum of one year of supervised substance abuse counseling experience; or
 - (2) a bachelor's degree in any of the listed disciplines and a minimum of two years of supervised substance abuse counseling experience; or
 - (3) a recognized certification or licensure including 4,000 hours of clinically supervised counseling of individuals with substance use disorders including at least 220 documented hours of supervision.
5. **MA Licensing Requirements:** Per 105 CMR 168.014: The Department will issue a license without requiring written or oral examination to any applicant who is deemed eligible for reciprocity based on the following:

- (A) the applicant holds a current, valid license as an alcohol and drug counselor or a comparable field in other state wherein the requirements for licensure are deemed by the Department to be equivalent to or in excess of those requirements of the Department; and,
 - (B) the Department receives written verification from the other state licensing authority that the applicant is in good standing.
6. **Recognized Certifying Bodies:** Include International Certification and Reciprocity Consortium, Massachusetts Board of Substance Abuse Counselor Certification, National Association of Alcohol and Drug Counselors, Certified Employee Assistance Professionals.

CAREERS OF SUBSTANCE

COUNSELOR / CLINICIAN

There are many career paths (</advance-your-career/career-paths>) for professional advancement by addictions counselors, and each workplace may have specific opportunities.



A national scope of practice and career ladder for Substance Use Disorder Counselors (<http://www.cdstudies.com/documents/scopes-of-practice.pdf>) has been developed by NAADAC (<http://www.naadac.org>) (The Association for Addiction Professionals) and is also a good reference for planning your next step.

Activities, Skills and Knowledge

A Counselor works directly with people in addiction treatment or recovery. Counselors may also work with families and friends of the client. The counselor must be able to:

- Assess clients for clinical needs

- Create individualized treatment plans

- Provide service coordination and case management services

- Make appropriate referrals

- Use evidence-based or best practices

- Document client interactions and activities

- Stay up to date with, and carry out their legal, professional and ethical responsibilities

- Maintain culturally responsive practice skills

Complete necessary administrative tasks

For more information on skills and knowledge needed by addiction counselors, see [TAP 21 - Addiction Counseling Competencies](#) (http://www.kap.samhsa.gov/products/manuals/pdfs/tap21_08r.pdf) from the Substance Abuse and Mental Health Services Administration.

The word "Counselor" is used in everyday speech to mean everything from a clinician with a PhD in psychology to an overnight counselor whose position does not require a degree. Different levels of positions for counselors have different responsibilities and requirements (see [Licensure](#), below).

As he or she advances, a counselor may need to learn skills of [supervision](#) ([/advance-your-career/career-paths/clinical-supervisor](#)) and/or [administration](#) ([/advance-your-career/career-paths/administrator](#)).

Educational Requirements and Opportunities

A counselor may have a degree in social work, psychology, marriage and family therapy or any number of other disciplines related to health and behavior, each of which has particular academic and professional milestones (BA, MA/MSW, PhD/DSW; internship, counselor, supervisor, administrator, program director, CEO). Not every "Counselor" position requires a degree: the highest level of licensure requires a master's degree or a Ph.D; other levels require proof of a high school diploma or equivalent. See [Licensure](#), below.

See [Education Overview](#) ([/advance-your-career/education](#)) for an introduction and [Counselor/Clinician Education Opportunities](#) ([/advance-your-career/education/counselorclinician-education-opportunities](#)) for a list of options in MA.

Licensure/Certification Requirements

In Massachusetts, Licensure (LADC) and Certification (CADC) as an Alcohol and Drug Counselor are two distinct processes. This [Comparison](#) ([/sites/careersofsubstance.org/files/LicensureCertificationCrosswalk%2011.6.15.pdf](#)) provides information about both.

Licensure

The Code of Massachusetts Regulations [CMR 105 168.000](#) (<http://www.mass.gov/eohhs/docs/dph/regs/105cmr168.pdf>) provides the legal framework for licensure.

Massachusetts Licenses 3 Levels of addictions counselors: LADC I, II and III/Assistants (click [here](#) (<http://www.mass.gov/eohhs/gov/departments/dph/programs/substance-abuse/providers/alcohol-and-drug-counselor/licensing-requirements.html>) for full details of licensure):

LADC I may provide services as an independent clinician and may supervise LADC II and III
LADC II's and Assistants may provide services under supervision of an LADC I; or may work
in a licensed substance abuse treatment facility under supervision as permitted by the
regulations governing the facility.

LADC Assistants/III's may provide recovery support services with direct clinical and
administrative supervision

Third party payers (health insurance) now reimburse

(<http://www.careersofsubstance.org/sites/careersofsubstance.org/files/Reimbursement%20CH%20258.pdf>) for
services delivered by some levels of Licensed Alcohol and Drug Counselors or Certified Alcohol
and Drug Counselors. Check with individual payers about their credentialing process to be eligible
for reimbursement, specific services and reimbursement rates. Payers also sometimes reimburse
for services by workers licensed in fields such as: social work, psychology, mental health
counseling, marriage and family counseling. For information, see this link for the Board of
Registration in Mental Health and Allied Health and Human Services Professionals
(<http://www.mass.gov/ocabr/licensee/dpl-boards/mh/>)(Mental Health Counselor, Marriage and Family
Therapist, Rehabilitation Counselor, Educational Psychologist); this link for Psychologists
(<http://www.mass.gov/ocabr/licensee/dpl-boards/py/forms/>); and this one for Social Workers
(<http://www.mass.gov/ocabr/licensee/dpl-boards/sw/forms/>).

Advocates are working to obtain wide reimbursement directly for MA Licensed Substance Abuse
Counselors.

See Education (</advance-your-career/education>) and Licensure/Certification (</advance-your-career/licensure-certification>) for an explanation of the roles each of these play in a career in
addiction treatment and prevention.

Certification

National Certifications are available from:

American Academy of Healthcare Providers in the Addictive Disorders

(<http://www.americanacademy.org/>)

Employee Assistance Professionals Association (<http://www.eapassn.org/i4a/pages/index.cfm?pageid=3455>)

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International Certification & Reciprocity Consortium (<http://internationalcredentialing.org/>) (IC&RC)
through the Massachusetts chapter, the Massachusetts Board of Substance Abuse Counselor

Certification (<http://www.mbsacc.org/>)

National Association of Alcohol and Drug Abuse Counselors (<http://www.naadac.org/ncc-ap>)
(NAADAC)

National Council on Problem Gambling

(http://www.ncpgambling.org/files/public/Certification_Packet_8_2008.pdf)

National Board for Certified Counselors, Inc. and Affiliates (NBCC) (<http://nbcc.org/About>)
(Master Addictions Counselor)

Massachusetts counts some of these toward licensure requirements – see the full details and information on reciprocity at the MA DPH Bureau of Substance Abuse Services Licensure webpage (<http://www.mass.gov/eohhs/gov/departments/dph/programs/substance-abuse/providers/alcohol-and-drug-counselor/licensing-requirements.html>).

In addition, there are specialty certifications.

Study Guides

IC&RC Study Guides (<http://www.internationalcredentialing.org/examprep>)

NAADAC provides information about testing (<http://www.naadac.org/states-using-ncc-ap-exams>) for each of its certifications. Study Guides in various media are available for purchase.

Opportunities for Advancement

Counselors are in high demand, and opportunities are projected to continue to grow. In certain jobs counselors may be eligible for tuition loan repayment (</advance-your-career/education/education-funding>) by the federal government.

Counselors may grow to:

Supervise other counselors or case managers

Become an administrator (</advance-your-career/career-paths/administrator>) (such as a Program Director or Executive Director)

Some Counselors become Case Managers (</advance-your-career/career-paths/case-manager-care-coordinator>).

See the Bureau of Labor Statistics (<http://www.bls.gov/home.htm>) projections on the demand for Substance Use and Behavioral Disorder Counselors (<http://www.bls.gov/ooh/community-and-social-service/substance-abuse-and-behavioral-disorder-counselors.htm>) and their wage and salary

Self-Assessment - Licensed Alcohol and Drug Abuse Counselor I

Please review the Alcohol and Drug Counselor Licensing FACT SHEET (attached) before completing this self-assessment. Review the information below to help you determine if you are ready to apply for a license as an LADC I. If you are currently certified or licensed as an Alcohol and Drug Counselor, go to Question #6.

1. I have a Master's Degree in Behavioral Sciences with 18 graduate semester hours in counseling or counseling related studies:

☐ Yes ☐ No

School Name:

Degree:

Date of Graduation:

2. I have completed a minimum of 270 hours of alcohol and drug education hours through an approved Addiction Education Program (list attached)

☐ Yes ☐ No

OR

I have completed a minimum of 270 hours of alcohol and drug education hours through an accredited college, university or education provider. (Please note that education taken in a program not previously approved by BSAS is subject to review before or during the application process.

☐ Yes ☐ No

School Name:

Degree/Designation:

Date of Graduation/Completion:

3. I have a minimum of 6000 hours of supervised work experience in alcohol and drug abuse treatment, intervention and prevention. Minimum requirements include practice in diagnostic assessment, intervention, and alcoholism and/or drug counseling to establish and maintain recovery and prevent relapse. Experience must include the provision of direct patient services, and been obtained within the past ten years.

☐ Yes ☐ No

4. I have completed a 300 hour supervised substance abuse counseling practicum with at least 10 hours in each of the 12 Core Functions (screening, intake, orientation, assessment, treatment planning, counseling, case management, crisis intervention, client education, referrals, reports and record keeping, and consultation with other professionals.) or have you completed and additional 300 hours of supervised work experience that meets these requirements?

☐ Yes ☐ No

5. I have you taken and passed the ICRC examination?

☐ Yes ☐ No

Skip# 6 & 7 and go to **Instructions for requesting access to Counselor eLicensing** **UNLESS** you are CURRENTLY CERTIFIED AS AN ALCOHOL AND DRUG COUNSELOR OR HOLD AND LADC IN ANOTHER STATE

6. I am currently certified as an Alcohol and Drug Counselor in MA or another state.

☐ Yes ☐ No

Certification Name:

Certifying Body:

Issue Date:

Expiration Date:

7. I am currently licensed and in good standing as an Alcohol and Drug Counselor in another state and I believe the requirements of the license that I hold are substantially similar to the MA LADC I.

☐ Yes ☐ No

License Name:

Issuing State:

Issue Date:

Expiration Date:

Instructions for requesting access to Counselor eLicensing

If you have answered YES to questions 1-5 or 6-7 and wish to apply for a license, please fill in the information below so we can set up your access to the BSAS Counselor eLicensing Application:

First and Last Name:

Month and Day of Birth:

Email Address where your user name and password will be sent:

Four Digit PIN or your choosing

Phone:

Email this form to lan.Bain@state.ma.us with a Subject line indicating: Request for Counselor eLicensing. Please note it takes 10-14 days for access to be process; once processed your will receive an email from EHS Virtual Gateway with your user name and password/

If it appears that you do not meet the requirements for LADC I, please see the LADC II and LADC Assistant assessments.

Self-Assessment - Licensed Alcohol and Drug Abuse Counselor II

Please review the **Alcohol and Drug Counselor Licensing FACT SHEET (attached)** before completing this self-assessment. Review the information below to help you determine if you are ready to apply for a license as an LADC II. If you are currently certified or licensed as an Alcohol and Drug Counselor, go to Question #5.

1. I have completed a minimum of 270 hours of alcohol and drug education hours through an approved Addiction Education Program (list attached)

☐ Yes ☐ No

OR

I have completed a minimum of 270 hours of alcohol and drug education hours through an accredited college, university or education provider. (Please note that education taken in a program not previously approved by BSAS is subject to review before or during the application process.

☐ Yes ☐ No

School Name:

Degree/Designation:

Date of Graduation/Completion:

2. I have a minimum of 6000 hours of supervised work experience in alcohol and drug abuse treatment, intervention and prevention or I have a bachelor's degree and a minimum of 4000 hours of supervised work experience. Minimum requirements include practice in diagnostic assessment, intervention, and alcoholism and/or drug counseling to establish and maintain recovery and prevent relapse. Experience must include the provision of direct patient services, and been obtained within the past ten years.

☐ Yes ☐ No

3. I have completed a 300 hour supervised substance abuse counseling practicum with at least 10 hours in each of the 12 Core Functions (screening, intake, orientation, assessment, treatment planning, counseling, case management, crisis intervention, client education, referrals, reports and record keeping, and consultation with other professionals.) or have you completed and additional 300 hours of supervised work experience that meets these requirements?

☐ Yes ☐ No

4. Have you taken and passed the ICRC examination?

☐ Yes ☐ No

Skip # 5 & 6 and go to **Instructions for requesting access to Counselor eLicensing** **UNLESS** you are **CURRENTLY CERTIFIED AS AN ALCOHOL AND DRUG COUNSELOR OR HOLD AND LADC IN ANOTHER STATE**

5. I am currently certified as an Alcohol and Drug Counselor in MA or another state.

☐ Yes ☐ No

Certification Name:

Certifying Body:

Issue Date:

Expiration Date:

6. I am currently licensed and in good standing as an Alcohol and Drug Counselor in another state and I believe the requirements of the license that I hold are substantially similar to the MA LADC II.

☐ Yes ☐ No

License Name:

Issuing State:

Issue Date:

Expiration Date:

Instructions for requesting access to Counselor eLicensing

If you have answered YES to questions 1-4 or 5-6 and wish to apply for a license, please fill in the information below so we can set up your access to the BSAS Counselor eLicensing Application:

First and Last Name:

Month and Day of Birth:

Email Address where your user name and password will be sent:

Four Digit PIN or your choosing

Phone:

Email this form to Ian.Bain@state.ma.us with a Subject line indicating: Request for Counselor eLicensing. Please note it takes 10-14 days for access to be process; once processed your will receive an email from EHS Virtual Gateway with your user name and password/

If it appears that you do not meet the requirements for the LADC II, please see the LADC Assistant assessment.

Self-Assessment - Licensed Alcohol and Drug Abuse Counselor Assistant

Please review the Alcohol and Drug Counselor Licensing FACT SHEET (attached) before completing this self-assessment. Review the information below to help you determine if you are ready to apply for a license as an LADC Assistant. If you are currently certified or licensed as an Alcohol and Drug Counselor, go to Question #5.

1. I have completed a minimum of 50 hours of continuing education in each of the following subject areas: assessment; counseling; case management; client family and community education; and professional responsibilities/ethics
___Yes ___No

2. I have a minimum of one year or 2000 hours of supervised full time work experience in alcohol and drug abuse field. Experience must have been obtained within the past ten years.

3. Have you taken and passed the ICRC examination?
___ Yes ___No

Skip # 4 & 5 and go to **Instructions for requesting access to Counselor eLicensing UNLESS** you are CURRENTLY CERTIFIED AS AN ALCOHOL AND DRUG COUNSELOR OR HOLD AND LADC IN ANOTHER STATE

4. I am currently certified as an Alcohol and Drug Counselor in MA or another state.
___Yes ___No

Certification Name:

Certifying Body:

Issue Date:

Expiration Date:

5. I am currently licensed and in good standing as an Alcohol and Drug Counselor in another state and I believe the requirements of the license that I hold are substantially similar to the MA LADC Assistant

___ Yes ___ No

License Name:

Issuing State:

Issue Date:

Expiration Date:

Instructions for requesting access to Counselor eLicensing

If you have answered YES to questions 1-4 or 5-6 and wish to apply for a license, please fill in the information below so we can set up your access to the BSAS Counselor eLicensing Application:

First and Last Name:

Month and Day of Birth:

Email Address where your user name and password will be sent:

Four Digit PIN or your choosing

Phone:

Email this form to Ian.Bain@state.ma.us with a Subject line indicating: Request for Counselor eLicensing. Please note it takes 10-14 days for access to be process; once processed your will receive an email from EHS Virtual Gateway with your user name and password/

If it appears that you do not meet the requirements for the LADC II, please see the LADC Assistant assessment.

APPROVED ADDICTION EDUCATION PROVIDERS

Adcare Educational Institute/Addiction Counselor Education Program

Total Program Hours: 250 hours

Locations:

5 Northampton St., Worcester, MA 01605

95 Lincoln St, Worcester, MA 01605

60 Miles Rd., Rutland, MA 01543

Contact Person: James Gorske

Phone Number: 508-752-7313

Website: <http://www.ace-adcare.org>

Email Address: jim@adcare-educational.org

Assumption College/Certificate in Alcohol and Drug Abuse Counseling Program

Total Program Hours: 270 hours

Locations:

500 Salisbury St., Worcester, MA 01609

Contact Person: Dennis Braun

Phone Number: 508-767-7541

Website: <http://cce.assumption.edu/certificates/certificate-alcohol-and-substance-abuse-counseling>

Email Address: dbraun@assumption.edu

Becker College

Total Program Hours: 270 hours

Locations:

61 Seaver St., Worcester, MA 01609

Contact Person: Nina Mazloff

Phone Number: 508-791-9241

Website: <http://www.becker.edu/academics/accelerated/degree-offerings/certificate-in-drug-alcohol-counseling/>

Email Address: Nina.Mazloff@Becker.edu

High Point Treatment Center

Total Program Hours: 270 hours

Locations:

98 North Front St., 3rd Floor, New Bedford, MA 02740

Contact Person: Ann Zarlengo

Phone Number: 508-997-0475

Email Address: azarlengo@hptc.org

Latino/a Behavioral Health Workforce Development

Total Program Hours: 270 hours

Locations:

5 Northampton St., Worcester, MA 01605

Contact Person: Haner Hernandez

Phone Number: 508-752-7313

Website: <http://www.latinocounselors.org/>

Email Address: hanerhernandez@aol.com

North Shore Community College/Substance Abuse Counselor Certificate Program

Total Program Hours: 270 hours, plus an additional 135 hours of approved education

Locations:

1 Ferncroft Rd., Danvers, MA 01923

Contact Person: Steven M. Chisholm

Phone Number: 978-762-4000

Website: <http://www.northshore.edu/academics/departments/drg>

Email Address: schishol@northshore.edu

Northern Essex Community College/ Human Services Program, Alcohol/Drug Abuse Counseling Certificate

Total Program Hours: 270 hours

Locations:

100 Elliott Street, C314L

Contact Person: Brian McKenna-Rice

Phone Number: 978-556-3331

Website: <http://www.necc.mass.edu/academics/courses-programs/areas/human-services/>

Email Address: bmackennarice@necc.mass.edu

Trundy Institute of Addiction Counseling

Total Program Hours: 280 hours

248 County St., New Bedford, MA 02740

Contact Person: Arthur Trundy

Phone Number: 508-993-0802

Email Address: trundy@earthlink.net

University of Massachusetts- Boston/College of Advancing and Professional Studies
Addiction Counselor Education Program

Total Program Hours: 270 hours

Locations:

100 Morrissey Blvd., Boston, MA 02125-3393

Contact Person: William Carlo

Phone Number: 617-287-5489

Website: www.caps.umb.edu/acep

Email Address: billcarlo@umb.edu

Westfield State University/Addiction Counselor Education Program

Total Program Hours: 270 hours

Locations:

333 Western Avenue, Westfield, MA 01086

Contact Person: Linda Mullis

Phone Number: 413-572-8319

Website: <http://www.westfield.ma.edu/ace>

Email Address: cadacm@cox.net

Boston Graduate School of Psychoanalysis

Total Program Hours: 270 Hours

Locations:

1580 Beacon Street

Brookline, MA 02246

Contact Person: Carol Panetta

Phone Number: 617-277-3915

Website: www.bgsp.edu

Email Address: panettac@BGSP.edu

Center for Addiction Studies and Research

Total Program Hours:

Individual Course Approvals-700 Hours

Locations: On-line & Distance Learning

Mailing Address:

PO Box 16495

Stamford, CT 06907

Contact Person: Howard Fogel

Phone Number: 877- 322-9720

Website: www.centerforaddictionstudies.com

Email Address: info@centerforaddictionstudies.com

10-12-16

Mount Wachusett Community College

Gardner



Massachusetts

name mi last

having completed the requirements of the course of study in the

Substance Abuse Counseling

is hereby awarded this

CERTIFICATE

Arie M. Buege
Chairperson, Board of Trustees

[Signature]
President of the College

AGREEMENT
between MOUNT WACHUSETT COMMUNITY COLLEGE
and

XXXXXXXXXXXXXXXXXXXXXXX
for HST 270 Substance Abuse Counseling Certificate Practicum Experiences

This AGREEMENT made and entered into between _____ (hereinafter referred to as the **AGENCY**) and Mount Wachusett Community College of 444 Green Street, Gardner, MA 01440 (hereinafter referred to as **COLLEGE**).

WITNESSETH

WHEREAS, the COLLEGE is the owner and operator of a program in Substance Abuse Counseling requiring certain practice experiences at clinical educational facilities and,

WHEREAS, the AGENCY is the incorporator and operator of an agency providing care to clients and/or their families and,

WHEREAS, the parties herein referred to are desirous of entering into this AGREEMENT for the express purpose of setting forth clearly and accurately a complete and detailed statement of their respective agreements and responsibilities during the term of the AGREEMENT;

NOW THEREFORE, in consideration thereof, the COLLEGE and the AGENCY functioning collaboratively, herein agree to carry out the responsibilities as set forth in this AGREEMENT.

A. The COLLEGE agrees to

- assume and maintains full responsibility for the planning and execution of the Substance Abuse Counseling Certificate program, including programming, administration, curriculum content, faculty appointments faculty administration and the requirements for matriculation, promotion and graduation.
- provide orientation to the educational program for the AGENCY staff.
- clear each student for physical fitness and shall provide certification that the student(s) have been immunized against the common communicable diseases.
- require each student to maintain a minimum of \$1,000,000/\$3,000,000 professional liability coverage during the period of time they are in the AGENCY to protect said AGENCY from expenses or losses incurred through negligence by reason of any act of commission or omission.
- reach a mutual agreement with the AGENCY regarding day and hours for student assignments of for planning the directing assignments at the AGENCY.

- withdraw any student from the facility when the student is unacceptable and undesirable to the AGENCY for reasons of health, performance of duties or other reasonable causes.
- be responsible for student's compliance with all rules and regulation of the AGENCY while presiding there.
- guarantee the competence of the student assigned to the AGENCY in the curriculum content covered up to the time of the practice experience at the AGENCY.
- mandatory drug testing will be conducted prior to placement in clinical site.
- acknowledges that its students, faculty, employees and agents may acquire or have access to Protected Health Information (PHI) through their participation in the program and that the use or disclosure of any PHI for any purpose not directly connected with the services under this AGREEMENT is prohibited. The COLLEGE shall ensure that its students, faculty, employees and agents comply to the applicable AGENCY policies and procedures, the requirements of applicable Massachusetts laws and regulation and the requirements of applicable Federal laws, including the Health Insurance Portability and Accountability Act (HIPPA), in regard to PHI. The COLLEGE agrees to ensure that its agents, faculty and students maintain the confidentiality of any patient information that they receive through their participation in the program and that its agents, faculty and students use patient information only as needed to accomplish the goals of the program. The COLLEGE agrees that any patient information in its possession will be returned to the AGENCY or destroyed once the goals of the program are accomplished. The COLLEGE agrees to instruct its students, faculty and agents of their obligation under this AGREEMENT. In furtherance of these obligation, the COLLEGE shall ensure that each student and faculty member signs an AGENCY Confidentiality Agreement, if applicable, and shall provide copies of the executed agreements to the AGENCY prior to the student and faculty members' participation in the program.
- require all allied health program students must submit to a Criminal Offender Record Information (CORI) background check. These records will be reviewed by the college in accordance with the procedures issued by the Commonwealth of MA Executive Office of Health and Human Services. Accordingly, students found to have a certain criminal conviction or pending criminal action will be presumed ineligible for clinical placement.
- comply with the respective affirmative action policies. Mount Wachusett Community College admits students of any age, race, sex, color, handicap, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students the College. It does not discriminate on the basis of race, color, religious creed, age, physical or mental disability, sex, national origin or ancestry, marital status, sexual orientation, genetic information or veteran status.

- students and faculty are not employees of the AGENCY for any purposes under this AGREEMENT and shall be identified as faculty and student by means of dress, badge or other appropriate means of identification. AGENCY and COLLEGE agree that students participating in the program shall at all times remain students of the college; provided however, that for purposes of compliance with the HIPAA and access to PHI, the students are considered part of the AGENCY's workforce while working under supervision to practice or improve their skills as health care providers in accordance with the terms of this AGREEMENT.

B. The AGENCY agrees to:

- allow the students enrolled at the COLLEGE to utilize the facilities of the AGENCY and resources including supplies and equipment that are essential for the learning experience.
- provide emergency medical treatment to students needing such care, but shall not be obligated to furnish any other medical or surgical services. Students requiring emergency service are financially responsible for that care.
- provide for orientation of newly appointment and returning students to the policies and procedures of the AGENCY.
- provide above at no cost to the COLLEGE or the Massachusetts Board of Higher Education.
- plan to meet periodically with designated faculty members of the Substance Abuse Counseling Certificate (SACC) program to discuss and evaluate the student program.
- make available to the COLLEGE's SACC students the facilities for these learning experiences.

C. It is MUTUALLY agreed that:

- representatives of both the COLLEGE and AGENCY shall meet annually to discuss issues of mutual concern and to decide whether or not any changes are necessary in their effective agreement before renewal.
- students shall under no circumstances be deemed employees of the AGENCY but rather as privileged associates of the AGENCY during the hours in which they are assigned to the SACC program. Therefore, neither party to this AGREEMENT shall be obligated to pay any monetary compensation to the other or to any student.
- the SACC program shall be the responsibility of, under the control and supervision, of the COLLEGE and shall be administered through its staff. The ultimate responsibility for the care of the patient and for the scope of duties of responsibilities given to any student rests with the AGENCY.
- each party agrees to an affirmative action policy that complies with all applicable Federal, state and local laws and all applicable rules of relevant accrediting bodies prohibiting discrimination because of race, color, religious creed, age, physical or mental disability, sex, national origin or ancestry, marital status, sexual orientation, genetic information or veteran status.

D. INDEMNIFICATION

No Board of Trustees, or agents thereof, of any community college of this Commonwealth has the authority, statutory or otherwise to enter into an indemnification or hold harmless agreement on behalf of a Community College of the Commonwealth. Further, pursuant to amended Article 62, §1 of the Massachusetts Constitution and applicable Massachusetts case law, the COLLEGE is prohibited from indemnifying or holding harmless, in any manner, individual or any private association, or any corporation that is privately owned and managed. Where the party to a contract with the COLLEGE is not an individual, private association or a corporation which is privately owned and managed, the COLLEGE can indemnify or hold harmless such party only upon a two-thirds vote of each House of the Massachusetts Legislature.

In the event of the repeal of amended Article 62, §1 AND the enactment of statutory authority authorizing a Board of Trustees, or agents thereof, of a community college of this Commonwealth to enter into an indemnification or hold harmless agreement on behalf of a community college of this Commonwealth, the parties agree to the terms of the indemnification and/or hold harmless provisions(s) contained in the subject AGREEMENT to the extent that these terms are consistent with such statutory authority.

This AGREEMENT shall become effective on **May 22, 2017** and shall continue until **May 21, 2018** as hereinafter provided. This AGREEMENT may be modified by mutual consent of both contracting parties at any time during the period of contractual agreement. If either party desires to terminate this AGREEMENT, it shall serve ninety (90) days written notice thereof on the other party; however, the parties agree that if an academic semester has commenced, such notice shall not be effective until completion of that semester.

IN WITNESS WHEREOF, under the authority of the governing bodies, the parties hereto have set their hands and seals the days and year first above written.

Mount Wachusett Community College

By _____
Ann S. McDonald
Executive Vice President

Date _____

By _____
Eileen O. Costello, DNP, RN, CNE
Dean, Health Professions, Public Service
Program and Social Sciences

Date _____

By _____

Printed Name

Title

Date _____

By _____

Printed Name

Title

Date _____

Certified Alcohol & Drug Counselor (CADC)

Code of Ethical Standards

Certified Alcohol & Drug Counselor (CAC) Code of Ethical Conduct

Principle 1: Non-Discrimination

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

- a. The counselor shall avoid bringing personal or professional issues into the counseling relationship. Through an awareness of the impact of stereotyping and discrimination, the counselor guards the individual rights and personal dignity of clients.
- b. The counselor shall be knowledgeable about disabling conditions, demonstrate empathy and personal emotional comfort in interactions with clients with disabilities, and make available physical, sensory and cognitive accommodations that allow clients with disabilities to receive services.

Principle 2: Responsibility

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

- a. The counselor shall maintain respect for institutional policies and management functions of the agencies and institutions within which the services are being performed, but will take initiative toward improving such policies when it will better serve the interest of the client.
- b. The counselor, as educator, has a primary obligation to help others acquire knowledge and skills in dealing with the disease of alcoholism and drug abuse.
- c. The counselor, who supervises others, accepts the obligation to facilitate further professional development of these individuals by providing accurate and current information, timely evaluations and constructive consultation.
- d. The counselor, who is aware of unethical conduct or of unprofessional modes of practice, shall report such inappropriate behavior to the appropriate authority.

Principle 3: Competence

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

- a. The counselor shall recognize boundaries and limitation of the counselor's competencies and not offer services or use techniques outside of these professional competencies.

- b. The counselor shall recognize the effect of impairment on professional performance and shall be willing to seek appropriate treatment for oneself or for a colleague. The counselor shall support peer assistance programs in this respect.

Principle 4: Legal and Moral Standards

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

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

Principle 5: Public Statements

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

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

Principle 6: Publication Credit

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

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

Principle 7: Client Welfare

The counselor shall promote the protection of the public health, safety and welfare and the best interest of the client as a primary guide in determining the conduct of all counselors.

- a. The counselor shall disclose the counselor's code of ethics, professional loyalties and responsibilities of all clients.
- b. The counselor shall terminate a counseling or consulting relationship when it is reasonably clear to the counselor that the client is not benefiting from the relationship.
- c. The counselor shall hold the welfare of the client paramount when making any decisions or recommendations concerning referral, treatment procedures or termination of treatment.
- d. The counselor shall not use or encourage a client's participation in any demonstration, research or other non-treatment activities when such participation would have potential harmful consequences for the client or when the client is not fully informed. (Principle 9)
- e. The counselor shall take care to provide services in an environment which will ensure the privacy and safety of the client at all times and ensure the appropriateness of service delivery.

Principle 8: Confidentiality

The counselor working in the best interest of the client shall embrace, as a primary obligation, the duty of protecting client's rights under confidentiality and shall not disclose confidential information acquired in teaching, practice or investigation without appropriately executed consent.

- a. The counselor shall provide the client his/her rights regarding confidentiality, in writing, as part of informing the client in any areas likely to affect the client's confidentiality. This includes the recording of the clinical interview, the use of material for insurance purposes, the use of material for training or observation by another party.
- b. The counselor shall make appropriate provisions for the maintenance of confidentiality and the ultimate disposition of confidential records. The counselor shall ensure that data obtained, including any form of electronic communication, are secured by the available security methodology. Data shall be limited to information that is necessary and appropriate to the services being provided and be accessible only to appropriate personnel.
- c. The counselor shall adhere to all federal and state laws regarding confidentiality and the counselor's responsibility to report clinical information in specific circumstances to the appropriate authorities.
- d. The counselor shall discuss the information obtained in clinical, consulting or observational relationships only in the appropriate settings for professional purposes that are in the client's best interest. Written and oral reports must present only data germane and pursuant to the purpose of evaluation, diagnosis, progress, and compliance. Every effort shall be made to avoid undue invasion of privacy.
- e. The counselor shall use clinical and other material in teaching and/or writing only when there is no identifying information used about the parties involved.

Principle 9: Client Relationships

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

- a. The counselor shall inform the client and obtain the client's agreement in areas likely to affect the client's participation including the recording of an interview, the use of interview material for training purposes, and/or observation of an interview by another person.
- b. The counselor shall not engage in professional relationships or commitments that conflict with family members, friends, close associates, or others whose welfare might be jeopardized by such a dual relationship.
- c. The counselor shall not exploit relationships with current or former clients for personal gain, including social or business relationships.
- d. The counselor shall not under any circumstances engage in sexual behavior with current or former clients.
- e. The counselor shall not accept as clients anyone with whom they have engaged in sexual behavior.

Principle 10: Interprofessional Relationships

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

- a. The counselor shall refrain from offering professional services to a client in counseling with another professional except with the knowledge of the other professional or after the termination of the client's relationship with the other professional.
- b. The counselor shall cooperate with duly constituted professional ethics committees and promptly supply necessary information unless constrained by the demands of confidentiality.
- c. The counselor shall not in any way exploit a relationship with a supervisor, employee, student, research participant or volunteer.

Principle 11: Remuneration

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

- a. The counselor shall inform the client of all financial policies. In circumstances where an agency dictates explicitly provisions with its staff for private consultations, clients shall be made fully aware of these policies.
- b. The counselor shall consider the ability of a client to meet the financial cost in establishing rates for professional services.

- c. The counselor shall not engage in fee splitting. The counselor shall not send or receive any commission or rebate or any other form of remuneration for referral of clients for professional services.
- d. The counselor, in the practice of counseling, shall not at any time use one's relationship with clients for personal gain or for the profit of an agency or any commercial enterprise of any kind.
- e. The counselor shall not accept a private fee for professional work with a person who is entitled to such services through an institution or agency unless the client is informed of such services and still requests private services.

Principle 12: Societal Obligations

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

Revised 01/2011

NAADAC: The Association for Addiction Professionals
NCC AP: The National Certification Commission for Addiction Professionals
CODE OF ETHICS: Approved 10.09.2016

PRINCIPLES	
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INTRODUCTION TO NAADAC/NCC AP ETHICAL STANDARDS	
i-1	<p>NAADAC recognizes that its members, certified counselors, and other Service Providers live and work in many diverse communities. NAADAC has the responsibility to create a Code of Ethics that are relevant for ethical deliberation. The terms "Addiction Professionals" and "Providers" shall include and refer to NAADAC Members, certified or licensed counselors offering addiction-specific services, and other Service Provider along the continuum of care from prevention through recovery. "Client" shall include and refer to individuals, couples, partners, families, or groups depending on the setting.</p>
i-2	<p>The NAADAC Code of Ethics was written to govern the conduct of its members and it is the accepted Standard of Conduct for Addiction Professionals certified by the National Certification Commission. The Code of Ethics reflects the ideals of NAADAC and its members. When an ethics complaint is filed with NAADAC, it is evaluated by consulting the NAADAC Code of Ethics. The NAADAC Code of Ethics is designed as a statement of the values of the profession and as a guide for making clinical decisions. This Code is also utilized by state certification boards and educational institutions to evaluate the behavior of Addiction Professionals and to guide the certification process.</p>
i-3	<p>In addition to identifying specific ethical standards, NAADAC recommends consideration of the following when making ethical decisions:</p> <ol style="list-style-type: none"> 1. Autonomy: To allow others the freedom to choose their own destiny 2. Obedience: The responsibility to observe and obey legal and ethical directives 3. Conscientious Refusal: The responsibility to refuse to carry out directives that are illegal and/or unethical 4. Beneficence: To help others 5. Gratitude: To pass along the good that we receive to others 6. Competence: To possess the necessary skills and knowledge to treat the clientele in a chosen discipline and to remain current with treatment modalities, theories and techniques 7. Justice: Fair and equal treatment, to treat others in a just manner 8. Stewardship: To use available resources in a judicious and conscientious manner, to give back 9. Honesty and Candor: Tell the truth in all dealing with clients, colleagues, business associates and the community 10. Fidelity: To be true to your word, keeping promises and commitments 11. Loyalty: The responsibility to not abandon those with whom you work 12. Diligence: To work hard in the chosen profession, to be mindful, careful and thorough in the services delivered 13. Discretion: Use of good judgment, honoring confidentiality and the privacy of others 14. Self-improvement: To work on professional and personal growth to be the best you can be 15. Non-maleficance: Do no harm to the interests of the client 16. Restitution: When necessary, make amends to those who have been harmed or injured 17. Self-interest: To protect yourself and your personal interests.

Source: White (1993)	
PRINCIPLE I: THE COUNSELING RELATIONSHIP	
I-1 Client Welfare	Addiction Professionals understand and accept their responsibility to ensure the safety and welfare of their client, and to act for the good of each client while exercising respect, sensitivity, and compassion. Providers shall treat each client with dignity, honor, and respect, and act in the best interest of each client.
I-2 Informed Consent	Addiction Professionals understand the right of each client to be fully informed about treatment, and shall provide clients with information in clear and understandable language regarding the purposes, risks, limitations, and costs of treatment services, reasonable alternatives, their right to refuse services, and their right to withdraw consent within time frames delineated in the consent. Providers have an obligation to review with their client - in writing and verbally - the rights and responsibilities of both Providers and clients. Providers shall have clients attest to their understanding of the parameters covered by the Informed Consent.
I-3 Informed Consent	Informed Consent shall include: <ul style="list-style-type: none"> a. explicit explanation as to the nature of all services to be provided and methodologies and theories typically utilized, b. purposes, goals, techniques, procedures, limitations, potential risks, and benefits of services, c. the addiction professional's qualifications, credentials, relevant experience, and approach to counseling, d. right to confidentiality and explanation of its limits including duty to warn, e. policies regarding continuation of services upon the incapacitation or death of the counselor, f. the role of technology, including boundaries around electronic transmissions with clients and social networking, g. implications of diagnosis and the intended use of tests and reports, h. fees and billing, nonpayment, policies for collecting nonpayment, i. specifics about clinical supervision and consultation, j. their right to refuse services, and k. their right to refuse to be treated by a person-in-training, without fear of retribution.
I-4 Limits of Confidentiality	Addiction Professionals clarify the nature of relationships with each party and the limits of confidentiality at the outset of services when agreeing to provide services to a person at the request or direction of a third party.
I-5 Diversity	Addiction Professionals shall respect the diversity of clients and seek training and supervision in areas in which they are at risk of imposing their values onto clients.
I-6 Discrimination	Addiction Professionals shall not practice, condone, facilitate, or collaborate with any form of discrimination against any client on the basis of race, ethnicity, color, religious or spiritual beliefs, age, gender identification, national origin, sexual orientation or expression, marital status, political affiliations, physical or mental handicap, health condition, housing status, military status, or economic status.
I-7 Legal Competency	Addiction Professionals who act on behalf of a client who has been judged legally incompetent or with a representative who has been legally authorized to act on behalf of a client, shall act with the client's best interests in mind, and shall inform the designated guardian or representative of any circumstances which may influence the relationship. Providers recognize the need to balance the ethical rights of clients to make choices about their treatment, their capacity to give consent to receive treatment-related services, and parental/familial/representative legal rights and responsibilities to protect the client and make decisions on their behalf.
I-8 Mandated Clients	Addiction Professionals who work with clients who have been mandated to counseling and related services, shall discuss legal and ethical limitations to confidentiality. Providers shall explain confidentiality, limits to confidentiality, and the sharing of information for supervision and consultation purposes prior to the beginning of therapeutic or service relationship. If the client refuses services, the Provider shall discuss with the client the potential consequences of refusing the mandated services, while respecting client autonomy.
I-9 Multiple Therapists	Addiction Professionals shall obtain a signed Release of Information from a potential or actual client if the client is working with another behavioral health professional. The Release shall allow the Provider to strive to establish a collaborative professional relationship.
I-10 Boundaries	Addiction Professionals shall consider the inherent risks and benefits associated with moving the boundaries of a counseling relationship beyond the standard parameters. Consultation and supervision shall be sought and documented.

I-11 Multiple/Dual Relationships	Addiction Professionals shall make every effort to avoid multiple relationships with a client. When a dual relationship is unavoidable, the professional shall take extra care so that professional judgment is not impaired and there is no risk of client exploitation. Such relationships include, but are not limited to, members of the Provider's immediate or extended family, business associates of the professional, or individuals who have a close personal relationship with the professional or the professional's family. When extending these boundaries, Providers take appropriate professional precautions such as informed consent, consultation, supervision, and documentation to ensure that their judgment is not impaired and no harm occurs. Consultation and supervision shall be documented.
I-12 Prior Relationship	Addiction Professionals recognize that there are inherent risks and benefits to accepting as a client someone with whom they have a prior relationship. This includes anyone with whom the Provider had a casual, distant, or past relationship. Prior to engaging in a counseling relationship with a person from a previous relationship, the Provider shall seek consultation or supervision. The burden is on the Provider to ensure that their judgment is not impaired and that exploitation is not occurring.
I-13 Previous Client	Addiction Professionals considering initiating contact with or a relationship with a previous client shall seek documented consultation or supervision prior to its initiation.
I-14 Group	Addiction Professionals shall clarify who "the client" is, when accepting and working with more than one person as "the client." Provider shall clarify the relationship the Provider shall have with each person. In group counseling, Providers shall take reasonable precautions to protect the members from harm.
I-15 Financial Disclosure	Addiction Professionals shall truthfully represent facts to all clients and third-party payers regarding services rendered, and the costs of those services.
I-16 Communication	Addiction Professionals shall communicate information in ways that are developmentally and culturally appropriate. Providers offer clear understandable language when discussing issues related to informed consent. Cultural implications of informed consent are considered and documented by Provider.
I-17 Treatment Planning	Addiction Professionals shall create treatment plans in collaboration with their client. Treatment plans shall be reviewed and revised on an ongoing and intentional basis to ensure their viability and validity.
I-18 Level of Care	Addiction Professionals shall provide their client with the highest quality of care. Providers shall use ASAM or other relevant criteria to ensure that clients are appropriately and effectively served.
I-19 Documentation	Addiction Professionals and other Service Providers shall create, maintain, protect, and store documentation required per federal and state laws and rules, and organizational policies.
I-20 Advocacy	Addiction Professionals are called to advocate on behalf of clients at the individual, group, institutional, and societal levels. Providers have an obligation to speak out regarding barriers and obstacles that impede access to and/or growth and development of clients. When advocating for a specific client, Providers obtain written consent prior to engaging in advocacy efforts.
I-21 Referrals	Addiction Professionals shall recognize that each client is entitled to the full extent of physical, social, psychological, spiritual, and emotional care required to meet their needs. Providers shall refer to culturally- and linguistically-appropriate resources when a client presents with any impairment that is beyond the scope of the Provider's education, training, skills, supervised expertise, and licensure.
I-22 Exploitation	Addiction Professionals are aware of their influential positions with respect to clients, trainees, and research participants and shall not exploit the trust and dependency of any client, trainee, or research participant. Providers shall not engage in any activity that violates or diminishes the civil or legal rights of any client. Providers shall not use coercive treatment methods with any client, including threats, negative labels, or attempts to provoke shame or humiliation. Providers shall not impose their personal religious or political values on any client. Providers do not endorse conversion therapy.
I-23 Sexual Relationships	Addiction Professionals shall not engage in any form of sexual or romantic relationship with any current or former client, nor accept as a client anyone with whom they have engaged in a romantic, sexual, social, or familial relationship. This prohibition includes in-person and electronic interactions and/or relationships. Addiction Professionals are prohibited from engaging in counseling relationships with friends or family members with whom they have an inability to remain objective.

I-24 Termination	Addiction Professionals shall terminate services with clients when services are no longer required, no longer serve the client's needs, or the Provider is unable to remain objective. Counselors provide pre-termination counseling and offer appropriate referrals as needed. Providers may refer a client, with supervision or consultation, when in danger of harm by the client or by another person with whom the client has a relationship	
I-25 Coverage	Addiction Professionals shall make necessary coverage arrangements to accommodate interruptions such as vacations, illness, or unexpected situation.	
I-26 Abandonment	Addiction Professionals shall not abandon any client in treatment. Providers who anticipate termination or interruption of services to clients shall notify each client promptly and seek transfer, referral, or continuation of services in relation to each client's needs and preferences.	
I-27 Fees	Addiction Professionals shall ensure that all fees charged for services are fair, reasonable, and commensurate with the services provided and with due regard for clients' ability to pay.	
I-28 Self-Referrals	Addiction Professionals shall not refer clients to their private practice unless the policies, at the organization at the source of the referral, allow for self-referrals. When self-referrals are not an option, clients shall be informed of other appropriate referral resources.	
I-29 Commissions	Addiction Professionals shall not offer or accept any commissions, rebates, kickbacks, bonuses, or any form of remuneration for referral of a client for professional services, nor engage in fee splitting.	
I-30 Enterprises	Addiction Professionals shall not use relationships with clients to promote personal gain or profit of any type of commercial enterprise.	
I-31 Withholding Records	Addiction Professionals shall not withhold records they possess that are needed for any client's treatment solely because payment has not been received for past services.	
I-32 Withholding Reports	Addiction Professionals shall not withhold reports to referral agencies regarding client treatment progress or completion solely because payment has not yet been received in full for services, particularly when those reports are to courts or probation officers who require such information for legal purposes. Reports may note that payment has not yet been made, or only partially made, for services rendered.	
I-33 Disclosures re: Payments	Addiction Professionals shall clearly disclose and explain to each client, prior to the onset of services, (1) all costs and fees related to the provision of professional services, including any charges for cancelled or missed appointments, (2) the use of collection agencies or legal measures for nonpayment, and (3) the procedure for obtaining payment from the client if payment is denied by a third party payer.	
I-34 Regardless of Compensation	Addiction Professionals shall provide the same level of professional skills and service to each client without regard to the compensation provided by a client or third party payer, and whether a client is paying full fee, a reduced fee, or has their fees waived.	
I-35 Billing for Actual Services	Addiction Professionals shall charge each client only for services actually provided to a client regardless of any oral or written contract a client has made with the addiction professional or agency.	
I-36 Financial Records	Addiction Professionals shall maintain accurate and timely clinical and financial records for each client.	
I-37 Suspension	Addiction Professionals shall give reasonable and written notice to clients of impending suspension of services for nonpayment.	
I-38 Unpaid Balances	Addiction Professionals shall give reasonable and written notice to clients with unpaid balances of their intent to seek collection by agency or legal recourse—when such action is taken, Addiction Professionals shall not reveal clinical information.	
I-39 Bartering	Addiction Professionals can engage in bartering for professional services if: (1) the client requests it, (2) the relationship is not exploitative, (3) the professional relationship is not distorted, (4) federal and state laws and rules allow for bartering, and (5) a clear written contract is established with agreement on value of item(s) bartered for and number of sessions, prior to the onset of services. Providers consider the cultural implications of bartering and discuss relevant concerns with clients. Agreements shall be delineated in a written contract. Providers shall seek supervision or consultation and document.	
I-40 Gifts	Addiction Professionals recognize that clients may wish to show appreciation for services by offering gifts. Providers shall take into account the therapeutic relationship, the monetary value of the gift, the client's motivation for giving the gift, and the counselor's motivation for wanting to accept or decline the gift	

I-41 Uninvited Solicitation	Addiction Professionals shall not engage in uninvited solicitation of potential clients who are vulnerable to undue influence, manipulation, or coercion due to their circumstances.	
I-42 Virtual	Addiction Professionals are prohibited from engaging in a personal or romantic virtual e-relationship with current clients.	
PRINCIPLE II: CONFIDENTIALITY AND PRIVILEGED COMMUNICATION		
II-1 Confidentiality	Addiction Professionals understand that confidentiality and anonymity are foundational to addiction treatment and embrace the duty of protecting the identity and privacy of each client as a primary obligation. Counselors communicate the parameters of confidentiality in a culturally-sensitive manner.	
II-2 Documentation	Addiction Professionals shall create and maintain appropriate documentation. Providers shall ensure that records and documentation kept in any medium (i.e., cloud, laptop, flash drive, external hard drive, tablet, computer, paper, etc.) are secure and in compliance with HIPAA and 42 CFR Part 2, and that only authorized persons have access to them. Providers shall disclose to client within informed consent how records shall be stored, maintained, and disposed of, and shall include time frames for maintaining active file, storage, and disposal.	
II-3 Access	Addiction Professionals shall notify client, during informed consent, about procedures specific to client access of records. Addiction Professionals shall provide a client reasonable access to documentation regarding the client upon his/her written request. Providers shall protect the confidentiality of any others contained in the records. Providers shall limit the access of clients to their records – and provide a summary of the records – when there is evidence that full access could cause harm to the client. A treatment summary shall include dates of service, diagnoses, treatment plan, and progress in treatment. Providers seek supervision or consultation prior to providing a client with documentation, and shall document the rationale for releasing or limiting access to records. Providers shall provide assistance and consultation to the client regarding the interpretation of counseling records.	
II-4 Sharing	Addiction Professionals shall encourage ongoing discussions with clients regarding how, when, and with whom information is to be shared.	
II-5 Disclosure	Addiction Professionals shall not disclose confidential information regarding the identity of any client, nor information that could potentially reveal the identity of a client, without written consent and authorization by the client. In situations where the disclosure is mandated or permitted by state and federal law, verbal authorization shall not be sufficient except for emergencies.	
II-6 Privacy	Addiction Professionals and the organizations they work for ensure that confidentiality and privacy of clients is protected by Providers, employees, supervisees, students, office personnel, other staff and volunteers.	
II-7 Limits of Confidentiality	Addiction Professionals, during informed consent, shall disclose the legal and ethical boundaries of confidentiality and disclose the legal exceptions to confidentiality. Confidentiality and limitations to confidentiality shall be reviewed as needed during the counseling relationship. Providers review with each client all circumstances where confidential information may be requested, and where disclosure of confidential information may be legally required.	
II-8 Imminent Danger	Addiction Professionals may reveal client identity or confidential information without client consent when a client presents a clear and imminent danger to themselves or to other persons, and to emergency personnel who are directly involved in reducing the danger or threat. Counselors seek supervision or consultation when unsure about the validity of an exception.	
II-9 Courts	Addiction Professionals ordered to release confidential privileged information by a court shall obtain written, informed consent from the client, take steps to prohibit the disclosure, or have it limited as narrowly as possible because of potential harm to the client or counseling relationship.	
II-10 Essential Only	Addiction Professionals shall release only essential information when circumstances require the disclosure of confidential information.	
II-11 Multidisciplinary Care	Addiction Professionals shall inform the client when the Provider is a participant in a multidisciplinary care team providing coordinated services to the client. The client shall be informed of the team's member credentials and duties, information being shared, and the purposes of sharing client information.	
II-12 Locations	Addiction Professionals shall discuss confidential client information in locations where they are reasonably certain they can protect client privacy.	

II-13 Payers	Addiction Professionals shall obtain client authorization prior to disclosing any information to third party payers (i.e., Medicaid, Medicare, insurance payers, private payors).
II-14 Encryption	Addiction Professionals shall use encryption and precautions that ensure that information being transmitted electronically or other medium remains confidential.
II-15 Deceased	Addiction Professionals shall protect the confidentiality of deceased clients by upholding legal mandates and documented preferences of the client.
II-16 All Parties	Addiction Professionals, who provide group, family, or couples therapy, shall describe the roles and responsibilities of all parties, limits of confidentiality, and the inability to guarantee that confidentiality shall be maintained by all parties.
II-17 Minors and Others	Addiction Professionals shall protect the confidentiality of any information received regarding counseling minor clients or adult clients who lack the capacity to provide voluntary informed consent, regardless of the medium, in accordance with federal and state laws, and organization policies and procedures. Parents, guardians, and appropriate third parties are informed regarding the role of the counselor, and the boundaries of confidentiality of the counseling relationship.
II-18 Storage and Disposal	Addiction Professionals shall create and/or abide by organizational, and state and federal, policies and procedures regarding the storage, transfer, and disposal of confidential client records. Providers shall maintain client confidentiality in all mediums and forms of documentation.
II-19 Video Recording	Addiction Professionals shall obtain informed consent and written permissions and releases before videotaping, audio recording, or permitting third party observation of any client interaction or group therapy session. Clients are to be fully informed regarding recording such as purpose, who will have access, storage, and disposal of recordings. Exceptions to restrictions on third party observations shall be limited to students in field placements, internships, practicums, or agency trainees.
II-20 Recording e-therapy	Addiction Professionals shall obtain informed consent and written release of information prior to recording an electronic therapy session. Prior to obtaining informed consent for recording e-therapy, the Provider shall seek supervision or consultation, and document recommendations. Providers shall disclose to client in informed consent how e-records shall be stored, maintained, and disposed of and in what time frame.
II-21 Federal Regulations Stamp	Addiction Professionals shall ensure that all written information released to others is accompanied by a stamp identifying the Federal Regulations governing such disclosure, and shall notify clients when a disclosure is made, to whom the disclosure was made, and for what purposes the disclosure was made.
II-22 Transfer Records	Unless exceptions to confidentiality exist, Addiction Professionals shall obtain written permission from clients to disclose or transfer records to legitimate third parties. Steps are taken to ensure that receivers of counseling records are sensitive to their confidential nature. Addiction Professionals shall ensure that all information released meets requirements of 42 CFR Part 2 and HIPAA. All information released shall be appropriately marked as confidential.
II-23 Written Permission	Addiction Professionals who receive confidential information about any client (past, present or potential) shall not disclose that information without obtaining written permission from the client (past, present or potential) allowing for such release.
II-24 Multidisciplinary Care	Addiction Professionals, who are part of integrative care teams, shall not release confidential client information to external care team members without obtaining written permission from the client allowing such release.
II-25 Diseases	Addiction Professionals adhere to relevant federal and state laws concerning the disclosure of a client's communicable and life-threatening disease status.
II-26 Storage and Disposal	Addiction Professionals shall store, safeguard, and dispose of client records in accordance with state and federal laws, accepted professional standards, and in ways which protect the confidentiality of clients.
II-27 Temporary Assistance	Addiction Professionals, when serving clients of another agency or colleague during a temporary absence or emergency, shall serve those clients with the same consideration and confidentiality as that afforded the professional's own clients.
II-28 Termination	Addiction Professionals shall take reasonable precautions to protect client confidentiality in the event of the counselor's termination of practice, incapacity, or death. Providers shall appoint a records custodian when identified as appropriate, in their Will or other document.
II-29 Consultation	Addiction Professionals shall share, with a consultant, information about a client for professional purposes. Only information pertaining to the reason for the consultation shall be released. Providers shall protect the client's identity and prevent breaches to the client's privacy. Addiction

	Professionals, when consulting with colleagues or referral sources, shall not share confidential information obtained in clinical or consulting relationships that could lead to the identification of a client, unless the Provider has obtained prior written consent from the client. Information shall be shared only in appropriate clinical settings and only to the extent necessary to achieve the purposes of the consultation.	
PRINCIPLE III: PROFESSIONAL RESPONSIBILITIES AND WORKPLACE STANDARDS		
III-1 Responsibility	Addiction Professionals shall abide by the NAADAC Code of Ethics. Addiction Professionals have a responsibility to read, understand and follow the NAADAC Code of Ethics and adhere to applicable laws and regulations.	
III-2 Integrity	Addiction Professionals shall conduct themselves with integrity. Providers aspire to maintain integrity in their professional and personal relationships and activities. Regardless of medium, Providers shall communicate to clients, peers, and the public honestly, accurately, and appropriately.	
III-3 Discrimination	Addiction Professionals shall not engage in, endorse or condone discrimination against prospective or current clients and their families, students, employees, volunteers, supervisees, or research participants based on their race, ethnicity, age, disability, religion, spirituality, gender, gender identity, sexual orientation, marital or partnership status, language preference, socioeconomic status, immigration status, active duty or veteran status, or any other basis.	
III-4 Nondiscriminatory	Addiction Professionals shall provide services that are nondiscriminatory and nonjudgmental. Providers shall not exploit others in their professional relationships. Providers shall maintain appropriate professional and personal boundaries.	
III-5 Fraud	Addiction Professionals shall not participate in, condone, or be associated with any form of dishonesty, fraud, or deceit.	
III-6 Violation	Addiction Professionals shall not engage in any criminal activity. Addiction Professionals and Service Providers shall be in violation of this Code and subject to appropriate sanctions, up to and including permanent revocation of their NAADAC membership and NCC AP certification, if they: <ol style="list-style-type: none"> 1. Fail to disclose conviction of any felony. 2. Fail to disclose conviction of any misdemeanor related to their qualifications or functions as an Addiction Professional. 3. Engage in conduct which could lead to conviction of a felony or misdemeanor related to their qualifications or functions as an Addiction Professional. 4. Are expelled from or disciplined by other professional organizations. 5. Have their licenses or certificates suspended or revoked, or are otherwise disciplined by regulatory bodies. 6. Continue to practice addiction counseling while impaired to do so due to physical or mental causes 7. Continue to practice addiction counseling while impaired abuse of alcohol or other drugs. 8. Continue to identify themselves as a certified or licensed addiction professional after being denied certification or licensure, or allowing their certification or license to lapse 9. Fail to cooperate with the NAADAC or NCC AP Ethics Committees at any point from the inception of an ethics complaint through the completion of all procedures regarding that complaint. 	
III-7 Harassment	Addiction Professionals shall not engage in or condone any form of harassment, including sexual harassment.	
III-8 Membership	Addiction Professionals intentionally differentiate between current, active memberships and former or inactive memberships with NAADAC and other professional associations.	
III-9 Credentials	Addiction Professionals shall claim and present only those educational degrees and specialized certifications that they have earned from the appropriate institutions or organizations. Providers shall not imply Master's level competence until their Master's degree is awarded. Providers shall not imply doctoral-level competence until their doctoral title or degree is awarded. The accreditations of a specific institution of higher learning or degree program shall be accurately represented.	
III-10 Credentials	Addiction Professionals shall claim and promote only those licenses and certifications that are current and in good standing.	
III-11 Accuracy of Representation	Addiction Professionals shall ensure that their credentials and affiliations are identified accurately. Providers shall correct all references to their credentials and affiliations that are false, deceptive,	

	or misleading. Addiction Professionals shall advocate for accuracy in statements made by self or others about the addiction profession.	
III-12 Misrepresentation	Addiction Professionals shall not misrepresent professional qualifications, education, experience, memberships or affiliations. Providers shall accept employment on the basis of existing competencies or explicit intent to acquire the necessary competence.	
III-13 Scope of Practice	Addiction Professionals shall provide services within their scope of practice and competency, and shall offer services that are science-based, evidence-based, and outcome-driven. Providers shall engage in counseling practices that are grounded in rigorous research methodologies. Providers shall maintain adequate knowledge of and adhere to applicable professional standards of practice.	
III-14 Boundaries of Competence	Addiction Professionals shall practice within the boundaries of their competence. Competence shall be established through education, training, skills, and supervised experience, state and national professional credentials and certifications, and relevant professional experience.	
III-15 Proficiency	Addiction Professionals shall seek and develop proficiency through relevant education, training, skills, and supervised experience prior to independently delivering specialty services. Providers engage in supervised experience and seek consultation to ensure the validity of their work and protect clients from harm when developing skills in new specialty areas.	
III-16 Educational Achievement	Addiction Professionals recognize that the highest levels of educational achievement are necessary to provide the level of service clients deserve. Providers embrace the need for formal and specialized education as a vital component of professional development, competency, and integrity. Providers pursue knowledge of new developments within the addiction and behavioral health professions and increase competency through formal education, training, and supervised experience.	
III-17 Continuing Education	Addiction Professionals shall pursue and engage in continuing education and professional development opportunities in order to maintain and enhance knowledge of research-based scientific developments within the profession. Providers shall learn and utilize new procedures relevant to the clients they are working with. Providers shall remain informed regarding best practices for working with diverse populations.	
III-18 Self-Monitoring	Addiction Professionals are continuously self-monitoring in order to meet their professional obligations. Providers shall engage in self-care activities that promote and maintain their physical, psychological, emotional, and spiritual well-being.	
III-19 Scientific	Addiction Professionals shall use techniques, procedures, and modalities that have a scientific and empirical foundation. Providers shall utilize counseling techniques and procedures that are grounded in theory, evidence-based, outcome-driven and/or a research-supported promising practice. Providers shall not use techniques, procedures, or modalities that have substantial evidence suggesting harm, even when these services are requested.	
III-20 Innovation	Addiction Professionals shall discuss and document potential risks, benefits and ethical concerns prior to using developing or innovative techniques, procedures, or modalities with a client. Providers shall minimize and document any potential risks or harm when using developing and/or innovative techniques, procedures, or modalities. Provider shall seek and document supervision and/or consultation prior to presenting treatment options and risks to a client.	
III-21 Multicultural Competency	Addiction Professionals shall develop multicultural counseling competency by gaining knowledge specific to multiculturalism, increasing awareness of cultural identifications of clients, evolving cultural humility, displaying a disposition favorable to difference, and increasing skills pertinent to being a culturally-sensitive Provider	
III-22 Multidisciplinary Care	Addiction Professionals shall work to educate medical professionals about substance use disorders, the need for primary treatment of these disorders, and the need to limit the use of mood altering chemicals for persons in recovery.	
III-23 Medical Professionals	Addiction Professionals shall recognize the need for the use of mood altering chemicals in limited medical situations, and will work to educate medical professionals to limit, monitor, and closely supervise the administration of such chemicals when their use is necessary.	
III-24 Collaborative Care	Addiction Professionals shall collaborate with other health care professionals in providing a supportive environment for any client who receives prescribed medication.	
III-25 Multidisciplinary Care	Collaborative multidisciplinary care teams are focused on increasing the client's functionality and wellness. Addiction Professionals who are members of multidisciplinary care teams shall work with team members to clarify professional and ethical obligations of the team as a whole and its individual members. If ethical concerns develop as a result of a team decision, Providers shall attempt to resolve the concern within the team first. If resolution cannot be reached within the	

	team, Providers shall pursue and document supervision and/or consultation to address their concerns consistent with client well-being.	
III-26 Collegial	Addiction Professionals are aware of the need for collegiality and cooperation in the helping professions. Providers shall act in good faith towards colleagues and other professionals, and shall treat colleagues and other professionals with respect, courtesy, honesty, and fairness.	
III-27 Collaborative Care	Addiction Professionals shall develop respectful and collaborative relationships with other professionals who are working with a specific client. Providers shall not offer professional services to a client who is in counseling with another professional, except with the knowledge and documented approval of the other professionals or following termination of services with the other professionals.	
III-28 Qualified	Addiction professionals shall work to prevent the practice of addictions counseling by unqualified and unauthorized persons, and shall not employ individuals who do not have appropriate and requisite education, training, licensure and/or certification in addictions.	
III-29 Advocacy	Providers shall be advocates for their clients in those settings where the client is unable to advocate for themselves.	
III-30 Advocacy	Addiction Professionals are aware of society's prejudice and stigma towards people with substance use disorders, and willingly engage in the legislative process, educational institutions, and public forums to educate people about addictive disorders and advocate for opportunities and choices for our clients.	
III-31 Advocacy	Addiction Professionals shall advocate for changes in public policy and legislation to improve opportunities and choices for all persons whose lives are impaired by substance use disorders.	
III-32 Advocacy	Addiction Professionals shall inform the public of the impact of substance use disorders through active participation in civic affairs and community organizations. Providers shall act to guarantee that all persons, especially the disadvantaged, have access to the opportunities, resources, and services required to treat and manage their disorders. Providers shall educate the public about substance use disorders, while working to dispel negative myths, stereotypes, and misconceptions about substance use disorders and the people who have them.	
III-33 Present Knowledge	Addiction Professionals shall respect the limits of present knowledge in public statements concerning addictions treatment, and shall report that knowledge accurately and without distortion or misrepresentation to the public and to other professionals and organizations.	
III-34 Organizational vs. Private	Addiction Professionals shall distinguish clearly between statements made and actions taken as a private individual and statements made and actions taken as a representative of an agency, group, organization, or the addiction profession.	
III-35 Public Comments NAADAC	Addiction Professionals shall make no public comments disparaging NAADAC or the addictions profession. The term "public comments" shall include, but is not limited to, any and all forms of oral, written, and electronic communication which may be accessible to anyone who is or is not a NAADAC member.	
III-36 Public Comments SUDs	Addiction Professionals shall make no public comments disparaging persons who have substance use disorders. The term "public comments" shall include, but is not limited to, all forms of oral, written, and electronic communication which may be accessible to anyone who is not a NAADAC member.	
III-37 Public Comments Legislative	Addiction Professionals shall make no public comments disparaging the legislative process, or any person involved in the legislative process. The term "public comments" shall include, but is not limited to, all forms of oral, written, and electronic communication which may be accessible to anyone who is not a NAADAC member.	
III-38 Development	Addiction Professionals actively participate in local, state and national associations that promote professional development.	
III-39 Policy	Addiction Professionals shall support the formulation, development, enactment, and implementation of public policy and legislation concerning the addiction profession and our clients.	
III-40 Parity	Addiction Professionals shall work for parity in insurance coverage for substance use disorders as primary medical disorders.	
III-41 Impairment	Addiction Professionals shall recognize the effect of impairment on professional performance and shall seek appropriate professional assistance for any personal problems or conflicts that may impair work performance or clinical judgment. Providers shall continuously monitor themselves for signs of impairment physically, psychologically, socially, and emotionally. Providers, with the guidance of supervision or consultation, shall seek appropriate assistance in the event they are	

	professionally impaired. Providers shall abide by statutory mandates specific to professional impairment when addressing one's own impairment.	
III-42 Impairment	Addiction Professionals shall offer and provide assistance and consultation as needed to peers, coworkers, and supervisors who are demonstrating professional impairment, and intervene to prevent harm to clients. Providers shall abide by statutory mandates specific to reporting the professional impairment of peers, coworkers, and supervisors.	
III-43 Referrals	Addiction Professionals shall not refer clients, or recruit colleagues or supervisors, from their places of employment or professional affiliation to their private practice without prior documented authorization. Providers shall offer multiple referral options to clients when referrals are necessary. Providers will seek supervision or consultation to address any potential or real conflicts of interest.	
III-44 Termination	Addiction Professionals shall create a written plan, policy or Professional Will for addressing situations involving the Provider's incapacitation, termination of practice, retirement, or death.	
III-45 Representation	Addiction Professionals and Organizations offering education, trainings, seminars, and workshops shall accurately and honestly represent their NAADAC-approved education provider status. Providers and organizations shall meet all requirements put forth by NAADAC if they intend to promote active provider status.	
III-46 Promotion	Addiction Professionals shall ensure that promotions and advertisements concerning their workshops, trainings, seminars, and products that they have developed for use in the delivery of services are accurate and provide ample information so consumers can make informed choices. Addiction Professionals shall not use their counseling, teaching, training or supervisory relationships to deceptively or unduly promote their products or training events.	
III-47 Testimonials	Addiction Professionals shall be thoughtful when they solicit testimonials from former clients or any other persons. Providers shall discuss with clients the implications of and potential concerns, regarding testimonials, prior to obtaining written permission for the use of specific testimonials. Providers shall seek consultation or supervision prior to seeking a testimonial.	
III-48 Reports	Addiction Professionals shall take care to accurately, honestly and objectively report professional activities and judgments to appropriate third parties (i.e., courts, probation/parole, healthcare insurance organizations and providers, recipients of evaluation reports, referral sources, professional organizations, regulatory agencies, regulatory boards, ethics committees, etc.).	
III-49 Advice	Addiction Professionals shall take reasonable precautions, when offering advice or comments (using any platform including presentations and lectures, demonstrations, printed articles, mailed materials, television or radio programs, video or audio recordings, technology-based applications, or other media), to ensure that their statements are based on academic, research, and evidence-based, outcome-driven literature and practice. The advice or comments shall be consistent with the NAADAC Code of Ethics.	
III-50 Dual Relationship	When Addiction Professionals are required by law, institutional policy, or extraordinary circumstances to serve in more than one role in judicial or administrative proceedings, they shall clarify role expectations and the parameters of confidentiality with their colleagues.	
III-51 Illegal Practices	When Addiction Professionals become aware of inappropriate, illegal, discriminatory, and/or unethical policies, procedures and practices at their agency, organization, or practice, they shall alert their employers. When there is the potential for harm to clients or limitations on the effectiveness of services provided, Providers shall seek supervision and/or consultation to determine appropriate next steps and further action. Providers and Supervisors shall not harass or terminate an employee or colleague who has acted in a responsible and ethical manner to expose inappropriate employer employee policies, procedures and/ or practices.	
III-52 Supervision	Addiction Professionals, acting in the role of Supervisor or Consultant, shall take reasonable steps to ensure that they have appropriate resources and competencies when providing supervisory or consultation services. Supervisors or consultants shall provide appropriate referrals to resources when requested or needed.	
III-53 Supervision	Addiction Professionals offering supervisory or consultation services shall have an obligation to review with the consultee/supervisee, in writing and verbally, the rights and responsibilities of both the Supervisory/Consultant and supervisee/consultee. Providers shall inform all parties involved about the purpose of the services to be provided, costs, risks and benefits, and the limits of confidentiality.	
III-54 Credit	Addiction Professionals shall give appropriate credit to the authors or creators of all materials used in their course of their work. Providers shall not plagiarize another person's work.	

PRINCIPLE IV: WORKING IN A CULTURALLY DIVERSE WORLD		
IV-1 Knowledge	Addiction Professionals shall be knowledgeable and aware of cultural, individual, societal, and role differences amongst the clients they serve. Providers shall offer services that demonstrate appropriate respect for the fundamental rights, dignity and worth of all clients.	
IV-2 Cultural Humility	Addiction services along the continuum of care are offered in diverse settings to diverse clients. Addiction Professionals shall demonstrate cultural humility. Providers shall maintain an interpersonal stance that is other-oriented and accepting of the cultural identities of the other person (client, colleague, peer, employee, employer, volunteer, supervisor, supervisee, and others).	
IV-3 Meanings	Addiction Professionals shall recognize and be sensitive to the diverse cultural meanings associated with confidentiality and privacy. Providers shall be open to and respect differing opinions regarding disclosure of information.	
IV-4 Personal Beliefs	Addiction Professionals shall develop an understanding of their own personal, professional, and cultural values and beliefs. Providers shall recognize which personal and professional values may be in alignment with or conflict with the values and needs of the client. Providers shall not use cultural or values differences as a reason to engage in discrimination. Providers shall seek supervision and/or consultation to address areas of difference and to decrease bias, judgment, and microaggressions.	
IV-5 Heritage	Addiction Professionals practicing cultural humility shall be open to the values, norms, and cultural heritage of their clients and shall not impose his or her values/beliefs on the client.	
IV-6 Credibility	Addiction Professionals practicing cultural humility shall be credible, capable, and trustworthy. Providers shall use a cultural humility framework to consider diversity of values, interactional styles, and cultural expectations.	
IV-7 Roles	Addiction professionals shall respect the roles of family members, social supports, and community structures, hierarchies, values and beliefs within the client's culture. Providers shall consider the impact of adverse social, environmental, and political factors in assessing concerns and designing interventions.	
IV-8 Methodologies	Addiction Professionals shall use methodologies, skills, and practices that are evidence-based and outcome-driven for the populations being serviced. Providers will seek ongoing professional development opportunities to develop specialized knowledge and understanding of the groups they serve. Providers shall obtain the necessary knowledge and training to maintain humility and sensitivity when working with clients of diverse backgrounds.	
IV-9 Advocacy	Addiction Professionals advocate for the needs of the diverse populations they serve.	
IV-10 Recruitment	Addiction Professionals support and advocate for the recruitment and retention of Professionals and other Service Providers who represent diverse cultural groups.	
IV-11 Linguistic Diversity	Addiction Professionals shall provide or advocate for the provision of professional services that meet the needs of clients with linguistic diversity. Providers shall provide or advocate for the provision of professional services that meet the needs of clients with diverse disabilities.	
IV-12 Needs Driven	Addiction Professionals shall recognize that conventional counseling styles may not meet the needs of all clients. Providers shall open a dialogue with the client to determine the best manner in which to service the client. Providers shall seek supervision and consultation when working with individuals with specific culturally-driven needs.	
PRINCIPLE V: ASSESSMENT, EVALUATION AND INTERPRETATION		
V-1 Assessment	Addiction Professionals shall use assessments appropriately within the counseling process. The clients' personal and cultural contexts are taken into consideration when assessing and evaluating a client. Providers shall develop and use appropriate mental health, substance use disorder, and other relevant assessments.	
V-2 Validity - Reliability	Addiction Professionals shall utilize only those assessment instruments whose validity and reliability have been established for the population tested, and for which they have received adequate training in administration and interpretation. Counselors using technology-assisted test interpretations are trained in the construct being measured and the specific instrument being used prior to using its technology-based application. Counselors take reasonable measures to ensure the proper use of assessment techniques by persons under their supervision.	
V-3 Validity	Addiction Professionals shall consider the validity, reliability, psychometric limitations, and appropriateness of instruments when selecting assessments. Providers shall use data from	

	several relevant assessment tools and/or instruments to form conclusions, diagnoses, and recommendations.	
V-4 Explanation	Addiction Professionals shall explain to clients the nature and purposes of each assessment and the intended use of results, prior to administration of the assessment. Providers shall offer this explanation in terms and language that the client or other legally authorized person can understand.	
V-5 Administration	Addiction Professionals shall provide an appropriate environment free from distractions for the administration of assessments. Providers shall ensure that technologically-administered assessments are functioning appropriately and providing accurate results.	
V-6 Cultural Influences	Addiction Professionals recognize and understand that culture influences the manner in which clients' concerns are defined and experienced. Providers are aware of historical traumas and social prejudices in the misdiagnosis and pathologizing of specific individuals and groups. Providers shall develop awareness of prejudices and biases within self and others, and shall address such biases in themselves or others. Providers shall consider the client's cultural experiences when diagnosing and treatment planning for mental health and substance use disorders.	
V-7 Diagnosing	Addiction Professionals shall provide proper diagnosis of mental health and substance use disorders, within their scope and licensure. Assessment techniques used to determine client placement for care shall be carefully selected and appropriately used.	
V-8 Results	Addiction Professionals shall consider the client's welfare, explicit understandings, and previous agreements in determining when and how to provide assessment results. Providers shall include accurate and appropriate interpretations of data when there is a release of individual or group assessment results.	
V-9 Misusing Results	Addiction Professionals shall not misuse assessment results and interpretations. Providers shall respect the client's right to know the results, interpretations and diagnoses made and strive to provide results, interpretations, and diagnoses in a manner that is understandable and does not cause harm. Providers shall adopt practices that prevent others from misusing the results and interpretations.	
V-10 Not Normed	Addiction Professionals shall select and use, with caution, assessment tools and techniques normed on populations other than that of the client. Providers shall seek supervision or consultation when using assessment tools that are not normed to the client's cultural identities.	
V-11 Referral	Addiction Professionals shall provide specific and relevant data about the client, when referring a client to a third party for assessment, to ensure that appropriate assessment instruments are used.	
V-12 Security	Addiction Professionals shall maintain the integrity and security of tests and assessment data, thereby addressing legal and contractual obligations. Providers shall not appropriate, reproduce, or modify published assessments or parts thereof without written permission from the publisher.	
V-13 Forensic	Addiction Professionals conducting an evaluation shall inform the client, verbally and in writing, that the current relationship is for the purposes of evaluation. The evaluation is not therapeutic. Entities or individuals who will receive the evaluation report are identified, prior to conducting the evaluation. Providers performing forensic evaluations shall obtain written consent from those being evaluated or from their legal representative unless a court orders evaluations to be conducted without the written consent of the individuals being evaluated. Informed written consent shall be obtained from a parent or guardian prior to evaluation, when the child or adult lacks the capacity to give voluntary consent.	
V-14 Forensic	Addiction Professionals conducting forensic evaluations shall provide verifiable objective findings based on the data gathered during the assessment/evaluation process and review of records. Providers form unbiased professional opinions based on the data gathered and analysis during the assessment processes.	
V-15 Forensic	Addiction Professionals shall not evaluate, for forensic purposes, current or former clients, spouses or partners of current or former clients, or the clients' family members. Providers shall not provide counseling to the individuals they are evaluating. Providers shall avoid potentially harmful personal or professional relationships with the family members, romantic partners, and close friends of individuals they are evaluating.	
PRINCIPLE VI: E-THERAPY, E-SUPERVISION, AND SOCIAL MEDIA		
VI-1 Definition	"E-Therapy" and "E-Supervision" shall refer to the provision of services by an Addiction Professional using technology, electronic devices, and HIPAA-compliant resources. Electronic	

	platforms shall include and are not limited to: land-based and mobile communication devices, fax machines, webcams, computers, laptops and tablets. E-therapy and e-supervision shall include and are not limited to: tele-therapy, real-time video-based therapy and services, emails, texting, chatting, and cloud storage. Providers and Clinical Supervisors are aware of the unique challenges created by electronic forms of communication and the use of available technology, and shall take steps to ensure that the provision of e-therapy and e-supervision is safe and as confidential as possible.	
VI-2 Competency	Addiction Professionals who choose to engage in the use of technology for e-therapy, distance counseling, and e-supervision shall pursue specialized knowledge and competency regarding the technical, ethical, and legal considerations specific to technology, social media, and distance counseling. Competency shall be demonstrated through means such as specialized certifications and additional course work and/or trainings.	
VI-3 Informed Consent	Addiction Professionals, who are offering an electronic platform for e-therapy, distance counseling/case management, e-supervision shall provide an Electronic/Technology Informed Consent. The electronic informed consent shall explain the right of each client and supervisee to be fully informed about services delivered through technological mediums, and shall provide each client/supervisee with information in clear and understandable language regarding the purposes, risks, limitations, and costs of treatment services, reasonable alternatives, their right to refuse service delivery through electronic means, and their right to withdraw consent at any time. Providers have an obligation to review with the client/supervisee – in writing and verbally – the rights and responsibilities of both Providers and clients/supervisees. Providers shall have the client/ supervisee attest to their understanding of the parameters covered by the Electronic/Technology Informed Consent.	
VI-4 Informed Consent	A thorough e-therapy informed consent shall be executed at the start of services. A technology-based informed consent discussion shall include: <ul style="list-style-type: none"> • distance counseling credentials, physical location of practice, and contact information; • risks and benefits of engaging in the use of distance counseling, technology, and/or social media; • possibility of technology failure and alternate methods of service delivery; • anticipated response time; • emergency procedures to follow; • when the counselor is not available; • time zone differences; • cultural and/or language differences that may affect delivery of services; and • possible denial of insurance benefits; and social media policy. 	
VI-5 Verification	Addiction Professionals who engage in the use of electronic platforms for the delivery of services shall take reasonable steps to verify the client's/supervisee's identity prior to engaging in the e-therapy relationship and throughout the therapeutic relationship. Verification can include, but is not limited to, picture ids, code words, numbers, graphics, or other nondescript identifiers.	
VI-6 Licensing Laws	Addiction Professionals shall comply with relevant licensing laws in the jurisdiction where the Provider/Clinical Supervisor is physically located when providing care and where the client/supervisee is located when receiving care. Emergency management protocols are entirely dependent upon where the client/supervisee receives services. Providers, during informed consent, shall notify their clients/supervisees of the legal rights and limitations governing the practice of counseling/supervision across state lines or international boundaries. Mandatory reporting and related ethical requirements such as duty to warn/notify are tied to the jurisdiction where the client/supervisee is receiving services.	
VI-7 State & Federal Laws	Addiction Professionals utilizing technology, social media, and distance counseling within their practice recognize that they are subject to state and federal laws and regulations governing the counselor's practicing location. Providers utilizing technology, social media, and distance counseling within their practice recognize that they shall be subject to laws and regulations in the client's/supervisee's state of residency and shall be subject to laws and regulations in the state where the client/supervisee is located during the actual delivery of services.	
VI-8 Non-Secured	Addiction Professionals recognize that electronic means of communication are not secure, and shall inform clients, students, and supervisees that remote services using electronic means of delivery cannot be entirely secured or confidential. Providers who provide services via electronic technology shall fully inform each client, student, or supervisee of the limitations and risks regarding confidentiality associated with electronic delivery, including the fact that electronic	

	exchanges may become part of clinical, academic, or professional records. Efforts shall be made to ensure privacy so clinical discussions cannot be overheard by others outside of the room where the services are provided. Internet-based counseling shall be conducted on HIPAA-compliant servers. Therapy shall not occur using text-based or email-based delivery.	
VI-9 Assess	Addiction Professionals shall assess and document the client's/supervisee's ability to benefit from and engage in e-therapy services. Providers shall consider the client's/supervisee's cognitive capacity and maturity, past and current diagnoses, communications skills, level of competence using technology, and access to the necessary technology. Providers shall consider geographical distance to nearest emergency medical facility, efficacy of client's support system, current medical and behavioral health status, current or past difficulties with substance abuse, and history of violence or self-injurious behavior.	
VI-10 Access	Addiction Professionals shall inform clients that other individuals (i.e., colleagues, supervisors, staff, consultants, information technologists) might have authorized or unauthorized access to such records or transmissions. Providers use current encryption standards within their websites and for technology-based communications. Providers take reasonable precautions to ensure the confidentiality of information transmitted and stored through any electronic means.	
VI-11 Multidisciplinary Care	Addiction Professionals shall acknowledge and discuss with the client that optimal clinical management of clients may depend on coordination of care between a multidisciplinary care team. Providers shall explain to clients that they may need to develop collaborative relationships with local community professionals, such as the client's local primary care provider and local emergency service providers, as this would be invaluable in case of emergencies.	
VI-12 Local Resources	Addiction Professionals shall be familiar with local in-person mental health resources should the Provider exercise clinical judgment to make a referral for additional substance abuse, mental health, or other appropriate services.	
VI-13 Boundaries	Addiction Professionals shall appreciate the necessity of maintaining a professional relationship with their clients/supervisees. Providers shall discuss, establish and maintain professional therapeutic boundaries with clients/supervisees regarding the appropriate use and application of technology, and the limitations of its use within the counseling/supervisory relationship.	
VI-14 Capability	Addiction Professionals shall take reasonable steps to determine whether the client/supervisee physically, intellectually, emotionally, linguistically and functionally capable of using e-therapy platforms and whether e-therapy/e-supervision is appropriate for the needs of the client/supervisee. Providers and clients/supervisees shall agree on the means of e-therapy/ e-supervision to be used and the steps to be taken in case of a technology failure. Providers verify that clients/supervisees understand the purpose and operation of technology applications and follow up with clients/supervisees to correct potential concerns, discover appropriate use, and assess subsequent steps.	
VI-15 Missing Cues	Addiction Professionals shall acknowledge the difference between face-to-face and electronic communication (nonverbal and verbal cues) and how these could influence the counseling/supervision process. Providers shall discuss with their client/supervisee how to prevent and address potential misunderstandings arising from the lack of visual cues and voice inflections when communicating electronically.	
VI-16 Records	Addiction Professionals understand the inherent dangers of electronic health records. Providers are responsible for ensuring that cloud storage sites in use are HIPAA compliant. Providers inform clients/supervisees of the benefits and risks of maintaining records in a cloud-based file management system, and discuss the fact that nothing that is electronically saved on a Cloud is confidential and secure. Cloud-based file management shall be encrypted, secured, and HIPAA-compliant. Providers shall use encryption programs when storing or transmitting client information to protect confidentiality.	
VI-17 Records	Addiction Professionals shall maintain electronic records in accordance with relevant state and federal laws and statutes. Providers shall inform clients on how records will be maintained electronically and/or physically. This includes, but is not limited to, the type of encryption and security used to store the records and the length of time storage of records is maintained.	
VI-18 Links	Addiction Professionals who provide e-therapy services and/or maintain a professional website shall provide electronic links to relevant licensure and certification boards and professional membership organizations (i.e., NAADAC) to protect the client's/supervisee's rights and address ethical concerns.	
VI-19 Friends	Addiction Professionals shall not accept clients' "friend" requests on social networking sites or email (from Facebook, My Space, etc.), and shall immediately delete all personal and email	

	accounts to which they have granted client access and create new accounts. When Providers choose to maintain a professional and personal presence for social media use, separate professional and personal web pages and profiles are created that clearly distinguish between the professional and personal virtual presence.	
VI-20 Social Media	Addiction Professionals shall clearly explain to their clients/supervisees, as part of informed consent, the benefits, inherent risks including lack of confidentiality, and necessary boundaries surrounding the use of social media. Providers shall clearly explain their policies and procedures specific to the use of social media in a clinical relationship. Providers shall respect the client's/supervisee's rights to privacy on social media and shall not investigate the client/supervisee without prior consent.	
PRINCIPLE VII: SUPERVISION AND CONSULTATION		
VII-1 Responsibility	Addiction Professionals who teach and provide clinical supervision accept the responsibility of enhancing professional development of students and supervisees by providing accurate and current information, timely feedback and evaluations, and constructive consultation.	
VII-2 Training	Addiction Professionals shall complete training specific to clinical supervision prior to offering or providing clinical supervision to students or other professionals.	
VII-3 Code of Ethics	Supervisors and supervisees, including interns and students, shall be responsible for knowing and following the NAADAC Code of Ethics.	
VII-4 Informed Consent	Informed consent is an integral part of setting up a supervisory relationship. Supervisory informed consent shall include discussion regarding client privacy and confidentiality, etc. Terms of supervisory relationship and fees shall be negotiated by supervisor and supervisee, and shall be documented in the supervisory contract.	
VII-5 Informed Consent	Supervisees shall provide clients with a written professional disclosure statement. Supervisees shall inform clients about how the supervision process influences the limits of confidentiality. Supervisees shall inform clients about who shall have access to their clinical records, and when and how these records will be stored, transmitted, or otherwise reviewed.	
VII-6 Informed Consent	Clinical Supervisors shall communicate to the supervisee, during supervision informed consent, procedures for handling client/clinical crises. Alternate procedures are also communicated and documented in the event that the supervisee is unable to establish contact with the supervisor during a client/clinical crisis.	
VII-7 Policies	Clinical Supervisors shall inform supervisees of policies and procedures to which supervisors shall adhere. Supervisors shall inform supervisees regarding the mechanisms for due process appeal of supervisor actions.	
VII-8 Multiculturalism	Clinical Supervisors shall be cognizant of and address the role of multiculturalism in the supervisory relationship between supervisor and supervisee.	
VII-9 Multiculturalism	Educators and site supervisors shall offer didactic learning content and experiential opportunities related to multiculturalism and cultural humility throughout their programs.	
VII-10 Diversity	Educators and site supervisors shall make every attempt to recruit and retain a diverse faculty and staff. Educators and site supervisors shall make every attempt to recruit and retain a diverse student body, demonstrating their commitment to serve a diverse community. Educators and site supervisors shall recognize and value the diverse talents and abilities that students bring to their training experience.	
VII-11 Diversity	Educators and site supervisors shall provide appropriate accommodations that meet the needs of their diverse student body and support well-being and academic performance.	
VII-12 Boundaries	Clinical Supervisors shall intentionally develop respectful and relevant professional relationships and maintain appropriate boundaries with clinicians, students, interns, and supervisees, in all venues. Supervisors shall strive for accuracy and honesty in their assessments of students, interns, and supervisees.	
VII-13 Boundaries	Clinical Supervisors clearly define and maintain ethical professional, personal, and social boundaries with their supervisees. Supervisors shall not enter into a romantic/sexual/nonprofessional relationship with current supervisees, whether in-person and/or electronically.	
VII-14 Confidentiality	Clinical Supervisors shall not disclose confidential information in teaching or supervision without the expressed written consent of a client, and only when appropriate steps have been taken to protect client's identity and confidentiality.	
VII-15 Monitor	Clinical Supervisors shall monitor the services provided by supervisees. Supervisors shall monitor client welfare. Supervisors shall monitor supervisee performance and professional development.	

	Supervisors shall empower and support supervisees as they prepare to serve a diverse client population. Supervisors shall have an ethical and moral responsibility to understand, adhere to, and promote the NAADAC Code of Ethics.	
VII-16 Treatment	Educators and site supervisors shall assume the primary obligation of assisting students to acquire ethics, knowledge, and skills necessary to treat substance use and addictive behavioral disorders	
VII-17 Impairment	Supervisees, including interns and students, shall monitor themselves for signs physical, psychological, and/or emotional impairment. Supervisees, including interns and students, shall seek supervision and refrain from providing professional services while impaired. Supervisees, interns and students shall notify their institutional program of the impairment and shall seek appropriate guidance and assistance.	
VII-18 Clients	Supervisees, interns and students, shall disclose to clients their status as students and supervisees, and shall provide an explanation as to how their status affects the limits of confidentiality. Supervisees, interns and students shall disclose to clients contact information for the Clinical Supervisor. Informed consent is obtained in writing, and includes the client's right to refuse to be treated by a person-in-training.	
VII-19 Disclosures	Supervisees, interns and students shall seek and document clinical supervision prior to disclosing personal information to a client.	
VII-20 Observations	Clinical Supervisors shall provide and document regular supervision sessions with the supervisee. Supervisors shall regularly observe the supervisee in session using live observations or audio or video tapes. Supervisors shall provide ongoing feedback regarding the supervisee's performance with clients and within the agency. Supervisors shall regularly schedule sessions to formally evaluate and direct the supervisee.	
VII-21 Gatekeepers	Clinical Supervisors are aware of their responsibilities as gatekeepers. Through ongoing evaluation, Supervisors shall track supervisee limitations that might impede performance. Supervisors shall assist supervisees in securing timely corrective assistance as needed, including referral of supervisee to therapy when needed. Supervisors may recommend corrective action or dismissal from training programs, applied counseling settings, and state or voluntary professional credentialing processes when a supervisee is unable to demonstrate that they can provide competent professional services. Supervisors shall seek supervision-of-supervision and/or consultation and document their decisions to dismiss or refer supervisees for assistance.	
VII-22 Education	Educators and site supervisors shall ensure that their educational and training programs are designed to provide appropriate knowledge and experiences related to addictions that meet the requirements for degrees, licensure, certification, and other program goals.	
VII-23 Education	Educators and site supervisors shall provide education and training in an ethical manner, adhering to the NAADAC Code of Ethics, regardless of the platform (traditional, hybrid, and/or online). Educators and site supervisors shall serve as professional roles models demonstrating appropriate behaviors.	
VII-24 Current	Educators and site supervisors shall ensure that program content and instruction are based on the most current knowledge and information available in the profession. Educators and site supervisors shall promote the use of modalities and techniques that have an empirical or scientific foundation.	
VII-25 Evaluation	Educators and site supervisors shall ensure that students' performances are evaluated in a fair and respectful manner and on the basis of clearly stated criteria.	
VII-26 Dual Relationships	Educators and site supervisors shall avoid dual relationships and/or nonacademic relationships with students, interns, and supervisees.	
VII-27 Dual Relationships	Clinical Supervisors shall not actively supervise relatives, romantic or sexual partners, nor personal friends, nor develop romantic, sexual, or personal relationships with students or supervisees. Consultation with a third party will be obtained prior to engaging in a dual supervisory relationship.	
VII-28 e-supervision	Clinical Supervisors, using technology in supervision (e-supervision), shall be competent in the use of specific technologies. Supervisors shall dialogue with the supervisee about the risks and benefits of using e-supervision. Supervisors shall determine how to utilize specific protections (i.e., encryption) necessary for protecting the confidentiality of information transmitted through any electronic means. Supervisors and supervisees shall recognize that confidentiality is not guaranteed when using technology as a communication and delivery platform.	
VII-29 Harassment	Clinical Supervisors shall not condone or participate in sexual harassment or exploitation of current or previous supervisees.	

VII-30 Distance	Issues unique to the use of distance supervision shall be included in the documentation as necessary.	
VII-31 Termination	Policies and procedures for terminating a supervisory relationship shall be disclosed in the supervision informed consent.	
VII-32 Counseling	Clinical Supervisors shall not provide counseling services to supervisees. Supervisors shall assist supervisee by providing referrals to appropriate services upon request.	
VII-33 Endorsement	Clinical Supervisors shall recommend supervisees for completion of an academic or training program, employment, certification and/or licensure when the supervisee demonstrates qualification for such endorsement. Clinical Supervisors shall not endorse supervisees believed to be impaired. Clinical Supervisors shall not endorse supervisees who were unable to provide appropriate clinical services.	

PRINCIPLE VIII: RESOLVING ETHICAL CONCERNS

VIII-1 Code of Ethics	Addiction Professionals shall adhere to and uphold the NAADAC Code of Ethics, and shall be knowledgeable regarding established policies and procedures for handling concerns related to unethical behavior, at both the state and national levels. Providers strive to resolve ethical dilemmas with direct and open communication among all parties involved and seek supervision and/or consultation when necessary. Providers incorporate ethical practice into their daily professional work. Providers engage in ongoing professional development regarding ethical and legal issues in counseling. Providers are professionals who act ethically and legally. Providers are aware that client welfare and trust depend on a high level of professional conduct. Addiction Professionals hold other providers to the same ethical and legal standards and are willing to take appropriate action to ensure that these standards are upheld.	
VIII-2 Understanding	Addiction Professionals shall understand and endorse the NAADAC Code of Ethics and other applicable ethics codes from professional organizations or certification and licensure bodies of which they are members. Lack of knowledge or misunderstanding of an ethical responsibility is not a defense against a charge of unethical conduct.	
VIII-3 Decision Making Model	Addiction Professionals shall utilize and document, when appropriate, an ethical decision-making model when faced with an ethical dilemma. A viable ethical decision-making model shall include but is not limited to: (a) supervision and/or consultation regarding the concern; (b) consideration of relevant ethical standards, principles, and laws; (c) generation of potential courses of action; (d) deliberation of risks and benefits of each potential course of action; (e) selection of an objective decision based on the circumstances and welfare of all involved; and (f) reflection, and re-direction if necessary, after implementing the decision.	
VIII-4 Jurisdiction	The NAADAC and NCC AP Ethics Committees shall have jurisdiction over all complaints filed against any person holding or applying for NAADAC membership or NCC AP certification.	
VIII-5 Investigations	The NAADAC and NCC AP Ethics Committees shall have authority to conduct investigations, issue rulings, and invoke disciplinary action in any instance of alleged misconduct by an addiction professional.	
VIII-6 Participation	Addiction Professionals shall be required to cooperate with the implementation of the NAADAC Code of Ethics, and to participate in, and abide by, any disciplinary actions and rulings based on the Code. Failure to participate or cooperate is a violation of the NAADAC Code of Ethics.	
VIII-7 Cooperation	Addiction Professionals shall assist in the process of enforcing the NAADAC Code of Ethics. Providers shall cooperate with investigations, proceedings, and requirements of the NAADAC and NCC AP Ethics Committees, ethics committees of other professional associations, and/or licensing and certification boards having jurisdiction over those charged with a violation.	
VIII-8 Agency Conflict	Addiction Professionals shall seek and document supervision and/or consultation in the event that ethical responsibilities conflict with agency policies and procedures, state and/or federal laws, regulations, and/or other governing legal authority. Supervision and/or consultation shall be used to determine the next best steps.	
VIII-9 Crossroads	Addiction Professionals may find themselves at a crossroads when the demands of an organization where the Provider is affiliated poses a conflict with the NAADAC Code of Ethics. Providers shall determine the nature of the conflict and shall discuss the conflict with their supervisor or other relevant person at the organization in question, expressing their commitment to the NAADAC Code of Ethics. Providers shall attempt to work through the appropriate channels to address the concern.	
VIII-10	When there is evidence to suggest that another provider is violating or has violated an ethical standard and harm has not occurred, Addiction Professionals shall attempt to first resolve the	

Violations without Harm	issue informally with the other provider if feasible, provided such action does not violate confidentiality rights that may be involved.
VIII-11 Violations with Harm	Addiction Professionals shall report unethical conduct or unprofessional modes of practice - leading to harm - which they become aware of to the appropriate certifying or licensing authorities, state or federal regulatory bodies, and/or NAADAC. Providers shall seek supervision/consultation prior to the report. Providers shall document supervision/consultation and report if made.
VIII-12 Non-Respondent	Members of the NAADAC or NCC AP Ethics Committees, Hearing Panels, Boards of Directors, Membership Committees, Officers, or Staff shall not be named as a respondent under these policies and procedures as a result of any decision, action, or exercise of discretion arising directly from their conduct or involvement in carrying out adjudication responsibilities.
VIII-13 Consultation	Addiction Professionals shall seek consultation and direction from supervisors, consultants or the NAADAC Ethics Committee when uncertain about whether a particular situation or course of action may be in violation of the NAADAC Code of Ethics. Providers consult with persons who are knowledgeable about ethics, the NAADAC Code of Ethics, and legal requirements specific to the situation.
VIII-14 Retaliation	Addiction Professionals shall not initiate, participate in, or encourage the filing of an ethics or grievance complaint as a means of retaliation against another person. Providers shall not intentionally disregard or ignore the facts of the situation.

PRINCIPLE IX: RESEARCH AND PUBLICATION

IX-1 Research	Research and publication shall be encouraged as a means to contribute to the knowledge base and skills within the addictions and behavioral health professions. Research shall be encouraged to contribute to the evidence-based and outcome-driven practices that guide the profession. Research and publication provide an understanding of what practices lead to health, wellness, and functionality. Researchers and Addiction Professionals make every effort to be inclusive by minimizing bias and respecting diversity when designing, executing, analyzing, and publishing their research.
IX-2 Participation	Addiction Professionals support the efforts of researchers by participating in research whenever possible.
IX-3 Consistent	Researchers plan, design, conduct, and report research in a manner that is consistent with relevant ethical principles, federal and state laws, internal review board expectations, institutional regulations, and scientific standards governing research.
IX-4 Confidentiality	Researchers are responsible for understanding and adhering to state, federal, agency, or institutional policies or applicable guidelines regarding confidentiality in their research practices. Information obtained about participants during the course of research is confidential.
IX-5 Independent	Researchers, who are conducting independent research without governance by an institutional review board, are bound to the same ethical principles and federal and state laws pertaining to the review of their plan, design, conduct, and reporting of research.
IX-6 Protect	Researchers shall seek supervision and/or consultation and observe necessary safeguards to protect the rights of research participants, especially when the research plan, design and implementation deviates from standard or acceptable practices.
IX-7 Welfare	Researchers who conduct research are responsible for their participants' welfare. Researchers shall exercise reasonable precautions throughout the study to avoid causing physical, intellectual, emotional, or social harm to participants. Researchers take reasonable measures to honor all commitments made to research participants.
IX-8 Informed Consent	Researchers shall defer to an Institutional Review Board or Human Subjects Committee to ensure that Informed Consent is obtained, research protocols are followed, participants are free of coercion, confidentiality is maintained, and deceptive practices are avoided, except when deception is essential to research protocol and approved by the Board or Committee.
IX-9 Accurate	Researchers shall commit to the highest standards of scholarship, and shall present accurate information, disclose potential conflicts of interest, and make every effort to prevent the distortion or misuse of their clinical and research findings.
IX-10 Students	Researchers shall disclose to students and/or supervisee who wish to participate in their research activities that participation in the research will not affect their academic standing or supervisory relationship.
IX-11 Clients	Researchers may conduct research involving clients. Researchers shall provide an informed consent process allowing clients to freely, without intimidation or coercion, choose whether to

	participate in the research activities. Researchers shall take necessary precautions to protect clients from adverse consequences if they choose to decline or withdraw from participation.	
IX-12 Consents	Researchers shall provide appropriate explanations regarding the research and obtain applicable consents from a guardian or legally authorized representative prior to working with a research participant who is not capable of giving informed consent.	
IX-13 Explanation	Once data collection is completed, Researchers shall provide participants with a full explanation regarding the nature of the research in order to remove any misconceptions participants might have regarding the study. Researchers shall engage in reasonable actions to avoid causing harm. Scientific or human values may justify delaying or withholding information. Researchers shall seek and document supervision and/or consultation prior to delaying or withholding information from a participant.	
IX-14 Outcomes	Upon completion of data collection and analysis, Researchers shall inform sponsors, institutions, and publication entities regarding the research procedures and outcomes. Researchers shall ensure that the appropriate entities are given pertinent information and acknowledgment.	
IX-15 Transfer Plan	Researchers shall create a written, accessible plan for the transfer of research data to an identified colleague in the event of their incapacitation, retirement, or death.	
IX-16 Diversity	Researchers shall report research findings accurately and without distortion, manipulation, or misrepresentation of data. Researchers shall describe the extent to which results are applicable to diverse populations.	
IX-17 Verification	Researchers shall not withhold data, from which their research conclusions were drawn, from competent professionals seeking to verify substantive claims through reanalysis. Researchers are obligated to make available sufficient original research information to qualified professionals who wish to replicate or extend the study.	
IX-18 Data Availability	Researchers, who supply data, aid in research by another researcher, report research results, or make original data available, shall intentionally disguise the identity of participants in the absence of written authorization from the participants allowing release of their identity.	
IX-19 Errors	Researchers shall take reasonable steps to correct significant errors found in their published research, using a correction erratum or through other appropriate publication avenues.	
IX-20 Publication	Addiction Professionals who author books, journal articles, or other materials which are published or distributed shall not plagiarize or fail to cite persons for whom credit for original ideas or work is due. Providers shall acknowledge and give recognition, in presentations and publications, to previous work on the topic by self and others.	
IX-21 Theft	Addiction Professionals shall regard as theft the use of copyrighted materials without permission from the author or payment of royalties.	
IX-22 e-publishing	Addiction Professionals shall recognize that entering data on the internet, social media sites, or professional media sites constitutes publishing.	
IX-23 Advertising	Addiction Professionals who author books or other materials distributed by an agency or organization shall take reasonable precautions to ensure that the organization promotes and advertises the materials accurately and factually.	
IX-24 Credit	Addiction Professionals shall assign publication credit to those who have contributed to a publication in proportion to their contributions and in accordance with customary professional publication practices.	
IX-25 Student Material	Addiction Professionals shall seek a student's permission and list the student as lead author on manuscripts or professional presentations, in any medium, that are substantially based on a student's course papers, projects, dissertations, or theses. The student reserves the right to withhold permission.	
IX-26 Submissions	Addiction Professionals and Researchers shall submit manuscripts for consideration to one journal or publication at a time. Providers and researchers shall obtain permission from the original publisher prior to submitting manuscripts that are published in whole or in substantial part in one journal or published work to another publisher.	
IX-27 Proprietary	Addiction Professionals who review material submitted for publication, research, or other scholarly purposes shall respect the confidentiality and proprietary rights of those who submitted it. Providers who serve as reviewers shall make every effort to only review materials that are within their scope of competency and to review materials without professional or personal bias.	

**MASSACHUSETTS BOARD OF
SUBSTANCE ABUSE COUNSELOR CERTIFICATION**

560 LINCOLN STREET
P.O. BOX 7070
WORCESTER, MA 01605
(508) 842-8707

CADC APPLICATION INSTRUCTIONS

Enclosed are the instructions for completing the Application Packet. Please make note of the following:

*With regard to **Work Experience**, applicants must provide an official agency job description, signed by the clinical supervisor of record, for each separate work entry.*

*With regard to the **Education Requirement**, applicants must provide an official course description for all academic courses, as well as training description for any workshops, seminars, etc., which are being submitted for consideration. This is in addition to transcripts and Certificates of Attendance which must be furnished for documentation purposes. Please remember that all Certificates of Attendance must have the participant's name officially recorded on the certificate by an agent of the sponsoring agency. **Certificates where the applicant has filled in his/her own name will not be accepted.***

Application for Certification may be made once all of the requirements have been met. Approved applicants must take and pass the IC&RC International Certification Exam.

IMPORTANT - TO ALL CERTIFICATION APPLICANTS

1. *The eligibility requirements for Certification must be completed before applying for Certification.*
2. *The Certification is a two-step process. The first step is the Application Review. It must be documented via the application materials that all of the requirements have been satisfied. CADC approved applicants will be assigned to take the IC&RC ADC International Certification Examination. Provided a passing score is achieved on the exam and the final processing fee is paid, Certification at the CADC level will be issued.*

Certification is valid for two years, after which the counselor may renew Certification following the policies and procedures for Recertification.

3. *The fees for the Certification process are as follows:*

\$125.00 - Application Review Fee - this fee must be mailed in with your completed application.

\$300.00 - Exam Fee - to be paid upon notification.

\$ 60.00 - Certification Fee - to be paid prior to the issuance of the Certification Certificate.

*Fees are subject to change without notice. If a significant amount of time has elapsed from the time you receive the application packet to the time you must submit a fee, contact the Certification Office to be sure that the fee has not changed. Sending in the wrong fee amount with your application can cause serious delays. Checks or money orders should be made payable to **MCVCAC**. There is a \$20.00 charge for any check returned for insufficient funds. All fees are non-refundable.*

If you have any questions regarding the Application Forms or the process for Certification, please feel free to contact the Certification Office at (508) 842-8707.

INSTRUCTIONS FOR COMPLETING APPLICATION PACKET

GENERAL INFORMATION

Individuals must meet all requirement regarding experience, education/training, and supervised practical training at the time of initial application. No one will be allowed to complete these requirements during the application process. You have one year from the time you apply in which to complete the certification process.

All applicants for Certification must live and/or work in the state of Massachusetts a minimum of 51% of the time.

All materials submitted to MBSACC as part of the application (and throughout the Certification process) are considered to be the property of MBSACC. Said materials include (but are not limited to) the application portfolio, any evaluations, any supporting documentation (such as certificates of attendance and transcripts), and test results. The applicant waives all rights to the application (or any part thereof) once it has been submitted; the applicant may not request return of the application (or any part thereof), even if the application has been declined.

*Please type or print (**legibly**) except where signatures are required.*

Please do not place application materials in binders, report covers, etc. You may use a paper clip to keep materials together if you wish.

*MBSACC will not accept Supervisory Evaluation Forms which have been sent in by the applicant with the application submittal. Supervisory Evaluation Forms **must** be returned directly to MBSACC by the Supervisor.*

APPLICATION FORM

Front Cover - be sure to print your name where indicated.

Please do not write anything in the area designated as "For Office Use Only."

Pages 2 & 3 APPLICANT INFORMATION

Information on these pages is mandatory except where specifically indicated. Do not omit area codes or zip codes where requested. Under special accommodations, if you check "yes" an Examinee Request for Reasonable Accommodations Form will be sent to you. This form must be completed and returned to MBSACC a minimum of 90 days prior to the exam.

INSTRUCTIONS (CONTINUED)

Page 4 AUTHORIZATION AND RELEASE FORM

Read this form carefully. Your application will not be processed unless this form has been signed, dated and witnessed.

Page 5 PROFESSIONAL CODE OF ETHICS/CONDUCT

*Your application will not be considered complete without your printed name, signature, and date in **both** places at the bottom of this page.*

Pages 6 & 7 WORK EXPERIENCE

This part of the application pertains to your work history in the field of alcohol and drug abuse treatment. If more than one job title has been held within a given organization, list each job title as an individual position. Begin by listing the most recent position first. If you require additional blank entry space in which to list positions you've held, photocopy page 7(seven).

List the number of years and months in full-time and part-time experience in direct alcohol and other drug abuse counseling.

*An official agency job description must be included for each separate position listed. The job description must be signed and dated by the applicant **and** the applicant's clinical supervisor.*

Pages 8 & 9 EDUCATION RÉSUMÉ

In the spaces provided, list each separate course, workshop, and other formal training which you are submitting to satisfy the education requirement. If you require additional blank space in which to list your training/education, photocopy page 9 (nine).

*You must provide Certificates of Attendance with documentation of training hours for workshops, seminars, conferences, etc. **Each Certificate of Attendance must have the applicant's name officially recorded on it by an agent of the sponsoring agency.** If the Certificate of Attendance has no name recorded on it, or if the name is hand-printed, it will **not** be accepted unless an agent of the sponsoring agency prints his/her full name **and** the date in parentheses **beside** the participant's name. For college courses you must provide an official transcript.*

*In this section, **do not** include Supervised Practical Training, (i.e., Internships, Practicum). A separate form has been provided for those listings.*

INSTRUCTIONS (CONTINUED)

Page 10 SUPERVISION

On these pages, document time spent in supervision, not time spent performing the function.

If Supervision was completed under more than one supervisor or at more than one agency, please be sure to make copies of these pages to give to other clinical supervisors.

BASIC EDUCATION DOCUMENTATION:

*All applicants are required to provide a copy of **either** their High School Diploma **or** their GED with their application. If an applicant has continued education, an official transcript from an accredited college or university may be submitted in lieu of the copy of the diploma or GED.*

CLINICAL SUPERVISOR EVALUATION FORM

In order to fully document all of your work experience, more than one supervisor may be required to complete an evaluation form; if this is the case, you should photocopy the evaluation form while it is blank. Any supervisor who completes an evaluation form must have provided direct clinical supervision to the applicant for a minimum of six (6) months.

Before providing the evaluation form to the supervisor you must complete the information requested in the box on the front cover, and affix your signature in all places where required. It is essential to remember to advise the Supervisor of any deadline date by which the evaluation form must be postmarked.

*The form must be returned **to the Certification Office directly by the supervisor**, postmarked no later than the application deadline date.*

*Under no circumstances is the applicant allowed to complete any portion of the Clinical Supervisor Evaluation Form, with the exception of the box marked **TO BE COMPLETED BY APPLICANT** on the front cover of the form. To do so would result in an automatic denial of the application and could constitute an ethical violation which could jeopardize any future application. The supervisor must complete the entire evaluation form.*

**REMEMBER TO ENCLOSE YOUR REVIEW FEE (\$125.00)
MADE PAYABLE TO MCVAC.
YOUR APPLICATION WILL NOT BE COMPLETE WITHOUT IT.**

**THE MASSACHUSETTS BOARD OF
SUBSTANCE ABUSE COUNSELOR CERTIFICATION**

560 Lincoln Street
P.O. Box 7070
Worcester, MA 01605
(508) 842-8707

CADC CERTIFICATION REQUIREMENTS

The attached is information pertaining to the **CERTIFIED ALCOHOL & DRUG ABUSE COUNSELOR (CADC)**. Please pay particular attention to the attached Continuing Education Credit Guidelines. Once an applicant can meet all of the requirements, application for CADC Certification can be made. Applicants may download the CADC Certification Application, the Clinical Supervisor Evaluation Form, and the corresponding CADC Certification Application Instructions. Approved CADC applicants must take and pass the IC&RC International Certification Examination.

TESTING:

All applicants for CADC Certification must take and pass the IC&RC International Examination for Alcohol & Drug Counselors (ADC). Testing will be computer-based.

Once an application is reviewed and approved, the applicant will be sent a Certification Test Reservation Form, which must be completed and returned to the Certification Office along with the test fee (\$300.00). The information supplied on the reservation form by the applicant will be provided to the testing company (SMT). The testing company will notify the applicant **via email** of the instructions for taking the computer-based test along with information on the locations of testing centers. The applicant will have six months from notification by the testing company in which to schedule and take the exam at a testing center. Failure to appear at the scheduled testing will result in the forfeiture of the test fee. The testing company will provide additional information on cancellation policies.

Test results will be provided to the applicant via email by the testing company. If an applicant fails the exam, s/he will have to wait for a period of 90 days before re-scheduling an exam.

The supervisor(s) who will be completing the Work Verification Form(s) must be made aware that they must mail the form(s) directly back to MBSACC. Any verification form that is submitted to us by the applicant with the application will render the application void. The verification form(s) must be returned to us directly by the supervisor.

IMPORTANT: DO NOT send anything to the letterhead address via a delivery service such as UPS or FedEx, etc., to meet a deadline date, or for any other reason. Delivery services such as these cannot deliver to a post office box at a postal station. Doing so will only cause a delay in the receipt of your submittal. The best method of mailing submittals is through the United States Postal Service.

MBSACC will not be responsible for any information regarding certification that you obtain outside this office. If you have any questions, please call the Certification Office at (508) 842-8707.

CONTINUING EDUCATION CREDIT GUIDELINES

The alcohol/drug specific education and the ethics training must have been completed within the past ten (10) years. For trainings and non-credit courses in the categories of counseling techniques and behavioral sciences, the applicant may go back as much as twenty (20) years. For academic (credit-bearing) courses in counseling techniques and behavioral sciences there is no time limit provided a grade of C (or higher) was received.

In addition to transcripts, the applicant may be asked to provide an official course description for all academic courses which are being submitted for consideration. Transcripts must be official; transcripts downloaded from the internet will not be accepted.

For initial Certification, MBSACC limits Distance Learning (i.e., online courses/programs or correspondence/home study courses) to no more than 30% of the total number of education hours required. Distance Learning accrued prior to January 1, 2017 is not admissible. MBSACC does not accept academic credit which is awarded for:

- 1) "prior learning experience,"
- 2) courses certified by use of a challenge examination,
- 3) courses for auditing purposes, or
- 4) courses of independent study/research.

Academic courses must be alcohol/drug specific or counseling techniques specific to the category requirements as delineated in the certification criteria. No partial credit is given. Also, no credit is given for term and/or research papers.

MBSACC allows 15 hours per academic credit (that is, 45 hours per 3-credit course) for academic courses specific to the certification education requirements. For graded courses, a grade of C (or higher) must be received in order to be admissible for Certification.

Documentation for workshops, conferences, etc. must be provided or the training will not be considered. The participant's name must be officially recorded on the certificate by the sponsoring agency. The participant may **not** affix his/her own name to any certificate, either by hand or by typing. Only an authorized agent of the sponsor of the training may fill in the participant's name by hand, and then only by printing his/her own name (initials will not suffice) **and** the date in parentheses **beside** the participant's name. The offering title, specific dates attended, the location of the training, and the number of approved training hours must appear on the certificate as well. Brochures, registration forms, canceled checks, sign-in sheets, etc. do **not** constitute proper documentation.

For programs that have not received official MBSACC approval, the following information must be provided:

- * training description
- * name and credentials of instructor(s)
- * location of training
- * sponsor(s) of training
- * program agenda, complete with beginning and ending times for each training segment

Continuing education hours exclude non-program time such as registration, coffee breaks, meals, etc. The minimum acceptable unit of credit for any single training experience is one clock hour (i.e., one clock hour = 60 minutes). Please be advised that MBSACC is under no obligation to accept training hours approved by other organizations.

Continuing education credit is not admissible in the following situations: where the applicant has provided the training and/or teaching; in-service or on-the-job training; hours accrued by taking exam preparation workshops or trainings. There may be other items that are not admissible which are not specifically listed here. If you have a specific instance which is not addressed in these guidelines, do not assume its acceptability. You should contact the Certification Office at the letterhead phone number to see if it is admissible.

IMPORTANT - TO ALL CERTIFICATION APPLICANTS

1. The **51% Rule** states that a candidate must be working and/or living in this state at least 51% of their time when application for Certification is made.
2. The eligibility requirements for Certification must be completed before applying for Certification. Please refer to "Continuing Education Credit Guidelines" in this packet.
3. Applications must include all supporting documentation **and** the review fee or it will be considered incomplete.
4. If a Certification Application is denied, the applicant may appeal the decision, but it must be done in writing within thirty (30) days of notification that the application was denied.
5. All applicants must sign an Authorization and Release Form.
6. All applicants must sign a Professional Code of Ethics attesting to their agreement to adhere to same. Any individual who feels that they have the basis for a meritorious complaint should contact the MBSACC Certification Office to obtain detailed information regarding the Grievance/ Complaint Process.

FEE SCHEDULE

The fees for the Certification process are as follows:

- \$125.00 - Application Review Fee - this fee **must** mailed in with your Certification Application.
- \$300.00 - Exam Fee – to be paid upon notification.
- \$ 60.00 - Certification Fee – to be paid prior to the issuance of the Certification certificate.

All fees are **non-refundable** and are subject to change without notice. Sending in the wrong fee with your submittal can cause serious delays. MBSACC charges a \$20.00 fee for checks returned to us (for **any** reason) by our bank.

CHECKS OR MONEY ORDERS SHOULD BE MADE PAYABLE TO MCVCAC.

REQUIREMENTS FOR CADC

In order to qualify for the Certified Alcohol/Drug Abuse Counselor (CADC) level, a counselor must meet the following criteria:

A. WORK EXPERIENCE

In order to meet the work experience requirement, the applicant must document 6,000 hours (equal to 3 years full time) providing alcohol/drug counseling services under clinical supervision. Supervised work experience may be paid or voluntary experience. The counselor must carry a client case load and provide the full-range of direct counseling services to clients with a diagnosis of alcohol and/or other drug abuse or dependency. A minimum of six (6) months of the total experience must be acquired in one facility, under one supervisor.

Practicum experience, in order to be considered eligible for the experience requirement, must be of such nature that the counselor have his/her own clients and case load and be responsible for maintenance of case records. No more than 1,000 hours of practicum/internship experience can be used to meet the work experience requirement.

NOTE: For the CADC, counselors with an Associate's Degree in the behavioral sciences area may waive 1,000 hours of the required 6,000 hours of the field experience. Those with a Bachelor's Degree in the behavioral sciences area may waive 2,000 hours. Counselors with a Master's Degree (or higher) in **Counseling (or a closely related field) may waive 4,000 hours. Eligibility to waive hours must be documented by providing an **official** transcript from a regionally-accredited college or university within the United States, or colleges and universities outside of the United States deemed equivalent by MBSACC, as evidence of the degree.**

B. EDUCATION

The education requirement is documentation of 270 clock hours of continuing education specifically related to the knowledge and skills necessary to perform the tasks within the following IC&RC performance domains for alcohol & other drug abuse: 1) Screening, Assessment, and Engagement; 2) Treatment Planning, Collaboration, and Referral; 3) Counseling; 4) Professional and Ethical Responsibilities. The 270 hours must be comprised of a minimum of 110 hours of alcohol/drug specific studies, 110 hours of counseling techniques, and 6 hours of ethics training related to the substance abuse field. The remaining hours can fall within the behavioral sciences area.

(NOTE: Practicums/Field Placements are not considered in meeting the Education requirement; however, they will be considered under the sections of Experience and Supervision.)

B. EDUCATION (Cont'd)

The alcohol/drug specific training/education and the ethics training must have been completed within the past ten (10) years. For trainings and non-credit courses in the categories of counseling techniques and behavioral sciences, the applicant may go back as much as twenty (20) years. For academic (credit-bearing) courses in counseling techniques and behavioral sciences there is no time limit provided a grade of C (or higher) was received.

NOTE: See Continuing Education Credit Guidelines for specific criteria regarding documentation of education/training.

C. SUPERVISION

*The applicant must submit documentation of supervision specific to the following domains, **with a minimum of ten (10) hours in each domain.** The Domains are: 1.) Screening, Assessment, and Engagement; 2.) Treatment Planning, Collaboration, and Referral; 3.) Counseling; 4.) Professional and Ethical Responsibilities. TAP 21 Competencies and the 12 Core Functions are contained within the Domains.*

The supervision required will be tiered based on the applicant's highest level of education as follows:

300 hours of supervision with a high school diploma or GED

250 hours of supervision with an Associate's Degree in the Behavioral Sciences Field

200 hours of supervision with a Bachelor's Degree in the Behavioral Sciences Field

100 hours of supervision with a Master's (or higher) Degree in Counseling or a closely related field

*This section requires documentation of the time spent in face-to-face supervision, **not the time spent performing the function.** Individual, group/team supervision and formal case presentations all apply.*

D. INTERNATIONAL ADC EXAMINATION

The applicant must pass the IC&RC's International Certification Examination for Alcohol and Other Drug Abuse Counselors. More specific information is provided as the applicant continues with the Certification process.

E. RECERTIFICATION

Recertification consists of 40 hours of continuing education accrued every two years. Detailed Recertification information is provided to each individual who attains Certification.

**THE MASSACHUSETTS BOARD OF
SUBSTANCE ABUSE COUNSELOR CERTIFICATION INC.**

RECERTIFICATION POLICY

APPLICATION PROCEDURE

Although the Massachusetts Certification Board regularly distributes Recertification materials to eligible counselors as a courtesy, it is the responsibility of the counselor to make timely application for Recertification. Please keep in mind that we cannot provide you with this courtesy reminder if we are not kept informed of home address changes and employment changes as well.

Applications for Recertification must include the following:

- 1. Completion of the "Recertification Filing Form." Only MBSACC filing forms may be used (no other forms or format acceptable). This form must be signed and dated and must be included with the Recertification documentation.*
- 2. Submission of at least 40 CEUs (accrued during the 2-year certification period) of properly documented, non-repetitive continuing education, training, or academic work, specific to the following areas: 1) Alcohol & Other Drugs, 2) Other Addictions, 3) Counseling Techniques/Theory, and 4) Behavioral Sciences.*
- 3. Submission of the Recertification fee and any late penalty fees (if applicable).*
- 4. Submission of the Certificate Form. This is the form which must be completed for our printer to properly facilitate the printing of a renewal certificate.*

LATE FILING POLICY

Certifications are considered to be lapsed if the application for recertification has not been postmarked by the expiration date. The following is the recertification policy with regard to late filing:

- 1. The forty (40) hours of continuing education/training must have been completed within the designated two-year Certification period. All documentation must be provided. Only proper and appropriate documentation will be accepted.*
- 2. The Recertification fee (\$100.00) must be submitted.*
- 3. Payment of a late filing fee must also be submitted. The late fee is assessed at ten dollars (\$10.00) per month for each month (or any portion of a month) beyond the expiration date up to forty-eight months.*

Please Note: *No Recertification submitted beyond the 48-month duration will be considered. The applicant would have no other recourse but to begin the Certification process anew, and no exceptions will be made.*

APPLICATION FOR RECERTIFICATION EXTENSION

Applications for Recertification extension should be obtained from the Certification Office and must be submitted on or before the date of expiration of the current Recertification period. A twenty-five dollar (\$25.00) non-refundable extension fee is charged for extensions due to medical reasons and a fifty dollar (\$50.00) non-refundable application fee is charged for all other extensions. The extension fee must accompany the extension application. Individuals will be required to: 1) list and document all CEU's accrued to date; 2) provide a reason, in writing, for requesting an extension; and 3) include supportive documentation for any medical situation described.

CONTINUING EDUCATION

A Certified Counselor must obtain 40 clock hours of continuing education credit during the two-year Certification period to qualify for Recertification. The amount of training hours obtained from one trainer that a counselor can submit for Recertification is limited to twenty hours. This does not apply to courses for academic credit or to recognized academic institutes/training organizations since there are already multiple instructors.

The required 40 clock hours may be obtained in the following categories:

Category A - Courses, Workshops, Seminars

A minimum of 20 clock hours must be obtained in Category A. The remaining 20 clock hours may be obtained in any combination of categories. If desired, all 40 hours may be obtained in Category A.

Category A clock hours must be obtained through pertinent academic courses, workshops and/or seminars in the areas specified above and should not be confused with any of the following categories.

Category B - In-Service Training

A maximum of 14 clock hours may be submitted in this category. MBSACC defines in-service training as training limited to the staff within a facility or agency and conducted by a staff member. If the agency contracts with an outside trainer/consultant, the training hours can be considered under Category A.

The definition as stated excludes general staff meetings, case conferences or presentations, peer supervision or staff rounds as examples of in-service training. On-the-job Training is not the same as in-service and is not acceptable under any circumstances. All in-service hours must be approved by MBSACC and must be specific to the Alcohol/Drug (and other Addictions) Counseling field.

(Cont'd.)

Category B - In-Service Training (Cont'd.)

Each Certificate of Attendance for the in-service training should contain the following information:

- * Title/topic of training*
- * Location of training*
- * Name of instructor(s)*
- * Date of each separate training*
- * Number of training hours involved (if more than three hours in length, a scheduling agenda must be furnished)*

Category C - Teaching and/or Training

A maximum of 10 clock hours may be obtained in this category. The number of hours awarded to the Teacher/ Trainer will be equal to the number of hours spent in actual teaching/training time. Please make note of the following guidelines:

- a. All training must conform to the eligibility requirements for Certification and/or Recertification, and any teaching/training is only admissible once for credit.*
- b. Patient/client lectures and general public education lectures are not admissible for Recertification credit.*

Category D - CPR, First Aid, or EMT Trainings

A maximum of 4 clock hours may be obtained in this category.

Category E - Professional Growth

A maximum of 10 clock hours may be obtained in this category. It shall include Management and Health & Administrative trainings.

Category F - Distance Learning

CEU'S for "Distance Learning" courses (i.e., home study courses, on-line courses, etc.) are limited to 20 hours per recertification period. The subject matter must be specific to addictions and/or counseling and must receive prior acceptance from MBSACC.

(Cont'd.)

Category G - Special Situations

Other types of education and training experiences: Certified Counselors may petition the Certification Board for official recognition of other valid types of educational and training experiences not included in the previously listed categories. Petitions must include the following:

- ❖ *descriptions of the program (one page)*
- ❖ *objectives and purpose*
- ❖ *length of program - scheduling agenda*
- ❖ *name and credentials of instructor(s)*
- ❖ *sponsors, location*

APPROPRIATE DOCUMENTATION

Appropriate documentation for workshops, conferences, etc., must be provided or the training will not be considered. The documentation of attendance must list the participant's name and exhibit the offering title, specific dates attended, location of the training, and the number of approved training hours. Brochures, registration forms, canceled checks, etc., do not constitute proper documentation.

PLEASE BE ADVISED: Certificates of Attendance which have not been officially filled in with the participant's name by the sponsoring agency are not accepted as proper documentation for Recertification. If your name is NOT officially recorded on the Certificate at the time it is handed out, require that an authorized person of the sponsoring agency fill in your name and affix his/her signature and date next to it. Do not write or type in your own name on the Certificate.

NON-APPROVED TRAININGS

MBSACC is under no obligation to accept CEU's for any training or workshop held in Massachusetts that has not been pre-approved by us. For trainings held outside this state, MBSACC will accept trainings that have been approved by another IC&RC certifying body as long as the training meets our Recertification criteria.

In submitting CEU's for trainings/workshops that have not been officially approved by MBSACC, the following information must be provided in order to be considered for Recertification:

- ❖ *proper documentation of attendance*
- ❖ *training description*
- ❖ *name and credentials of instructor(s)*
- ❖ *date(s) and location of training*
- ❖ *sponsor(s) of training*
- ❖ *training agenda, complete with beginning and ending times for each training segment*

Continuing education hours exclude non-program time such as registration, coffee breaks, meals, social hours, etc.

CONTINUING EDUCATION CREDIT GUIDELINES

An applicant may be asked to provide an official course description for all academic courses which are being submitted for consideration.

Academic credit awarded for "prior learning experience," courses certified by use of a challenge examination, courses for audit, courses of independent study, or internships will not be considered as qualifying educational experience for purposes of Recertification. In addition, credit will not be allowed for submission of term and/or research papers.

MBSACC allows 15 hours per academic credit (that is, 45 hours per 3-credit course) for academic courses.

The minimum acceptable unit of credit for any single training experience is one clock hour (i.e., one clock hour = 60 minutes). Continuing education hours are not cumulative; therefore, no additional hours accrued during one recertification period can be carried over to the next recertification period.

If a counselor has any question as to the validity/acceptability of any training, he/she should obtain clarification from the Certification Office prior to attending the training.

**THE MASSACHUSETTS BOARD OF SUBSTANCE ABUSE
COUNSELOR CERTIFICATION, INC.**

MBSACC

REGISTRATION APPLICATION

APPLICATIONS MUST BE SUBMITTED ON ORIGINAL FORMS ONLY

(PLEASE PRINT CLEARLY)

NAME: _____
LAST FIRST MIDDLE INITIAL

ADDRESS: _____
NUMBER & STREET OR P.O. BOX

CITY STATE ZIP

S.S. #: _____ DOB: _____ / _____ / _____
(For Identification Purposes) (Must be 18 or older to apply) MALE FEMALE
(Please Circle Gender)

CONTACT NUMBERS

HOME

CELL

WORK

() _____
Area Code

() _____
Area Code

() _____
Area Code Ext.

DUE TO PHYSICAL LIMITATIONS, SPECIAL ACCOMMODATIONS WILL BE REQUIRED IN ORDER FOR ME TO TAKE THE WRITTEN CERTIFICATION EXAM: ☐ YES ☐ NO

(IF YOU CHECK "YES," AN EXAMINEE REQUEST FOR REASONABLE ACCOMMODATIONS FORM WILL BE SENT TO YOU BY THE CERTIFICATION OFFICE WHICH YOU MUST COMPLETE AND RETURN TO US. THE COMPLETED FORM MUST BE SUBMITTED A MINIMUM OF NINETY (90) DAYS PRIOR TO THE EXAM FOR WHICH YOU ARE APPLYING.)

DO NOT WRITE IN AREA BELOW - FOR OFFICE USE ONLY

DATE REC'D. _____ CHECK # _____ CHECK AMNT _____ CHECK DATE _____

GRP. # _____ APPV'D.? Y / H / N NOTICE SENT DATE _____

DETAIL IF "H" OR "N" _____

FINAL APPVL. Y / N FINAL NOTICE SENT _____

PERSONAL DATA FORM

The information requested in this box is for demographic purposes. If we were to provide demographic information to outside agents/agencies, we would never connect that information with any applicant's name or other identifying information, so that the information you provide about yourself remains secure.

Date of Birth: ____ / ____ / ____
MM DD YY

☐ African American/Black

☐ Caucasian

☐ Native American

☐ Asian

☐ Hispanic/Latino

☐ Other _____
(PLEASE SPECIFY)

Are you now, or have you ever been, in recovery from alcohol or other drug abuse? ☐ YES ☐ NO

THE FOLLOWING INFORMATION IS **REQUIRED** AND **MUST** BE COMPLETED

Have you ever been convicted of a felony? ☐ YES ☐ NO

(If you check YES, you must provide a brief description of the circumstances surrounding the felony and the results thereof on a separate sheet of paper.)

NOTE You are not required to furnish information for any offense committed prior to your 17th birthday or for a first conviction for any of the following misdemeanors: drunkenness, simple assault, speeding, minor traffic violations, affray or disturbance of the peace, or for a conviction of a misdemeanor where the date of such conviction or the completion of any period of incarceration resulting therefrom (whichever is later) occurred five or more years prior to the date of application, unless you have been convicted of any other offense within five years immediately preceding the date of this application.

EDUCATION

I HAVE EARNED MY: ☐ HIGH SCHOOL DIPLOMA ☐ GED

LIST YOUR FORMAL EDUCATION (BEGINNING WITH THE MOST RECENTLY COMPLETED) -

INSTITUTION	DATES ATTENDED	DEGREE EARNED

PLEASE READ THE FOLLOWING BEFORE SIGNING

BY AFFIXING MY SIGNATURE BELOW, I AFFIRM THAT THE INFORMATION I HAVE PROVIDED IN THIS APPLICATION IS TRUE, COMPLETE, AND CORRECT TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT FALSE STATEMENTS OR SIGNIFICANT OMISSIONS MADE BY ME HEREIN SHALL BE SUFFICIENT CAUSE FOR THE REJECTION OF THIS APPLICATION.

APPLICANT'S NAME (PLEASE PRINT HERE)

APPLICANT'S SIGNATURE

DATE

EDUCATION RESUME

(THIS SECTION MAY BE PHOTOCOPIED IF ADDITIONAL ENTRY SPACE IS REQUIRED.)

Each training event listed must be accompanied by appropriate documentation (i.e., transcript, Certificate of Attendance, etc.).

Please refer to the Information Packet under the level of Certification for which you are applying to obtain the number of hours required for that level in each of the categories listed below.

CATEGORY I - Alcohol/Drug Specific Studies (AD)

CATEGORY II - Counseling Techniques (CT)

CATEGORY III - Behavioral Sciences (BS)

CATEGORY IV - Ethics Training (ET)

TITLE OF COURSE OR PROGRAM	DATE	INSTITUTION OR INDIVIDUAL OFFERING THE TRAINING	NUMBER OF TRAINING HOURS (OR CREDITS)	CATEGORY HOURS
				Category I ____hrs. Category II ____hrs. Category III ____hrs. Category IV ____hrs.

Briefly describe the objectives and content of this training -

TITLE OF COURSE OR PROGRAM	DATE	INSTITUTION OR INDIVIDUAL OFFERING THE TRAINING	NUMBER OF TRAINING HOURS (OR CREDITS)	CATEGORY HOURS
				Category I ____hrs. Category II ____hrs. Category III ____hrs. Category IV ____hrs.

Briefly describe the objectives and content of this training.

TITLE OF COURSE OR PROGRAM	DATE	INSTITUTION OR INDIVIDUAL OFFERING THE TRAINING	NUMBER OF TRAINING HOURS (OR CREDITS)	CATEGORY HOURS
				Category I ____ hrs. Category II ____ hrs. Category III ____ hrs. Category IV ____ hrs.

Briefly describe the objectives and content of this training –

TITLE OF COURSE OR PROGRAM	DATE	INSTITUTION OR INDIVIDUAL OFFERING THE TRAINING	NUMBER OF TRAINING HOURS (OR CREDITS)	CATEGORY HOURS
				Category I ____ hrs. Category II ____ hrs. Category III ____ hrs. Category IV ____ hrs.

Briefly describe the objectives and content of this training –

TITLE OF COURSE OR PROGRAM	DATE	INSTITUTION OR INDIVIDUAL OFFERING THE TRAINING	NUMBER OF TRAINING HOURS (OR CREDITS)	CATEGORY HOURS
				Category I ____ hrs. Category II ____ hrs. Category III ____ hrs. Category IV ____ hrs.

Briefly describe the objectives and content of this training –

PROFESSIONAL CODE OF ETHICS

The Professional Code of Ethics applies equally to all certified counselors regardless of whether or not there is a previous history of personal use of alcohol or other drugs. The Massachusetts Board of Substance Abuse Counselor Certification believes that all people have rights and responsibilities through every stage of human development. The goal is for counselors to treat individuals with the dignity, honor, respect, and reverence entitled to them as human beings. We also believe that each client has the right to receive services which meet the highest professional standards and entitle human beings to the physical, social, psychological, spiritual, and emotional care to meet their human needs.

PROFESSIONAL CODE OF CONDUCT

- A. The counselor is dedicated to the concept that substance abuse is treatable and that all efforts with the substance abusing client should be directed toward the recovery of the client, as well as others who may be affected.*
- B. The counselor respects the client by maintaining an objective, non-possessive relationship at all times.*
- C. The counselor does not discriminate among clients, colleagues, or other professionals on the basis of race, religion, age, sex, sexual orientation, or national background; or engage in sexual harassment in any form.*
- D. The counselor respects the confidentiality of the clients. No records, materials, or communications concerning the client is released without an approved release of information signed by the client.*
- E. The counselor shall strive to improve institutional policies and management functions while, at the same time, respecting these existing policies.*
- F. The counselor assesses personal and vocational strengths and limitations, biases, and effectiveness and is willing to recognize when it is in the client's best interest to release the client to other professionals in the community.*
- G. The counselor does not work in isolation, but maintains inter-professional associations and develops inter-professional relationships for the purpose of clinical consultations and referrals.*
- H. The counselor is always cognizant of the mental and medical needs of the client served and refers to other specialized health care services for evaluations and treatment as necessary.*
- I. The counselor has affiliations with professional and inter-professional groups and organizations in the community.*
- J. The counselor does not offer specialized counseling services to an individual who is receiving counseling or therapy from another professional person, except by agreement with the other professional or after termination of the client's relationship with the other professional.*
- K. The counselor is careful in all publicity, public pronouncement, or publication to distinguish and differentiate between his/her private opinions and professional opinions.*
- L. The counselor takes responsibility for his/her continued professional growth through further education and training. He/she shall maintain a high level of physical, mental, and emotional well-being, including the responsible, appropriate, and legal use of alcohol and other drugs.*

*I have read and subscribe to the MBSACC
Professional Code of Ethics/Conduct.*

NAME (Please Print)

SIGNATURE

DATE

*I agree to surrender my Certification, if required,
for any violation of the Professional Code of
Ethics/Conduct.*

NAME (Please Print)

SIGNATURE

DATE

**MASSACHUSETTS BOARD OF SUBSTANCE ABUSE
COUNSELOR CERTIFICATION, INC.**

MBSACC

CADC CERTIFICATION APPLICATION FORM

APPLICANT'S NAME (Please Print)

HOME E-MAIL ADDRESS

WORK E-MAIL ADDRESS

FOR OFFICE USE ONLY - DO NOT WRITE IN AREA BELOW

DATE REC'D. _____ TO REVIEW _____ LEVEL APPV'D. _____

CHECK # _____ CHECK AMNT. _____ CHECK DATE _____

GRP. # _____ APPV'D. Y / N / H _____ NOTICE SENT _____

COMMENTS: _____

APPLICANT INFORMATION

Information in the following sections is mandatory except where specifically indicated

(Please Print Legibly)

NAME: _____
Last First Middle Initial

ADDRESS: _____
Number & Street or P.O. Box
City State Zip

S.S. #: _____ DOB: ____/____/____ GENDER: M F
For Identification Purposes Only (Must Be 18 Or Older To Apply) (Please Circle Gender)

AGENCY: _____

AGENCY ADDRESS: _____
Number & Street or P.O. Box
City State Zip

CONTACT NUMBERS

HOME: () CELL: () WORK: ()
Area Code Area Code Area Code

EXAM INFORMATION

I WISH TO TAKE THE WRITTEN CERTIFICATION EXAM IN: ☐ ENGLISH ☐ SPANISH

DUE TO PHYSICAL LIMITATIONS, SPECIAL ACCOMMODATIONS WILL BE REQUIRED IN ORDER FOR ME TO TAKE THE WRITTEN EXAM: ☐ YES ☐ NO

NOTE IF YOU CHECK "YES," AN **EXAMINEE REQUEST FOR REASONABLE ACCOMMODATIONS FORM** WILL BE SENT TO YOU. THIS FORM MUST BE COMPLETED AND RETURNED TO THE CERTIFICATION OFFICE A MINIMUM OF 90 DAYS PRIOR TO THE EXAM.

APPLICANT INFORMATION

EDUCATION

I have earned my: ☐ High School Diploma or ☐ GED (Proof may be required)

List below all **completed** formal education for which you have received a Degree –

NAME & LOCATION (CITY & ST) OF COLLEGE/UNIVERSITY	DATES ATTENDED	DATE GRADUATED	DEGREE EARNED

Have you ever been convicted of a felony? ☐ Yes ☐ No

(If you checked "Yes," you must give a brief explanation of the nature of the felony and the results thereof on a separate sheet of paper and attach it to the application. This is **not** an optional step.)

NOTE: You are not required to furnish information for any offense committed prior to your 17th birthday or for a first conviction for any of the following misdemeanors: drunkenness, simple assault, speeding, minor traffic violations, affray or disturbance of the peace; or for a conviction of a misdemeanor where the date of such conviction or the completion of any period of incarceration resulting therefrom (whichever is later) occurred five or more years prior to the date of application, unless you have been convicted of any other offense within five years immediately preceding the date of this application.

The information requested in this box is supplied voluntarily and does not affect eligibility; it is used for demographic purposes only and will not be revealed to any outside agent/agency for any reason without your expressed written permission. This demographic information is important to us, however, and we appreciate your cooperation in providing it to us.

Are you now, or have you ever been, in recovery for alcohol and/or other drug abuse? ☐ Yes ☐ No

Please check the box that best describes your ethnic background:

- | | |
|---|---|
| <input type="checkbox"/> African American/Black | <input type="checkbox"/> Hispanic/Latino |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Native American |
| <input type="checkbox"/> Caucasian | <input type="checkbox"/> Other _____ (Please specify) |

The Clinical Supervisor Evaluation Forms will be completed by the following individuals:

NAME OF SUPERVISOR	AGENCY	SUPERVISOR'S JOB TITLE
--------------------	--------	------------------------

NAME OF SUPERVISOR	AGENCY	SUPERVISOR'S JOB TITLE
--------------------	--------	------------------------

NAME OF SUPERVISOR	AGENCY	SUPERVISOR'S JOB TITLE
--------------------	--------	------------------------

AUTHORIZATION & RELEASE FORM

I understand that Certification through MBSACC is an entirely voluntary process, and I agree to abide by its policies and procedures for as long as I hold Certification.

I hereby authorize MBSACC, its committees, and staff to make inquiry of any agency, facility, organization, or individual for any additional information that might be necessary to fully and properly evaluate my application for Certification and to investigate my background as it relates to statements contained in the application for counselor Certification.

I hereby authorize MBSACC, its committees, and staff to contact any of the supervisors listed in my application, and request that each of the contacted supervisors fully and frankly respond to all inquiries made by MBSACC regarding my application. I understand that evaluations of me which are submitted by supervisors and/or colleagues are confidential, and I hereby relinquish my right to view these evaluations.

I hereby release, and hold harmless, MBSACC, its Board of Directors, Officers, employees and examiners from any and all manner of suits, actions, claims, and judgments which might arise from such efforts to further document the statements and claims I have made in this application or in the processing or consideration of same.

I further agree to hold free/harmless MBSACC, its Board of Directors, Officers, employees and examiners from any civil liability for damages or complaints by reason of any action that is within the scope of the performance of their duties which they take in connection with this application and subsequent examinations and/or the failure of MBSACC to issue Certification to me

I acknowledge, understand, and agree that any falsification or misrepresentation of information by myself or others regarding my experience and/or qualifications will be sufficient reason for disapproval of my application or revocation of my Certification (if granted) at a later date.

Upon submittal of my application, I give permission to MBSACC, its committees, or representatives to contact and question, as necessary, any person, institution, or organization for any ethics or appeals investigation.

You must sign this form in the presence of a witness who is willing to attest to the fact that you signed in his/her presence. The witness must sign where designated. The witness may be anyone who is familiar with your signature.

APPLICANT NAME (Please print)

WITNESS NAME (Please print)

APPLICANT SIGNATURE

WITNESS SIGNATURE

DATE

DATE

PROFESSIONAL CODE OF ETHICS

The Professional Code of Ethics applies equally to all certified counselors regardless of whether or not there is a previous history of personal use of alcohol or other drugs. The Massachusetts Board of Substance Abuse Counselor Certification believes that all people have rights and responsibilities through every stage of human development. The goal is for counselors to treat individuals with the dignity, honor, respect, and reverence entitled to them as human beings. We also believe that each client has the right to receive services which meet the highest professional standards and entitle human beings to the physical, social, psychological, spiritual, and emotional care to meet their human needs.

PROFESSIONAL CODE OF CONDUCT

- A. The counselor is dedicated to the concept that substance abuse is treatable and that all efforts with the substance abusing client should be directed toward the recovery of the client, as well as others who may be affected.
- B. The counselor respects the client by maintaining an objective, non-possessive relationship at all times.
- C. The counselor does not discriminate among clients, colleagues, or other professionals on the basis of race, religion, age, sex, sexual orientation, or national background; or engage in sexual harassment in any form.
- D. The counselor respects the confidentiality of the clients. No records, materials, or communications concerning the client is released without an approved release of information signed by the client.
- E. The counselor shall strive to improve institutional policies and management functions while, at the same time, respecting these existing policies.
- F. The counselor assesses personal and vocational strengths and limitations, biases, and effectiveness and is willing to recognize when it is in the client's best interest to release the client to other professionals in the community.
- G. The counselor does not work in isolation, but maintains inter-professional associations and develops inter-professional relationships for the purpose of clinical consultations and referrals.
- H. The counselor is always cognizant of the mental and medical needs of the client served and refers to other specialized health care services for evaluations and treatment as necessary.
- I. The counselor has affiliations with professional and inter-professional groups and organizations in the community.
- J. The counselor does not offer specialized counseling services to an individual who is receiving counseling or therapy from another professional person, except by agreement with the other professional or after termination of the client's relationship with the other professional.
- K. The counselor is careful in all publicity, public pronouncement, or publication to distinguish and differentiate between his/her private opinions and professional opinions.
- L. The counselor takes responsibility for his/her continued professional growth through further education and training. He/she shall maintain a high level of physical, mental, and emotional well-being, including the responsible, appropriate, and legal use of alcohol and other drugs.

*I have read and subscribe to the MBSACC
Professional Code of Ethics/Conduct.*

NAME (Please Print)

SIGNATURE

DATE

*I agree to surrender my Certification, if required,
for any violation of the Professional Code of
Ethics/Conduct.*

NAME (Please Print)

SIGNATURE

DATE

WORK EXPERIENCE

NOTE: In this section, list **only** work experience related to substance abuse counseling. An official job description for this position must be attached. The job description must be signed and dated by both you and the supervisor of record. For any employment that you list, if that facility is not licensed as an alcohol/drug abuse facility, an agency brochure for that facility must be provided with this application.

AGENCY: _____

TYPE OF AGENCY/FACILITY: _____

AGENCY
ADDRESS: _____

CITY

STATE

ZIP

AGENCY
PHONE: (_____) _____
AREA CODE EXT.

APPLICANT'S
JOB TITLE: _____

SUPERVISOR'S
NAME: _____

SUPERVISOR'S
TITLE: _____

NUMBER OF FULL-TIME WORK HOURS WEEKLY: _____

DATES OF EMPLOYMENT:

FROM: _____ TO: _____
MM/YY MM/YY

NUMBER OF PART-TIME WORK HOURS WEEKLY: _____

DATES OF EMPLOYMENT:

FROM: _____ TO: _____
MM/YY MM/YY

NUMBER OF SUBSTANCE ABUSE COUNSELING HOURS PER WEEK SPENT IN THE FOLLOWING AREAS:

Do **not** include hours that are not specifically spent in counseling (i.e., staff meetings, report/record keeping, trainings, etc.) in the hours you list below

INDIVIDUAL COUNSELING _____ GROUP COUNSELING _____ FAMILY/SIGNIFICANT OTHER COUNSELING _____

TOTAL NUMBER OF HOURS WORKED IN THIS POSITION: (From start date to present) _____

PERCENTAGE OF TIME SPENT IN THE FOLLOWING CASELOAD AREAS:

PRIMARY DIAGNOSIS OF ALCOHOLISM/DRUG ABUSE _____%

PRIMARY DIAGNOSIS OF OTHER _____% (PLEASE SPECIFY) _____

SECONDARY DIAGNOSIS OF ALCOHOLISM/DRUG ABUSE _____%

In this space, please provide a description of your primary responsibilities as an alcohol/drug abuse counselor at the time of reported employment:

WORK EXPERIENCE

(THIS SECTION MAY BE PHOTOCOPIED IF ADDITIONAL ENTRY SPACE IS REQUIRED)

AGENCY: _____

TYPE OF AGENCY/FACILITY: _____

AGENCY
ADDRESS: _____

CITY

STATE

ZIP

AGENCY
PHONE: ()
AREA CODE EXT.

APPLICANT'S
JOB TITLE: _____

SUPERVISOR'S
NAME: _____

SUPERVISOR'S
TITLE: _____

NUMBER OF FULL-TIME WORK HOURS WEEKLY: _____

DATES OF EMPLOYMENT:

FROM: MM/YY TO: MM/YY

NUMBER OF PART-TIME WORK HOURS WEEKLY: _____

DATES OF EMPLOYMENT:

FROM: MM/YY TO: MM/YY

NUMBER OF SUBSTANCE ABUSE COUNSELING HOURS PER WEEK SPENT IN THE FOLLOWING AREAS:

Do **not** include hours that are not specifically spent in counseling (i.e., staff meetings, report/record keeping, trainings, etc.) in the hours you list below

INDIVIDUAL COUNSELING _____ GROUP COUNSELING _____ FAMILY/SIGNIFICANT OTHER COUNSELING _____

TOTAL NUMBER OF HOURS WORKED IN THIS POSITION: (From start date to present) _____

PERCENTAGE OF TIME SPENT IN THE FOLLOWING CASELOAD AREAS:

PRIMARY DIAGNOSIS OF ALCOHOLISM/DRUG ABUSE _____%

PRIMARY DIAGNOSIS OF OTHER _____% (PLEASE SPECIFY) _____

SECONDARY DIAGNOSIS OF ALCOHOLISM/DRUG ABUSE _____%

In this space, please provide a brief description of your primary responsibilities as an alcohol/drug abuse counselor at the time of reported employment.

EDUCATION RESUME

(THIS SECTION MAY BE PHOTOCOPIED IF ADDITIONAL ENTRY SPACE IS REQUIRED.)

Each training event listed must be accompanied by appropriate documentation (i.e., transcript, Certificate of Attendance, etc.).

Please refer to the Information Packet under the level of Certification for which you are applying to obtain the number of hours required for that level in each of the categories listed below.

CATEGORY I - Alcohol/Drug Specific Studies (AD)

CATEGORY II - Counseling Techniques (CT)

CATEGORY III - Behavioral Sciences (BS)

CATEGORY IV - Ethics Training (ET)

TITLE OF COURSE OR PROGRAM	DATE	INSTITUTION OR INDIVIDUAL OFFERING THE TRAINING	NUMBER OF TRAINING HOURS (OR CREDITS)	CATEGORY HOURS
				Category I ____ hrs. Category II ____ hrs. Category III ____ hrs. Category IV ____ hrs.

Briefly describe the objectives and content of this training -

TITLE OF COURSE OR PROGRAM	DATE	INSTITUTION OR INDIVIDUAL OFFERING THE TRAINING	NUMBER OF TRAINING HOURS (OR CREDITS)	CATEGORY HOURS
				Category I ____ hrs. Category II ____ hrs. Category III ____ hrs. Category IV ____ hrs.

Briefly describe the objectives and content of this training -

TITLE OF COURSE OR PROGRAM	DATE	INSTITUTION OR INDIVIDUAL OFFERING THE TRAINING	NUMBER OF TRAINING HOURS (OR CREDITS)	CATEGORY HOURS
				Category I ____ hrs. Category II ____ hrs. Category III ____ hrs. Category IV ____ hrs.

Briefly describe the objectives and content of this training –

TITLE OF COURSE OR PROGRAM	DATE	INSTITUTION OR INDIVIDUAL OFFERING THE TRAINING	NUMBER OF TRAINING HOURS (OR CREDITS)	CATEGORY HOURS
				Category I ____ hrs. Category II ____ hrs. Category III ____ hrs. Category IV ____ hrs.

Briefly describe the objectives and content of this training –

TITLE OF COURSE OR PROGRAM	DATE	INSTITUTION OR INDIVIDUAL OFFERING THE TRAINING	NUMBER OF TRAINING HOURS (OR CREDITS)	CATEGORY HOURS
				Category I ____ hrs. Category II ____ hrs. Category III ____ hrs. Category IV ____ hrs.

Briefly describe the objectives and content of this training –

SUPERVISION

APPLICANT'S NAME (Please Print)

SUPERVISOR'S NAME (Please Print)

Supervisor Directions -

Please complete this form indicating the applicant's on-the-job supervision in the Performance Domains. This form is not intended to document the total number of hours that the applicant has worked but rather the number of hours of on-the-job supervision that you have provided to the applicant. MBSACC considers supervision to be a formal, systematic process that focuses on skill development and integration of knowledge. The supervision must take place in a setting where substance abuse counseling is being provided. The supervision may be completed under more than one supervisor in the facility.

By signing your name on this form (below), you are verifying that you have provided to the applicant the supervision hours that you have listed next to each Performance Domain.

NOTE: A minimum of ten hours is required in each Performance Domain (#1 - #4) below.

The supervision required will be tiered based on the applicant's highest level of education as follows:

300 hours of supervision with a high school diploma or GED

250 hours of supervision with an Associate's Degree in the Behavioral Sciences Field

200 hours of supervision with a Bachelor's Degree in the Behavioral Sciences Field

100 hours of supervision with a Master's (or higher) Degree in Counseling (or a closely related field)

PERFORMANCE DOMAINS	# HOURS PROVIDED IN EACH DOMAIN
1. Screening, Assessment, and Engagement	
2. Treatment Planning, Collaboration, and Referral	
3. Counseling	
4. Professional and Ethical Responsibilities	

TOTAL # OF HOURS _____

NAME OF AGENCY WHERE SUPERVISION TOOK PLACE _____

I attest that the reported information above is, to the best of my knowledge, an accurate accounting of the supervision I have provided to this applicant.

SUPERVISOR'S NAME (Please PRINT)

DATE

SUPERVISOR'S SIGNATURE

**MASSACHUSETTS BOARD OF SUBSTANCE ABUSE
COUNSELOR CERTIFICATION, INC.**

MBSACC

CLINICAL SUPERVISOR EVALUATION FORM

CONFIDENTIAL

TO BE COMPLETED BY APPLICANT

APPLICANT'S NAME: _____ DATE: _____
(PLEASE PRINT)

I authorize the Massachusetts Board of Substance Abuse Counselor Certification to seek additional information about my work and counseling skills from the evaluator listed below.

PRINT NAME OF CLINICAL SUPERVISOR

APPLICANT'S SIGNATURE

I hereby waive my right to inspect this evaluation form and any subsequent information provided by the evaluator in connection with my application for Certification.

APPLICANT'S SIGNATURE

To the Clinical Supervisor:

The individual named above is applying to the Massachusetts Board of Substance Abuse Counselor Certification (MBSACC) for certification as a substance abuse counselor (CAC, CADC, or CADC-II). The information requested from you is an essential part of the Board's evaluation of the competence of this applicant, and this completed form must be on file before the application can be reviewed and processed.

*The Board believes that your evaluation from direct observation and supervision of the applicant's work will contribute to a more complete and accurate impression of the knowledge and skill of the applicant. The Board appreciates your accurate and truthful reporting. This form is considered by the Board to be **confidential**. As Supervisor, you may keep a photocopy of this evaluation for your files, but you must **not** provide a copy of this form, nor disclose its contents, to the applicant. You must mail it directly back to MBSACC. Failure to comply with this directive could void the entire application. MBSACC thanks you for your cooperation.*

**PLEASE MAIL THIS EVALUATION DIRECTLY TO MBSACC AT:
MBSACC, 560 Lincoln St., P.O. Box 7070, Worcester, MA 01605**

CLINICAL SUPERVISOR EVALUATION FORM**PART - A -**_____
SUPERVISOR'S NAME_____
SUPERVISOR'S JOB TITLE_____
CURRENT AGENCY NAME & ADDRESS() _____
AGENCY PHONE # (PLEASE INCLUDE AREA CODE)_____
HIGHEST DEGREE HELD_____
STATE LICENSE(S)/ CERTIFICATIONS HELD

RELATIONSHIP TO APPLICANT (PLEASE CHECK AS MANY AS APPLY):

☐ CONSULTANT☐ PAST SUPERVISOR☐ PRESENT SUPERVISOR☐ OTHER (PLEASE SPECIFY) __________
AGENCY WHERE SUPERVISION OCCURRED (PLEASE INCLUDE ADDRESS)WAS THIS AGENCY LICENSED? ☐ Y ☐ N AS A SUBSTANCE ABUSE TREATMENT AGENCY?: ☐ Y ☐ NIF NOT SUBSTANCE ABUSE TREATMENT, PLEASE SPECIFY (BELOW) TYPE OF LICENSED AGENCY:

YOUR POSITION AT TIME OF SUPERVISION_____
APPLICANT'S POSITION AT TIME OF SUPERVISION

SUPERVISION OF THE APPLICANT'S WORK OCCURRED:

FROM: _____ TO: _____
MONTH/YEAR MONTH/YEAR

NUMBER OF DIRECT (FACE-TO-FACE) SUPERVISED HOURS PER WEEK FOR PERIOD LISTED ABOVE: _____

AVERAGE NUMBER OF HOURS APPLICANT WORKED PER WEEK: _____

TOTAL NUMBER OF HOURS PER WEEK IN DIRECT CLIENT SUBSTANCE ABUSE COUNSELING: _____

DO NOT INCLUDE HOURS THAT ARE NOT SPECIFICALLY SPENT IN COUNSELING (I.E., STAFF MEETINGS, TRAININGS, ETC.)

WHAT IS/ WAS THE SIZE OF THE APPLICANT'S CASE LOAD? _____

AVERAGE NUMBER OF HOURS PER WEEK OF SUBSTANCE ABUSE COUNSELING PROVIDED
IN THE FOLLOWING AREAS:

INDIVIDUAL COUNSELING _____ GROUP COUNSELING _____ FAMILY/SIGNIFICANT OTHER COUNSELING _____

PERCENTAGE OF TIME SPENT IN THE FOLLOWING CASELOAD AREAS:

PRIMARY DIAGNOSIS OF ALCOHOLISM/DRUG ABUSE _____%

PRIMARY DIAGNOSIS OF OTHER _____% (PLEASE SPECIFY) _____

SECONDARY DIAGNOSIS OF ALCOHOLISM/DRUG ABUSE _____%

IN THE LINES BELOW, PLEASE PROVIDE A BRIEF DESCRIPTION OF THE APPLICANT'S PRIMARY JOB RESPONSIBILITIES AS AN ALCOHOL/DRUG ABUSE COUNSELOR AT THE TIME OF SUPERVISION:

DESCRIBE BELOW THE PROCEDURE USED IN SUPERVISION WITH THE APPLICANT. YOUR COMMENTS IN THIS PORTION ARE CONSIDERED **VERY** IMPORTANT. PLEASE COMPLETE THIS SECTION CAREFULLY.

PLEASE READ THE STATEMENTS BELOW WHICH DESCRIBE VARIOUS SKILLS NEEDED BY A SUBSTANCE ABUSE COUNSELOR. RATE THE APPLICANT'S ABILITY USING THE FOLLOWING SCALE, AND PLACE AN APPROPRIATE NUMBER VALUE ON THE BLANK TO THE RIGHT OF EACH STATEMENT.

SCORING SCALE:**0 = NO BASIS FOR JUDGEMENT****2 = NEEDS IMPROVEMENT****4 = ABOVE AVERAGE****1 = INADEQUATE****3 = COMPETENT****5 = OUTSTANDING****I. SCREENING -**

1. EVALUATE PSYCHOLOGICAL, SOCIAL, AND PHYSIOLOGICAL SIGNS AND SYMPTOMS OF ALCOHOL AND OTHER DRUG ABUSE. _____
2. DETERMINE THE CLIENT'S APPROPRIATENESS FOR ADMISSION OR REFERRAL. _____
3. DETERMINE THE CLIENT'S ELIGIBILITY FOR ADMISSION OR REFERRAL _____
4. IDENTIFY ANY COEXISTING CONDITIONS (I.E., MEDICAL, PSYCHIATRIC, PHYSICAL, ETC.) THAT INDICATE NEED FOR ADDITIONAL PROFESSIONAL ASSESSMENT AND/OTR SERVICES. _____
5. ADHERE TO APPLICABLE LAWS, REGULATIONS, AND AGENCY POLICIES GOVERNING ALCOHOL AND OTHER DRUG ABUSE SERVICES. _____

II. INTAKE -

1. COMPLETE REQUIRED DOCUMENTS FOR ADMISSION TO THE PROGRAM. _____
2. COMPLETE REQUIRED DOCUMENTS FOR PROGRAM ELIGIBILITY AND APPROPRIATENESS. _____
3. OBTAIN APPROPRIATELY SIGNED CONSENTS WHEN SOLICITING FROM OR PROVIDING INFORMATION TO OUTSIDE SOURCES IN ORDER TO PROTECT CLIENT CONFIDENTIALITY AND RIGHTS. _____

III. ORIENTATION -

1. PROVIDE AN OVERVIEW TO THE CLIENT BY DESCRIBING PROGRAM GOALS AND OBJECTIVES FOR CLIENT CARE. _____
2. PROVIDE AN OVERVIEW TO THE CLIENT BY DESCRIBING PROGRAM RULES AND CLIENT OBLIGATIONS AND RIGHTS. _____
3. PROVIDE AN OVERVIEW TO THE CLIENT OF PROGRAM OPERATIONS. _____

IV. ASSESSMENT -

1. GATHER RELEVANT HISTORY FROM THE CLIENT INCLUDING, BUT NOT LIMITED TO, ALCOHOL AND OTHER DRUG ABUSE USING APPROPRIATE INTERVIEW TECHNIQUES. _____
2. IDENTIFY METHODS AND PROCEDURES FOR OBTAINING CORROBORATIVE INFORMATION FROM SIGNIFICANT SOURCES REGARDING CLIENT'S ALCOHOL AND OTHER DRUG ABUSE AND PSYCHOLOGICAL HISTORY. _____
3. IDENTIFY APPROPRIATE ASSESSMENT TOOLS. _____
4. EXPLAIN TO THE CLIENT THE RATIONALE FOR THE USE OF ASSESSMENT TECHNIQUES IN ORDER TO FACILITATE UNDERSTANDING. _____
5. DEVELOP A DIAGNOSTIC EVALUATION OF THE CLIENT'S SUBSTANCE ABUSE AND ANY COEXISTING CONDITIONS BASED ON THE RESULTS OF ALL ASSESSMENTS IN ORDER TO PROVIDE AN INTEGRATED APPROACH TO TREATMENT PLANNING BASED ON THE CLIENT'S STRENGTHS, WEAKNESSES, AND IDENTIFIED PROBLEMS AND NEEDS. _____

V. TREATMENT PLANNING -

1. EXPLAIN ASSESSMENT RESULTS TO THE CLIENT IN AN UNDERSTANDABLE MANNER. _____
2. IDENTIFY AND RANK PROBLEMS BASED ON INDIVIDUAL CLIENT NEEDS IN THE WRITTEN TREATMENT PLAN. _____
3. FORMULATE AGREED-UPON IMMEDIATE AND LONG-TERM GOALS USING BEHAVIORAL TERMS IN THE WRITTEN TREATMENT PLAN. _____
4. IDENTIFY THE TREATMENT METHODS AND RESOURCES TO BE UTILIZED AS APPROPRIATE FOR THE INDIVIDUAL CLIENT. _____

VI. COUNSELING -

1. SELECT THE COUNSELING THEORY(IES) THAT APPLY(IES). _____
2. APPLY TECHNIQUES TO ASSIST THE CLIENT, GROUP, AND/OR FAMILY IN EXPLORING PROBLEMS. _____
3. APPLY TECHNIQUE(S) TO ASSIST THE CLIENT, GROUP, AND/OR FAMILY IN EXAMINING THE CLIENT'S BEHAVIOR, ATTITUDE, AND/OR FEELINGS IF APPROPRIATE IN THE TREATMENT SETTING. _____
4. INDIVIDUALIZE COUNSELING IN ACCORDANCE WITH CULTURAL, GENDER, AND LIFESTYLE DIFFERENCES. _____
5. INTERACT WITH THE CLIENT IN AN APPROPRIATE THERAPEUTIC MANNER. _____
6. ELICIT SOLUTIONS AND DECISIONS FROM THE CLIENT. _____

VII. CASE MANAGEMENT -

1. COORDINATE SERVICES FOR CLIENT CARE. _____
2. EXPLAIN THE RATIONALE OF CASE MANAGEMENT ACTIVITIES TO THE CLIENT. _____

VIII. CRISIS INTERVENTION -

1. RECOGNIZE THE ELEMENTS OF THE CLIENT CRISIS. _____
2. IMPLEMENT AN IMMEDIATE COURSE OF ACTION APPROPRIATE TO THE CLIENT. _____
3. ENHANCE OVERALL TREATMENT BY UTILIZING CRISIS EVENTS. _____

IX. CLIENT EDUCATION -

1. PRESENT RELEVANT ALCOHOL AND OTHER DRUG USE/ABUSE INFORMATION TO THE CLIENT THROUGH FORMAL AND/OR INFORMAL PROCESSES. _____
2. PRESENT INFORMATION ABOUT AVAILABLE ALCOHOL AND OTHER DRUG SERVICES AND RESOURCES. _____

X. REFERRAL -

1. IDENTIFY NEEDS AND/OR PROBLEMS THAT THE AGENCY AND/OR COUNSELOR CANNOT MEET. _____
2. EXPLAIN THE RATIONALE FOR THE REFERRAL TO THE CLIENT. _____
3. MATCH CLIENT NEEDS AND/OR PROBLEMS TO APPROPRIATE RESOURCES. _____
4. ADHERE TO APPLICABLE LAWS, REGULATIONS, AND AGENCY POLICIES COVERING PROCEDURES RELATED TO THE PROTECTION OF THE CLIENT'S CONFIDENTIALITY. _____
5. ASSIST THE CLIENT IN UTILIZING THE SUPPORT SYSTEMS AND COMMUNITY RESOURCES AVAILABLE. _____

XI. REPORT AND RECORD KEEPING -

1. PREPARE REPORTS AND RELEVANT RECORDS INTEGRATING AVAILABLE INFORMATION TO FACILITATE THE CONTINUUM OF CARE. _____
2. CHART ONGOING INFORMATION PERTAINING TO THE CLIENT. _____
3. UTILIZE RELEVANT INFORMATION FROM WRITTEN DOCUMENTS FOR CLIENT CARE. _____

XII. CONSULTATION WITH OTHER PROFESSIONALS -

1. RECOGNIZE ISSUES THAT ARE BEYOND THE COUNSELOR'S BASE OF KNOWLEDGE AND/OR SKILL.. _____
2. CONSULT WITH APPROPRIATE RESOURCES TO INSURE THE PROVISION OF EFFECTIVE TREATMENT SERVICES.. _____
3. ADHERE TO APPLICABLE LAWS, REGULATIONS, AND AGENCY POLICIES GOVERNING THE DISCLOSURE OF CLIENT IDENTIFYING DATA.. _____
4. EXPLAIN THE RATIONALE FOR THE CONSULTATION TO THE CLIENT. _____

CLINICAL SUPERVISOR EVALUATION FORM

PART - D -

PLEASE DESCRIBE ANY SPECIAL SKILLS OF THE COUNSELOR -

COMMENTS AND/OR ADDITIONAL INFORMATION YOU FEEL MAY BE PERTINENT -

I CERTIFY THAT I WAS EMPLOYED AS A SUPERVISOR OF THE APPLICANT NOTED BELOW BY THE AGENCY ALSO NOTED BELOW AND WAS, THEREFORE, IN A POSITION TO DIRECTLY OBSERVE THE APPLICANT'S WORK AT THAT AGENCY.

APPLICANT'S NAME (PLEASE PRINT)_____
AGENCY NAME (PLEASE PRINT)_____
SUPERVISOR'S NAME (PLEASE PRINT)_____
SUPERVISOR'S SIGNATURE_____
DATE

PLEASE CHECK THE STATEMENT BELOW THAT APPLIES (PLEASE CHECK ONLY **ONE** STATEMENT):

___ I RECOMMEND THIS APPLICANT FOR CERTIFICATION.

___ I HAVE SOME RESERVATIONS IN RECOMMENDING THIS APPLICANT.

___ I DO NOT RECOMMEND THIS APPLICANT FOR CERTIFICATION.

THE SUPERVISOR COMPLETING THIS EVALUATION MUST READ AND SIGN THE FOLLOWING STATEMENT:

I ATTEST THAT ALL OF THE INFORMATION THAT I HAVE PROVIDED IN THIS EVALUATION FORM IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.

SUPERVISOR'S NAME (PLEASE PRINT HERE)

SUPERVISOR'S SIGNATURE

SUPERVISOR'S JOB TITLE

DATE

THIS CLINICAL SUPERVISOR EVALUATION FORM IS CONFIDENTIAL.

THE APPLICANT HAS WAIVED HIS/HER RIGHT TO VIEW ITS CONTENTS.

THE SUPERVISOR MAY MAKE A PHOTOCOPY OF THIS FORM FOR HIS/HER RECORDS, BUT NO COPY MAY BE PROVIDED TO THE APPLICANT, NOR SHOULD THE APPLICANT BE ALLOWED TO VIEW ITS CONTENTS.

PLEASE COMPLETE AND SIGN THIS FORM, AND MAIL IT DIRECTLY BACK TO:

MBSACC
560 LINCOLN STREET
P.O. BOX 7070
WORCESTER, MA 01605

AN APPLICATION IS CONSIDERED INCOMPLETE WITHOUT THIS FORM, AND, IN MOST INSTANCES, MUST BE POSTMARKED BY A CERTAIN DEADLINE DATE. PLEASE CONFIRM WITH THE APPLICANT THE DEADLINE DATE BY WHICH THIS EVALUATION FORM MUST BE POSTMARKED, AND POSTMARK THIS FORM ON OR BEFORE THAT DATE. THANK YOU FOR YOUR COOPERATION.

**COMMONWEALTH OF MASSACHUSETTS
EXECUTIVE OFFICE OF HEALTH AND HUMAN
SERVICES**



**Department of Public Health
Bureau of Substance Abuse Service
Electronic Licensing System**

Counselor User Manual

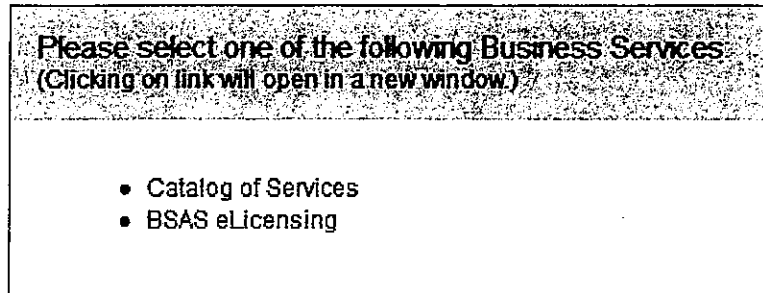
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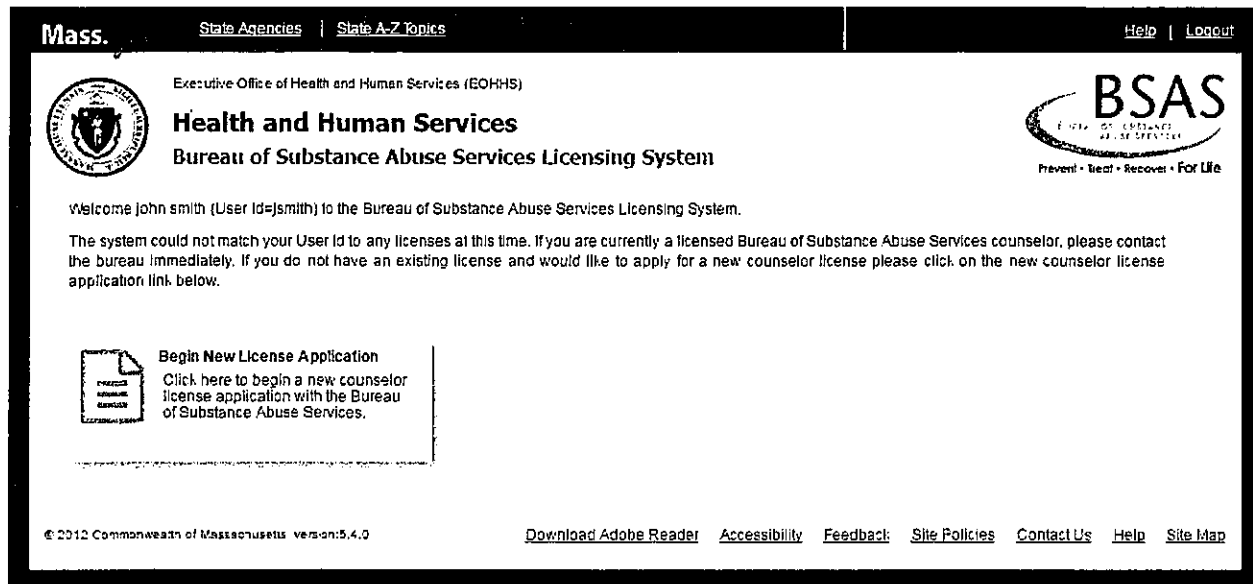
1. How to apply for a new LADC license

Log in to the Virtual Gateway. If you do not have an account, contact The Bureau of Substance Abuse Services at **617-624-5173** for instructions on how to create a Virtual Gateway account.

Click on the BSAS eLicensing Link as shown in the figure below.



The system will display the menu page shown in the figure below.




After reading the instructions, click on the New License Application link and the system will display the instructions page shown in the figure below.

Mass.

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Executive Office of Health and Human Services (EOHHS)

Health and Human Services

Bureau of Substance Abuse Services Licensing System



Instructions for Licensing of Alcohol and Drug Counselors

☐ Instructions

Instructions

Welcome to the BSAS eLicensing System. Alcohol and Drug Counselors and Assistant Licenses must be applied for and renewed in accordance with 105 CMR 168.000. Please review the following instructions before starting your application.

Important Points for All Applicants

- The system will automatically save your work when you click save and proceed.
- After you complete the application and click the submit button, the system will provide you with a confirmation that the application has been received and is in process.
- Supporting documents such as education certificates, examination results and evaluations must be uploaded or faxed following the submission of the online portion of the application. Fax and Uploading icons and instructions will be provided.
- Licensing payments can be made by clicking the pay button following the submission of your application.

Criminal Offender Record Information (CORI)

All applicants must have a CORI check as part of the application process. The CORI authorization form is now embedded in the eLicensing Application.

Examination

New Applicants must pass the ICRC examination. Exams are generally held twice a year, in December and June, and are administered by the ICRC approved Board in Massachusetts, The Massachusetts Board of Substance Abuse Counselor Certification. Please contact our office for exam registration deadlines which are generally 4 months prior to the next exam. To schedule an exam you must contact the MBSACC directly at 508-842-8707. The ICRC Exam Candidate Guide is available online at www.icrcaoda.org click on publications, then AODA to access the Guide.

Education Requirements

- New LADC I and II applicants must submit a total of 270 hours of approved education.
- New LADC Assistant applicants must submit a total of 50 hours of approved education.
- Renewal applicants must submit a total of 40 hours of continuing education, 50% of these may be completed on-line or through other home study programs. If you have not completed the required 40 hours you are not eligible for renewal. To request an extension please contact LADC Coordinator Ian Bain at Ian.Bain@state.ma.us

Written Evaluations

New applicants and upgrade applicants must provide three evaluations written by individuals with a minimum of six months of direct knowledge of the applicant's performance. One of the three evaluations must be written by your current or most recent supervisor. Each evaluation must indicate a minimum of the following:

- The name and position of the evaluator.
- The number of years the evaluator has worked in the field of substance abuse treatment.
- The relationship between the evaluator and the applicant.
- The length of time the evaluator has known or worked with the applicant.
- The evaluators' assessment of the applicant's substance abuse treatment skills.

Drivers License/Identification Documents

A copy of your drivers license, passport or other evidence of identity must be submitted with all new applications.

Questions

If you have questions regarding the process you may contact LADC Coordinator Ian Bain at Ian.Bain@state.ma.us

Proceed

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Read the instructions and click on the Proceed button. The system will display the License Type page shown in the figure below.


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Executive Office of Health and Human Services (EOHHS)
Health and Human Services
Bureau of Substance Abuse Services Licensing System



Instructions:

Please select the license type and residency status. Please note that non-residents must submit a current letter of good standing from their home state licensing authority and a copy of the regulations under which their license is issued.

☒ Instructions
☐ License Type

License Type and Residency Status

License Type

☒ **Licensed Alcohol and Drug Counselor I**

A person Licensed by the Department to conduct an independent practice of alcohol and drug counseling, and to provide supervision to other alcohol and drug counselors. A licensed alcohol and drug counselor I: shall have received a master's or doctoral degree in behavioral sciences, including a supervised counseling practicum which meets the requirement established by the Department or such equivalent educational credits as may be established by the Department; shall have at least three years of approved work experience; and shall have passed a licensing examination approved by the Department.

☐ **Licensed Alcohol and Drug Counselor II**

A person licensed by the Department to practice alcohol and drug counseling under clinical supervision. A licensed alcohol and drug counselor II: shall have completed an approved program of education, including a supervised counseling practicum which meets the requirement established by the Department; shall have at least three years of approved work experience; and shall have passed a licensing examination approved by the Department.

☐ **Licensed Alcohol and Drug Counselor Assistant**

A person licensed by the Department to provide recovery based services under direct clinical and administrative supervision. A licensed alcohol and drug counselor assistant shall meet the work experience and educational requirements established by the Department.

Residency Type

☒ **Massachusetts Resident**
☐ **Not a Massachusetts Resident**


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Save & Proceed

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Read the instructions and select the license Type and Residency Type. Click on the Save & Proceed button and the system will display the personal and workplace information page shown in the figure below.


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Executive Office of Health and Human Services (EOHHS)

Health and Human Services

Bureau of Substance Abuse Services Licensing System



BSAS
Bureau of Substance Abuse Services
Prevent • Treat • Recover • For Life

Instructions:

Please enter your personal information here, all fields marked with an asterisk (*) are required.

Please fill out the CORI Form information below to authorize the Department of Public Health, Bureau of Substance Abuse Services, Alcohol and Drug Counselor Licensing Unit to conduct a background check on your profile on the CORI system. All fields marked with an asterisk (*) are required.

You may save your work and continue the application at a later time by clicking the Save and Proceed button below. The application will store all the completed application pages and take the applicant to the last completed page the next time the user logs in.

☒ Instructions
☒ License Type
☐ Counselor Information

Counselor Information

New Application # 25966

Personal Information

First Name: *

Middle Name:

Last Name: *

Date of Birth (Ex 12/30/1975): *

National Provider Identifier (NPI):

Primary Residence ZIP Code: *

Social Security Number (Ex 111-22-3333): *

Pursuant to G.L. 47A, the Department of Public Health is required to obtain your social security number and forward it to the Department of Revenue (DOR). The DOR will use your social security number to determine compliance with the tax laws of the Commonwealth.

The Department of Public Health, Bureau of Substance Abuse Services, Alcohol and Drug Counselor Licensing Unit has been certified by the Criminal History Systems Board for access to conviction and pending criminal case data. As an applicant/employee for the position of Licensed Alcohol and Drug Counselor I, I, John Smith, understand that a criminal record check will be conducted for conviction and pending criminal case information only and that it will not necessarily disqualify me. The information below is correct to the best of my knowledge.

Maiden Name Or Alias (if applicable)

Place Of Birth: *

State driver's License No:

Mother's Maiden Name: *

Gender:

Height (Feet / Inches): *

Weight: *

Eye Color: *

Contact Information

Email: *

Re-enter Email: *

Mailing Address Line 1: *

Mailing Address Line 2:

City: *

State: *

ZIP Code: *

Phone (Ex 111-222-3333): *

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Read the instructions and enter the personal and contact information. Click on the Save & Proceed button and the system will display the Certification, Professional Licenses and Examination Information page shown in the figure below.

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BSAS-EXT-COUN-5.4.0

Mass.

[State Agencies](#)
[State A-Z Topics](#)

Executive Office of Health and Human Services (EOHHS)

Health and Human Services
 Bureau of Substance Abuse Services Licensing System

BSAS

Bureau of Substance Abuse Services

Prevent • Treat • Recover • For Life

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☒ Instructions
☒ License Type
☒ Counselor Information
☐ Licenses and Certifications

Instructions:

Please answer the following questions below asking about any licenses/registrations or certifications you currently hold in the field of Alcohol and Drug Counseling in the United States or any country or foreign state/jurisdiction. If you currently do hold license/registration or certifications, then additional fields will be made available so that you may enter in the information.

You may save your work and continue the application at a later time by clicking the Save and Proceed button below. The application will store all the completed application pages and take the applicant to the last completed page the next time the user logs in.

[New Application # 25866](#)

Certification, Professional Licenses and Examination Information

Do you hold a current, valid, certification from a recognized certifying body including: MBSACC, CEAP, CAC, NAADAC, ICRC? If yes, enter in your certification information below along with any additional certifications you hold in the field in the field of substance abuse services. At the end of the application process you will also have the ability to upload a copy of your certification(s).

Yes

Are you currently licensed as an alcohol and drug abuse counselor in another state? If Yes, please request a letter of good standing, not more than 90 days old, from your home state along with a copy of the state licensing regulations. You will have the ability to enter your alcohol and drug counselor licensing information below along with any additional licenses you hold in the related fields. At the end of the application process, you will have the ability to upload/fax these documents

Yes

Have you passed the International Certification Reciprocity Consortium (ICRC) examination? All initial license applicants must pass the ICRC examination, unless you answered "yes" to one of the questions above and are certified by a recognized certifying body or licensed by another state as an Alcohol and Drug Counselor and applying under reciprocity. At the end of the application process, you will have the ability to upload/fax your test scores.

Yes

Certifications You Hold in the Field of Substance Abuse Treatment Services

Type	Certifying Body	Certification Number	Expiration Date	Actions
Select Certification Type <input type="button" value="v"/>	Select Certifying Body <input type="button" value="v"/>			<input type="button" value="x"/>
Other <input type="button" value="v"/>	Other <input type="button" value="v"/>			<input type="button" value="x"/>

Licenses You Hold in the Field of Substance Abuse Treatment Services

Type	Issuing Location	License Number	Expiration Date	Actions
Select License Type <input type="button" value="v"/>	Select Issuing Location <input type="button" value="v"/>			<input type="button" value="x"/>
Other <input type="button" value="v"/>	Select Issuing Location <input type="button" value="v"/>			<input type="button" value="x"/>

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Read the instructions and answer the questions and enter the information for you licenses and certifications. Click on the Save & Proceed button and the system will display the Professional Disciplinary/Legal History Page shown in the figure below.

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Executive Office of Health and Human Services (EOHHS)

Health and Human Services

Bureau of Substance Abuse Services Licensing System



Instructions:

Please answer the disciplinary history questions below. If you answer yes to any of the questions, a narrative field will become available where you may provide details of the offense. Please include the following information: Date of the offense, Age at the time of the offense and seriousness and specific circumstances of the offense.

You may save your work and continue the application at a later time by clicking the Save and Proceed button below. The application will store all the completed application pages and take the applicant to the last completed page the next time the user logs in.

Disciplinary/Legal History

[New Application # 25986](#)

Has any disciplinary action been taken against you by a licensing or certification board located in the United States or any country or foreign jurisdiction?

Are you the subject of pending disciplinary action by a licensing or certification board located in the United States or any country or foreign jurisdiction?

Please provide details below:

File Edit Insert View Format Tools

Font Sizes B I U

- ☒ Instructions
- ☒ License Type
- ☒ Counselor Information
- ☒ Licenses and Certifications
- ☐ Disciplinary History

Have you voluntarily surrendered or resigned a professional license (does not include non renewal or expired licenses) to a licensing/certification board in the United States or any country or foreign jurisdiction?

Have you ever been denied a professional license in the United States or any country or foreign jurisdiction?

Have you ever been convicted of a felony or misdemeanor in the United States or any country or foreign jurisdiction, other than a minor traffic violation for which a fine of less than \$100.00 was assessed? If you answer yes, please provide the following details in the narrative field: date of the offense, age at the time of the offense, seriousness and specific circumstances of the offense and the relationship of the criminal act to the nature of the work to be performed.

I affirm that I will obtain the appropriate professional liability insurance if practicing independently as a Licensed Alcohol and Drug Counselor I. Please indicate the name or the insurer and issue and expiration date of the policy below.

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[Save & Proceed](#)

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Read the instructions and answer the questions and enter the details if you answered yes. Then click on the "Save & Proceed" button and the system will display the Work Experience page shown in the figure below.



Executive Office of Health and Human Services (EOHHS)

Health and Human Services

Bureau of Substance Abuse Services Licensing System



Instructions:

New applicants must provide evidence of completion of counseling practicum. Please provide information on your practicum below. At the end of the application process you will have the ability to download and print a form containing the practicum information you have entered. The form will require a signature from your practicum supervisor and entry of any additional information that require entry. You will also have the ability to upload the practicum form to the BSAS eLicensing System once completed.

You may save your work and continue the application at a later time by clicking the Save and Proceed button below. The application will store all the completed application pages and take the applicant to the last completed page the next time the user logs in.

Counseling Practicum Information

New Application # 25966

Counseling Practicum ③

Practicum Site: *

Name of Educational Facility Overseeing Practicum (if applicable):

[Back](#)

Save & Proceed

- ☒ Instructions
- ☒ License Type
- ☒ Counselor Information
- ☒ Licenses and Certifications
- ☒ Disciplinary History
- ☒ Work Experience Information
- ☐ Practicum

Read the instructions and enter the information for your counseling practicum. Then click on the "Save & Proceed" button and the system will display the Education page shown in the figure below.



Executive Office of Health and Human Services (EOHHS)

Health and Human Services**Bureau of Substance Abuse Services Licensing System****Instructions:**

Please enter your education below. Enter any/all degrees held and then select the BSAS approved program of education where you completed your education. If you did not complete education through an approved program that appears in the dropdown, then manually enter your education in the Course Requirements/Coursework table. All applicants must submit transcripts/certificates of completion. Applicants submitting evidence not previously approved must also submit course descriptions of courses entered for consideration.

Education requirements are as follows: LADC I and LADC II requires a minimum of 270 hours. LADC I applicants must also hold a Master's in Behavioral Sciences with 18 graduate semester hours in counseling. LADC Assistants must have a minimum of ten hours of continuing education training in each of the five subject areas covered by the examination (assessment; counseling; case management; client, family and community education; and professional responsibility).

If you are applying to upgrade your LADC II and LADC Assistant and submitted education enter education that shows you meet the requirements of LADC I, unless that evidence is already on file with BSAS.

You may save your work and continue the application at a later time by clicking the Save and Proceed button below. The application will store at the completed application pages and take the applicant to the last completed page the next time the user logs in. Transcripts and other education related information may be uploaded or faxed at the end of the application process.

- ☒ Instructions
- ☒ License Type
- ☒ Counselor Information
- ☒ Licenses and Certifications
- ☒ Disciplinary History
- ☒ Work Experience Information
- ☒ Practicum
- ☐ Education

New Application # 25966**Education****Degrees You Hold**

Degree *	Subject *	Location *	Year Completed *	Actions
Select Degree ▼	Select Subject ▼	Select Locat ▼		

Add Additional Degree

BSAS Approved Substance Abuse Education Program

If you have completed any of the Bureau of Substance Abuse Services approved education program from the following list below, please indicate by selecting it from the dropdown list. At the end of the application, you will be presented to provide proof of your completion for the approved education programs you have completed by uploading the documents to the system.

Approved Education Provider List:

Boston Graduate School of Psychoanalysis - 270 program hours


Please note that the total amount of education hours that need to be recorded is 270. You have 270 education hours recorded so far, and recording additional hours is not necessary.

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Save & Proceed

Read the instruction and enter your degree information. You may enter multiple degrees by clicking the "Add Additional Degree" button. Then select an approved educational provider from the list. If you have not completed an approved program you will need to document your educational courses individually as shown in the page below.

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Executive Office of Health and Human Services (EOHHS)
Health and Human Services
Bureau of Substance Abuse Services Licensing System



Instructions:

Please enter your education below. Enter any/all degrees held and then select the BSAS approved program of education where you completed your education. If you did not complete education through an approved program that appears in the dropdown, then manually enter your education in the Course Requirements/Coursework table. All applicants must submit transcripts/certificates of completion. Applicants submitting evidence not previously approved must also submit course descriptions of courses entered for consideration.

Education requirements are as follows: LADC I and LADC II requires a minimum of 270 hours. LADC I applicants must also hold a Master's in Behavioral Sciences with 18 graduate semester hours in counseling. LADC Assistants must have a minimum of ten hours of continuing education training in each of the five subject areas covered by the examination (assessment; counseling; case management; client, family and community education; and professional responsibility).

If you are applying to upgrade your LADC II and LADC Assistant and submitted education enter education that shows you meet the requirements of LADC I, unless that evidence is already on file with BSAS.

You may save your work and continue the application at a later time by clicking the Save and Proceed button below. The application will store at the completed application pages and take the applicant to the last completed page the next time the user logs in. Transcripts and other education related information may be uploaded or faxed at the end of the application process.

☒ Instructions
☒ License Type
☒ Counselor Information
☒ Licenses and Certifications
☒ Disciplinary History
☒ Work Experience Information
☒ Practicum
☐ Education

New Application # 25866

Education

Degrees You Hold

Degree *	Subject *	Location *	Year Completed*	Actions
Select Degree	Select Subject	Select Location		

Add Additional Degree

BSAS Approved Substance Abuse Education Program

If you have completed any of the Bureau of Substance Abuse Services approved education program from the following list below, please indicate by selecting it from the dropdown list. At the end of the application, you will be presented to provide proof of your completion for the approved education programs you have completed by uploading the documents to the system.

Approved Education Provider List:

No Approved Education Program Completed

Course Requirements:

Course Requirement: ☐

Select Course Requirement

Institution Name: Full Address:

Course Name: Course Hours: ☐

Enter Additional Course

Please note that the total amount of education hours that need to be recorded is 270. You have 0 education hours recorded so far, and will need to record at least an additional 270 hours to fully process your application without any delays.

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To document your courses individually enter the information for the course. You may enter multiple courses by clicking the "Enter Additional Course" button. Once all of the courses have been entered or you have select an approved program click the "Save & Proceed" but and the system will display the Work Force Questionnaire page as show in the figure below.

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Executive Office of Health and Human Services (EOHHS)

Health and Human Services

Bureau of Substance Abuse Services Licensing System



Workforce Questionnaire

Application # 25966

Before submitting your application, we would like to encourage you to participate in the Bureau of Substance Abuse (BSAS) workforce assessment questionnaire. Participating in the workforce questionnaire will help provide additional information to the BSAS workforce team to assist in understanding and gaining more knowledge about the workforce in the substance abuse and addictions field. The information gathered will help determine the key issues and how and what can be done to help with the workforce currently and in the future.

Please note that you may decline to answer any of the questions in the following questionnaire.

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Save & Proceed

☒ Instructions
 ☒ License Type
 ☒ Counselor Information
 ☒ Licenses and Certifications
 ☒ Disciplinary History
 ☒ Work Experience Information
 ☒ Practicum
 ☒ Education
 ☐ Questionnaire Introduction


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Read the instructions and click on the "Save & Proceed" button and the system will display the first page of the questionnaire shown in the figure below.

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Executive Office of Health and Human Services (EOHHS)
Health and Human Services
Bureau of Substance Abuse Services Licensing System



Instructions:

This section of the questionnaire asks in general about your demographic information. Please choose the best answers that pertain to you. You may also decline to answer any of the questions on this page.

Questionnaire Page 1 of 2
New Application # 25866

Page 1: Demographic
Gender *

Please Select One

Are you Hispanic/Latino/Spanish? *

☐ Yes
☐ No
☐ Decline to Answer

What race do you most identify with? Race refers to the group or groups that you identify with as having similar physical characteristics or similar social and geographic origins. (Check all that apply) *

☐ American Indian/Alaska Native
☐ Asian
☐ Black

☐ Native Hawaiian/Pacific Islander
☐ White
☐ Other

☐ Decline to Answer

What ethnicity(ies) do you most identify with? Ethnicity refers to your background, heritage, culture, ancestry, or sometimes the country where you or your family were born. (Check all that apply) *

☐ African
☐ African American
☐ American

☐ Asian Indian
☐ Brazilian
☐ Cambodian

☐ Cape Verdean
☐ Caribbean Islander
☐ Chinese

☐ Colombian
☐ Cuban
☐ Dominican

☐ European
☐ Filipino
☐ French Canadian

☐ Guatemalan
☐ Haitian
☐ Honduran

☐ Japanese
☐ Korean
☐ Laotian

☐ Mexican, Mexican American, Chicano
☐ Middle Eastern
☐ Portuguese

☐ Puerto Rican
☐ Russian
☐ Salvadoran

☐ Vietnamese
☐ Other
☐ Decline to Answer

Without using an interpreter, in which language(s) (other than English), are you fluent enough to provide adequate care for and speak with patients? (Check all that apply) *

☐ Albanian
☐ American Sign Language (ASL)
☐ Arabic

☐ Cape Verdean Creole
☐ Chinese
☐ Farsi

☐ French
☐ Greek
☐ Haitian Creole

☐ Italian
☐ Khmer
☐ Korean

☐ Portuguese
☐ Russian
☐ Somali

☐ Spanish
☐ Vietnamese
☐ Other

☐ None
☐ Decline to Answer

Have you ever served in the United States Military? *

☐ Yes
☐ No
☐ Don't Know

☐ Decline to Answer

Where did you obtain the degree that initially qualified you to practice Alcohol and Drug Counseling? *

☐ Massachusetts
☐ Other US State or Territory
☐ Foreign Country

☐ Decline to Answer

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Save & Proceed

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Read the instructions provide answers to the questions and click on the "Save & Proceed" button and the system will display the second page of the questionnaire shown in the figure below.

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Read the instructions provide answers to the questions and click on the "Save & Proceed" button and the system will display the Supporting Documents page shown in the figure below.



Executive Office of Health and Human Services (EOHHS)

Health and Human Services

Bureau of Substance Abuse Services Licensing System



Instructions:

Please use this page to provide all required documents to the system in order to complete your application. You may download the necessary forms on this page. Based on the entries provided during your application process, the forms will be pre-populated with the data you have recorded. After completing all the other fields in the forms you may upload them to the system, along with any other documentation. The required documents you will need to provide will depend on the application and license type you are applying for. Please see below for the necessary documents you must provide.

Supporting Documents

New Application # 26008

Required Documents

Photo ID

A copy of your driver's license, passport or government issued photo ID.

Education

Renewal Applicants: 40 Hours of Approved Continuing Education New LADC III Applicants: 270 hours of Approved Addiction Education New LADC I Applicants: evidence of a Master Degree in Behavioral Science and official graduate transcripts showing a minimum of 18 graduate semester hours in counseling or counseling related subjects. New LADC Assistant Applicants: 50 hours of Approved Continuing Education Upgrade Applicants- Evidence that you meet the education requirements of the license you are upgrading to as per above

Evaluations

All new licensing applicants must provide three evaluations written by individuals with a minimum of six months of direct knowledge of the applicant's performance. One of the three evaluations must be written by your current or most recent supervisor. Each evaluation must indicate a minimum of the following:

- The name and position of the evaluator.
- The number of years the evaluator has worked in the field of substance abuse treatment and the relationship between the evaluator and the applicant.
- The length of time the evaluator has known or worked with the applicant.
- The evaluator's assessment of the applicant's substance abuse treatment skills.

Work Experience Obtained Within the Last 10 Years

Al new Applicants and Some Upgrade Applicants: Evidence of completion of work experience requirements: Print **FORM C, Statement of approved work Experience** and provide to your approved supervisor(s) for completion to document the following hours of experience. If you are applying for a Licensed Alcohol and Drug Counselor or II license, then you will need to provide evidence of at least 6000 hours of supervised full-time work experience. If you hold a bachelor's degree or higher than 2000 hours may be waived. If you are applying for a Licensed Alcohol and Drug Counselor Assistant license, then you will need to provide evidence of at least 2000 hours of supervised full-time work experience.

Practicum

All new LADC MI Applicants and Some Upgrade Applicants: Evidence of completion of Supervised Practicum: Print FORM B: Statement Of Supervised Counseling Practicum and provide to your approved supervisor(s) for completion to document at 300 hours of supervised counseling practicum.

Upload Supporting Documents

Select the document type: *

- Select Document Type -

Select the file to upload: *

Browse... No file selected

Upload

[Back](#)


Save & Proceed

Read the instructions and download the system generated forms by clicking on the links in the instructions. Next upload the required supporting documents by selecting the document type, selecting the file to upload, and click the "Upload" button. You may upload as many documents as needed. When all of the documents have been uploaded click on the "Save & Proceed" button and the system will display the Application Fee Payment page shown in the figure below.

Mass.

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Executive Office of Health and Human Services (EOHHS)

Health and Human Services

Bureau of Substance Abuse Services Licensing System



Instructions:

Before submitting your application a payment of \$100 is required to be made to the Commonwealth of Massachusetts. Click on the Pay Fee button below to proceed to make a payment. After clicking on the button you will be redirected to the payment site where you will be able to complete a payment transaction. You will have the option of paying by credit card, debit, or by an Electronic Funds Transfer with your bank account number.

Application Fee Payment

New Application # 25966

Payment Transaction Caution Message

Please note that while you are completing your transaction, do not click on the Back, Stop or refresh buttons on your browser. Also, do not close your browser during the payment process. Once a payment transaction has been processed, you will be redirected back to the BSAS eLicensing System where you may continue to submit the application.

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Pay Fee

☒ Instructions
 ☒ License Type
 ☒ Counselor Information
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 ☒ Disciplinary History
 ☒ Work Experience Information
 ☒ Practicum
 ☒ Education
 ☒ Questionnaire Introduction
 ☒ Questionnaire Page 1 of 2
 ☒ Questionnaire Page 2 of 2
 ☒ Supporting Documents
 ☐ Application Fee Payment

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Read the instructions and click the "Pay Fee" button and you will be taken to the payment portal shown in the figure below.

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Commonwealth DPH BSAS
Bill Pay Site

Secure Site 



Add to Favorites

Make A One-Time Payment







1 Add Account Information 2 Add Payment Information 3 Authorize Payment 4 Confirmation

Account Information

Application Number C25966
First Name John
Last Name Smith

Enter Payment Information

* Indicates required field

Payment Method *	<input checked="" type="radio"/> Credit Card	  	There is no fee to use this service
	<input type="radio"/> Debit Card	 	
	<input type="radio"/> Bank Account		
Card Number *	<input type="text"/>		
Card Expiration Date *	<input type="text" value="12 - Dec"/> <input type="text" value="2016"/>		
ZIP/Postal Code *	<input type="text"/>		
Payment Amount Enter dollars and cents	<input type="text" value="\$100.00"/>		
E-Mail Address To receive confirmation e-mail	<input type="text"/>		
Re-type E-Mail Address	<input type="text"/>		

Next, review your information and give approval for this payment. Click "No Thanks" to stop this payment process and exit. To change your account click the "Edit Account Information" button above. do not use your browser Back button

[Privacy Statement](#) | [Refund Policy](#)

Enter your payment information and click the "Continue" button and you will be taken to the payment review page shown in the figure below.

Commonwealth DPH BSAS
Bill Pay Site

Secure Site 



Add to Favorites

Make A One-Time Payment

1 Add Account Information 2 Add Payment Information 3 Authorize Payment 4 Confirmation

Account Information

Application Number C25966
First Name John
Last Name Smith

Payment Information

To make changes, click on the ?Edit Payment Information? button. Do not use your browser Back button.

Card Number ****5454
Payment Amount \$100.00
E-Mail Address email@example.com
ZIP/Postal Code 12345

Edit Payment Information

Your payment is not processed until you click "Authorize Payment". Only click once to avoid duplicate payments. You will receive a confirmation number that you can print for your records. Click "No Thanks" to stop this payment process and exit. Do not use your browser Back button.

Please click "Authorize Payment" to charge your account, and to receive a confirmation number.

Authorize Payment No Thanks

Privacy Statement | Refund Policy

Review your payment information and click the "Authorize Payment" button and you will be taken to the Application Submission page shown in the figure below.



Executive Office of Health and Human Services (EOHHS)

Health and Human Services

Bureau of Substance Abuse Services Licensing System



I hereby attest that the answers and statements in this application are true and declare that they are made under the pains and penalties of perjury. At any time, if any of the above information changes, I will notify the Bureau of Substance Abuse Services within 30 days. I understand that by clicking the 'Submit' button below my action has the same legally binding effect as my physical signature.

Please note that you may not modify your application once it is submitted for processing, so make sure that all the information entered is correct and up to date.

Application Submission

[New Application # 25966](#)

Attestations

I hereby attest that the answers and statements in this application are true and declare that they are made under the pains and penalties of perjury. I understand that by clicking the 'Agree' and 'Submit' below my action has the same legally binding effect as my physical signature.

- I acknowledge that the information supplied above in the Personal Information and CORI Information sections is used to perform a criminal records check with the Criminal History Systems Board.
- I attest that the information supplied in this application is correct to the best of my knowledge.
- I affirm that I have read and am familiar with MGL Chapter 111J, 105 CMR 168.000, the Statutes and Regulations that govern Licensed Alcohol and Drug Counselors and understand that I must comply with any and all laws that reference Licensed Alcohol and Drug Counselors in MA or any other state that I practice.
- I understand that the survey I may or may not have responded to attached to this application process is not evaluated or reviewed for the purposes of licensing. This survey is voluntary and provides information to the DPH/BSAS workforce team to assist in understanding and gaining more knowledge about the workforce in the substance abuse and addictions field.
- I have read and agree to the [NAADAC Code of Ethics](#)
- I understand that my application will not be processed until I have uploaded/faxed any required certificates of education.
- I understand that my application will not be processed until I have uploaded/faxed any required practicum documentation.
- I affirm that I will notify the department of ANY changes to the content of my application as soon as possible but no later than 30 days following the change.


I agree: *

☐
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[Back](#)
[Submit](#)

- ☒ Instructions
- ☒ License Type
- ☒ Counselor Information
- ☒ Licenses and Certifications
- ☒ Disciplinary History
- ☒ Work Experience Information
- ☒ Practicum
- ☒ Education
- ☒ Questionnaire Introduction
- ☒ Questionnaire Page 1 of 2
- ☒ Questionnaire Page 2 of 2
- ☒ Supporting Documents
- ☒ Application Fee Payment
- ☐ Submission

Read the instructions and check the "I agree" checkbox to agree to the attestation. Note that you may not modify your application once it is submitted for processing, so make sure that all the information entered is correct and up to date. Click on "Submit" button to submit your application. The system will then display the menu page shown in the figure below.


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State Agencies | State A-Z Topics
Help | Logout



Executive Office of Health and Human Services (EOHHS)


Health and Human Services

Bureau of Substance Abuse Services Licensing System




Welcome john smith (User Id=jsmith) to the Bureau of Substance Abuse Services Licensing System.

You have submitted a Bureau of Substance Abuse Services New Licensed Alcohol and Drug Counselor (application numbered 25966 on Dec 22, 2016 for processing. The bureau is processing your application. You will be notified by email or in writing when the application is processed. Please note that the application will not be approved until all the required supporting documents have been faxed. For instructions on how to fax the supporting documents click on the fax supporting documents link below.



Fax Your Supporting Documents
Click here to print fax cover sheets to use when you fax your supporting documents to the Bureau of Substance Abuse Services.



Upload Your Supporting Documents
Click here to upload supporting documents for your Bureau of Substance Abuse Services counselor license application.

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Now that you have submitted your application, if you need to fax any supporting documents you may click on the “Fax Your Supporting Documents” button. The system will then display the Supporting Documents page shown in the figure below.



Executive Office of Health and Human Services (EOHHS)

Health and Human Services**Bureau of Substance Abuse Services Licensing System****Supporting Documents**[New Application # 25966](#)**Required Documents****Photo ID**

A copy of your driver's license, passport or government issued photo ID.

Education

Renewal Applicants: 40 Hours of Approved Continuing Education New LADC VII Applicants: 270 hours of Approved Addiction Education New LADC I Applicants: evidence of a Master Degree in Behavioral Science and official graduate transcripts showing a minimum of 18 graduate semester hours in counseling or counseling related subjects. New LADC Assistant Applicants: 50 hours of Approved Continuing Education Upgrade Applicants- Evidence that you meet the education requirements of the license you are upgrading to as per above

Evaluations

All new licensing applicants must provide three evaluations written by individuals with a minimum of six months of direct knowledge of the applicant's performance. One of the three evaluations must be written by your current or most recent supervisor. Each evaluation must indicate a minimum of the following:

- The name and position of the evaluator.
- The number of years the evaluator has worked in the field of substance abuse treatment and the relationship between the evaluator and the applicant.
- The length of time the evaluator has known or worked with the applicant.
- The evaluator's assessment of the applicant's substance abuse treatment skills.

Work Experience Obtained Within the Last 10 Years

All new Applicants and Some Upgrade Applicants: Evidence of completion of work experience requirements: Print [FORM C: Statement of approved work Experience](#) and provide to your approved supervisor(s) for completion to document the following hours of experience. If you are applying for a Licensed Alcohol and Drug Counselor I or II license, then you will need to provide evidence of at least 6000 hours of supervised full-time work experience. If you hold a bachelor's degree or higher than 2000 hours may be waived. If you are applying for a Licensed Alcohol and Drug Counselor Assistant license, then you will need to provide evidence of at least 2000 hours of supervised full-time work experience.

Practicum

All new LADC VII Applicants and Some Upgrade Applicants: Evidence of completion of Supervised Practicum: Print [FORM B: Statement Of Supervised Counseling Practicum](#) and provide to your approved supervisor(s) for completion to document at 300 hours of supervised counseling practicum.

[Print Fax Cover Sheets](#)[Back to Main Menu](#)

Read the instructions and prepare all the required documents. Click the "Print Fax Cover Sheets" button and a new window will open up a PDF file that contains the fax cover sheets as shown in the figure below.

Department of Public Health
Bureau of Substance Abuse Services
Counselor License Application

Identification Documents FAX COVER SHEET

Fax To: (617) 887-8705
From: john smith

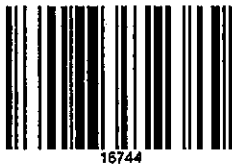
Application #: CA16744

Please use this cover sheet to fax your driver's license, passport or government issued photo ID.

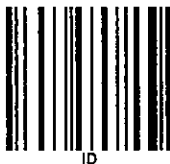
Application Number:



License Number:



Document Type:



License Type:



Licensee Name:




Print all the cover sheets. Follow the instructions to fax the documents with the cover sheets to the fax number printed at the top of the sheets.

If you need to upload additional documents, click on the "Upload Your Supporting Documents" button from the main menu. The system will direct you to the Upload Documents for Counselor Applications page as shown below.


Mass.

State Agencies | State A-Z Topics

Help | Logout



Executive Office of Health and Human Services (EOHHS)
Health and Human Services
Bureau of Substance Abuse Services Licensing System



Application # 26008

Supporting Documents

Required Documents
Photo ID
A copy of your driver's license, passport or government issued photo ID.

Education
Renewal Applicants: 40 Hours of Approved Continuing Education New LADC III Applicants: 270 hours of Approved Addiction Education New LADC I Applicants: evidence of a Master Degree in Behavioral Science and official graduate transcripts showing a minimum of 18 graduate semester hours in counseling or counseling related subjects. New LADC Assistant Applicants: 50 hours of Approved Continuing Education Upgrade Applicants- Evidence that you meet the education requirements of the license you are upgrading to as per above

Evaluations
All new licensing applicants must provide three evaluations written by individuals with a minimum of six months of direct knowledge of the applicant's performance. One of the three evaluations must be written by your current or most recent supervisor. Each evaluation must indicate a minimum of the following:

- The name and position of the evaluator.
- The number of years the evaluator has worked in the field of substance abuse treatment and the relationship between the evaluator and the applicant.
- The length of time the evaluator has known or worked with the applicant.
- The evaluator's assessment of the applicant's substance abuse treatment skills.

Work Experience Obtained Within the Last 10 Years
All new Applicants and Some Upgrade Applicants: Evidence of completion of work experience requirements: Print [FORM C: Statement of approved work Experience](#) and provide to your approved supervisor(s) for completion to document the following hours of experience. If you are applying for a Licensed Alcohol and Drug Counselor I or II license, then you will need to provide evidence of at least 6000 hours of supervised full-time work experience. If you hold a bachelor's degree or higher than 2000 hours may be waived. If you are applying for a Licensed Alcohol and Drug Counselor Assistant license, then you will need to provide evidence of at least 2000 hours of supervised full-time work experience.

Practicum
All new LADC III Applicants and Some Upgrade Applicants: Evidence of completion of Supervised Practicum: Print [FORM B: Statement Of Supervised Counseling Practicum](#) and provide to your approved supervisor(s) for completion to document at 300 hours of supervised counseling practicum.

Upload Supporting Documents
Select the document type: *
Select the file to upload: *

- Select Document Type -

Browse...

No file selected.

Back

Upload

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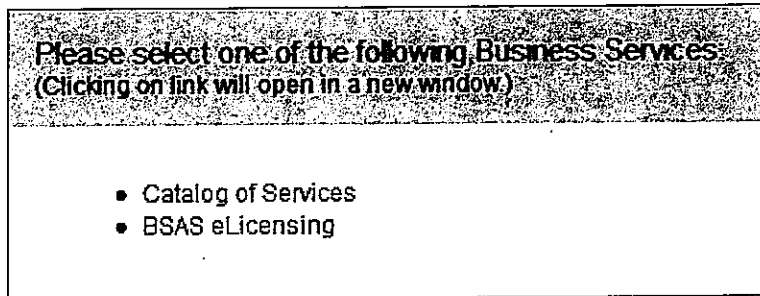
[Download Adobe Reader](#) [Accessibility](#) [Feedback](#) [Site Policies](#) [Contact Us](#) [Help](#) [Site Map](#)

Choose the Document Type, add in any comments about it, and click Choose File to select the file to upload. Then, click the upload button. You may upload as many documents as necessary.

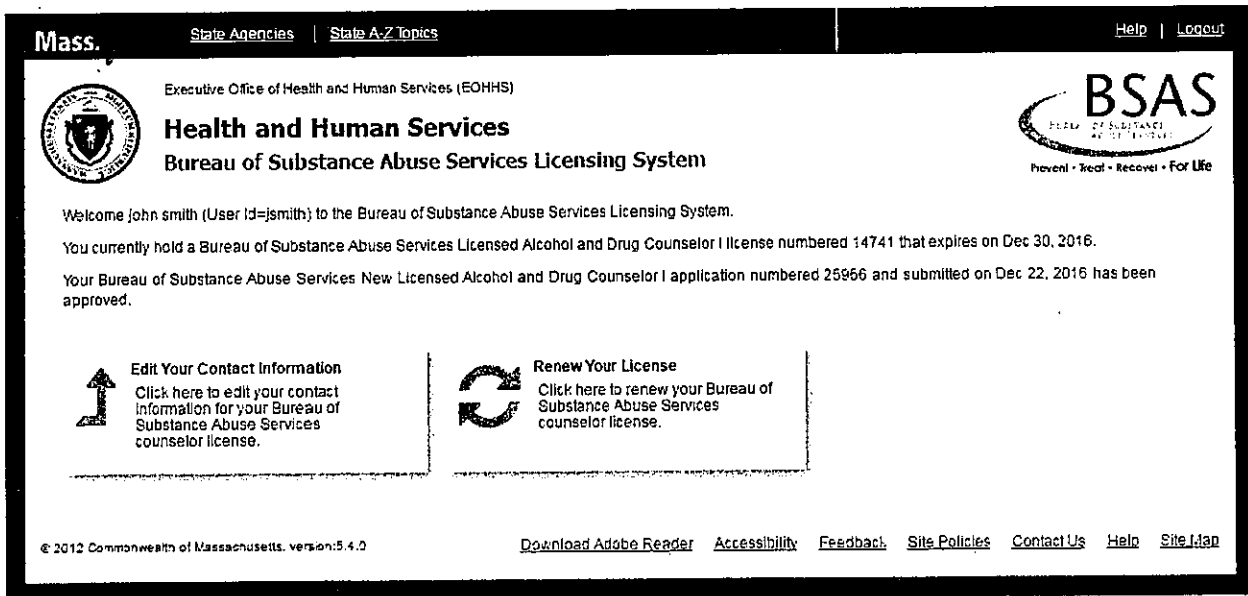
2. How to renew an existing LADC license

Log in to the Virtual Gateway. If you do not have an account contact The Bureau of Substance Abuse Services at **617-624-5173** for instructions on how to create a Virtual Gateway account.

Click on the BSAS eLicensing Link as shown in the figure below:



The system will display the menu page shown in the figure below.

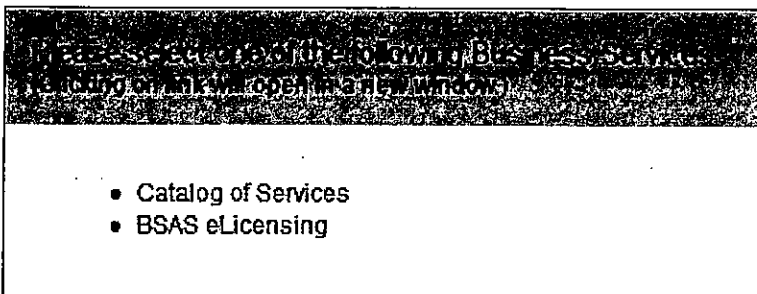


Click on the "Renew Your License" button and follow the system instructions. The renewal application steps are identical to those of a new application except the pages are prepopulated with existing data for ease of use. For detailed instructions about the steps refer to section 1 of this document.

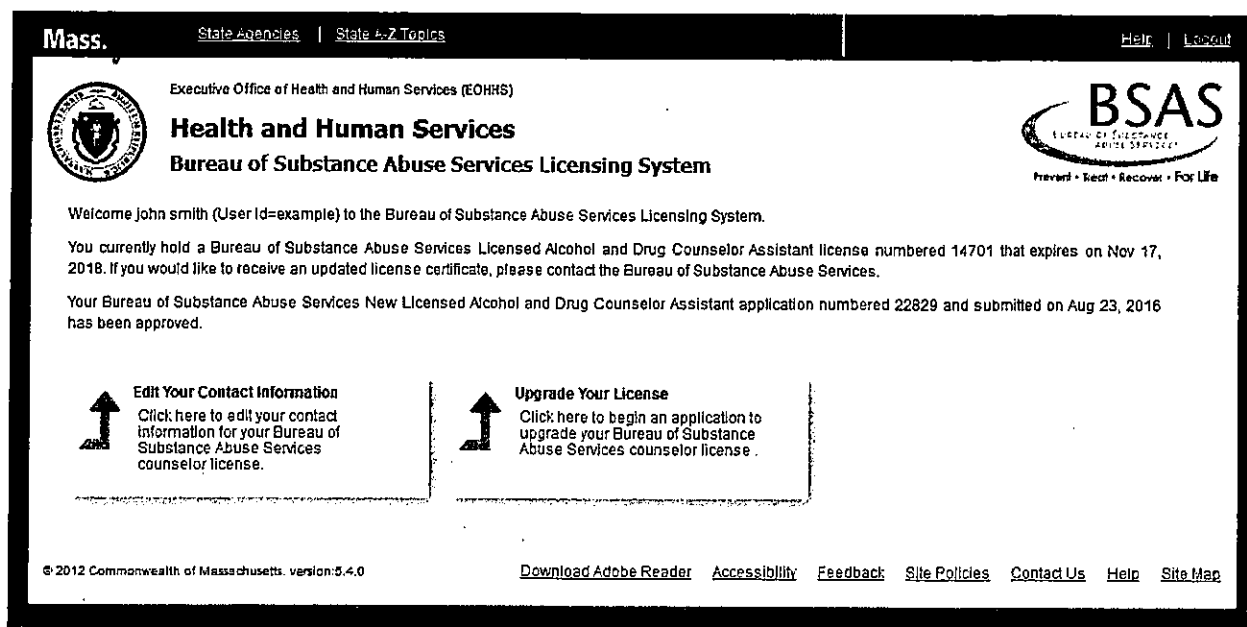
3. How to upgrade my existing LADC license

Log in to the virtual Gateway. If you do not have an account contact The Bureau of Substance Abuse Services at **617-624-5173** for instructions on how to create a Virtual Gateway account.

Click on the BSAS eLicensing Link as shown in the figure below:



The system will display the menu page shown in the figure below:

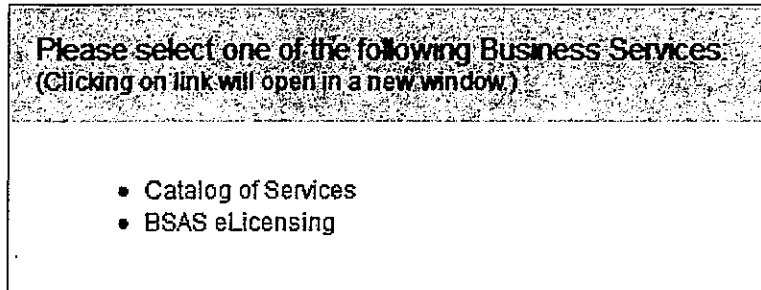


Click on the "Upgrade Your License" button and follow the system instructions. The upgrade application steps are identical to those of a new application except the pages are prepopulated with existing data for ease of use. For detailed instructions about the steps refer to section 1 of this document.

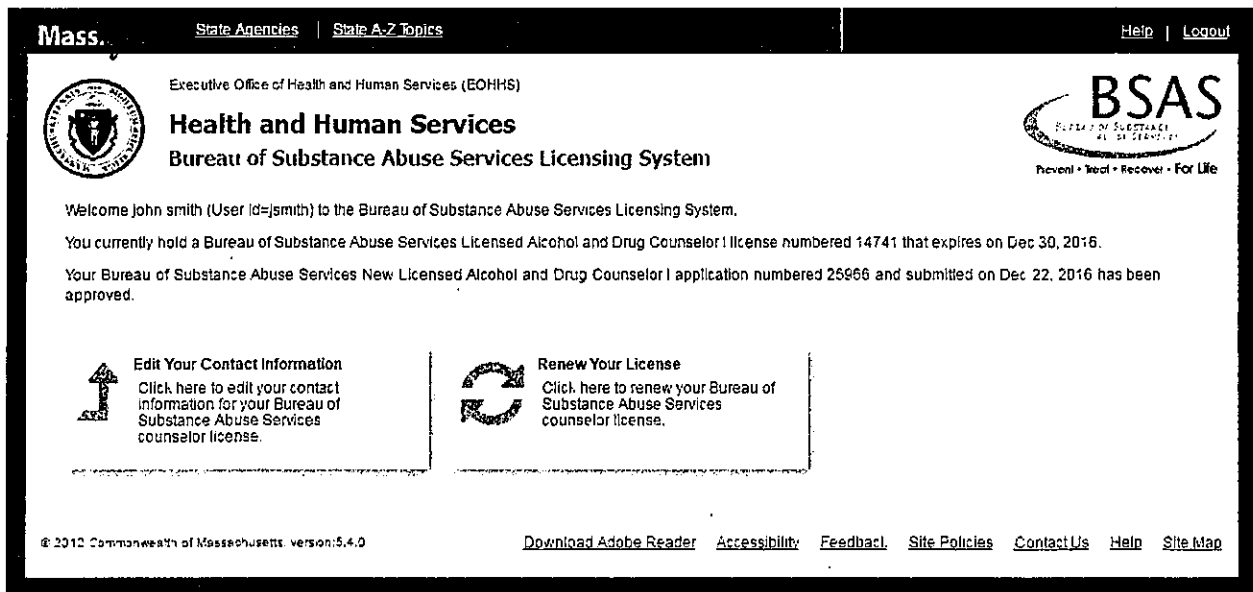
4. How to update my contact information

Log in to the virtual Gateway, If you do not have an account contact The Bureau of Substance Abuse Services at **617-624-5173** for instructions on how to create a Virtual Gateway account.

Click on the BSAS eLicensing Link as shown in the figure below:



The system will display the menu page shown in the figure below:




Click the Edit Counselor Contact link and the system will then display the Edit Counselor Information Page shown in the figure below:

Mass.


[State Agencies](#)
[State 4-7 Topics](#)

[Help](#)
[Logout](#)



Executive Office of Health and Human Services (EOHHS)

Health and Human Services
 Bureau of Substance Abuse Services Licensing System



Update Counselor Contact Information

Please update your personal information here. Note * fields are required

Personal Information

Email *

example@example.com

Re-enter Email *

example@example.com

Mail Address Line 1*

100 A Street

Mail Address Line 2

City *

Boston

State *

Massachusetts ▼

Zip Code *

02127

Phone (Ex 111-222-3333) *

111-222-3333

Workplace Information

Workplace Name

Boston Public Health Commission

Workplace Address Line 1

Workplace Address Line 2

City

Boston

State

Massachusetts ▼

Zip Code

02118

Workplace Phone (Ex 111-222-3333)

111-222-3333

Cancel

Update

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Update the counselor contact information and click the update button. To cancel and go back to the menu page click the cancel button.

Practicum/Internship Hours for CADC / LADC

You must have 300 hours of internship, with at least 10 hours in each of the 12 core functions.

Please note: Supervisor must be a CCS, ACADC, CADC or equivalent. Equivalent is someone with a Master's Degree AND a license or certification in addition OR an approved H&W Clinical Supervisor (QP) under IDAPA 16.07.20.02 (CADC must also have 15 hours of supervision training).

Candidate's Name _____

- I. Screening:** The process by which the client is determined appropriate and eligible for admission to a particular program.

Date	Brief Description of Activity	Time Spent	Supervisor Signature

- II. Intake:** The administrative and initial assessment procedures for admission to a program.

Date	Brief Description of Activity	Time Spent	Supervisor Signature

- III. Orientation:** Describing to the client the following: general nature and goals of the program; rules governing client conduct and infractions that can lead to disciplinary action or discharge from the program; in a non-residential program, the hours during

which services are available; treatment costs to be borne by the client, if any; and client rights.

Date	Brief Description of Activity	Time Spent	Supervisor Signature

- IV. Assessment:** The procedures by which a counselor/program identifies and evaluates an individual's strengths, weaknesses, problems and needs for the development of the treatment plan.

Date	Brief Description of Activity	Time Spent	Supervisor Signature

- V. Treatment Planning:** Process by which the counselor and the client identify and rank problems needing resolution; establish agreed upon immediate and long-term goals; and decide upon a treatment process and the recourses to be utilized.

Date	Brief Description of Activity	Time Spent	Supervisor Signature

- VI. Counseling:** (Individual, group and significant other) – The utilization of special skills to assist individuals, families or groups in achieving objectives through exploration of a problem and its ramification; examination of attitudes and feelings; consideration of alternative solutions; and decision-making.

Date	Brief Description of Activity	Time Spent	Supervisor Signature

- VII. Case Management:** Activities which bring services, agencies, resource or people together within a planned framework of action toward the achievement of established goals. It may involve liaison activities and collateral contacts.

Date	Brief Description of Activity	Time Spent	Supervisor Signature

- VIII. Crisis Intervention:** Those services which respond to an alcohol and/or drug abusers needs during acute emotional and/or physical distress.

Date	Brief Description of Activity	Time Spent	Supervisor Signature

- IX. Client Education:** Provision of information to individuals and groups concerning alcohol and other drug abuse and the available services and resources.

Date	Brief Description of Activity	Time Spent	Supervisor Signature

- X. Referral:** Identifying the needs of a client that cannot be met by counselor or agency and assisting the client to utilize the support systems and community resources available.

Date	Brief Description of Activity	Time Spent	Supervisor Signature

- XI. Report and Record Keeping:** Charting the results of assessment and treatment plan, writing reports, progress notes, discharge summaries and other client-related data.

Date	Brief Description of Activity	Time Spent	Supervisor Signature

XII. Consultation with Other Professional in Regard to Client Treatment / Services:
Relating with in-house staff or outside professionals to assure comprehensive quality care for the client.

Date	Brief Description of Activity	Time Spent	Supervisor Signature

TWELVE CORE FUNCTIONS OF CHEMICAL DEPENDENCY COUNSELORS

I. SCREENING

The process by which the client is determined appropriate and eligible for admission to a particular program.

Global Criteria

1. Evaluate psychological, social, and physiological signs and symptoms of alcohol and other drug use and abuse.
2. Determine the client's appropriateness for admission or referral.
3. Determine the client's eligibility for admission or referral.
4. Identify and coexisting conditions (medical, psychiatric, physical, etc.) that indicate need for additional professional assessment and/or services.
5. Adhere to applicable laws, regulations and agency policies governing alcohol and other drug abuse services.

II. INTAKE

The administrative and initial assessment procedures for admission to a program.

Global Criteria

6. Complete required documents for admission to the program.
7. Complete required documents for program eligibility and appropriateness.
8. Obtain appropriately signed consents when soliciting from or providing information to outside sources to protect client confidentiality and rights.

III. ORIENTATION

Describing to the client the following: general nature and goals of the program; rules governing client conduct and infractions that can lead to disciplinary action or discharge from the program; in a nonresidential program, the hours during which services are available; treatment costs to be borne by the client, if any; and client rights.

Global Criteria

9. Provide an overview to the client by describing program goals and objectives for client care.
10. Provide an overview to the client by describing program rules, and client obligations and rights.
11. Provide an overview to the client of program operations.

IV. ASSESSMENT

The procedures by which a counselor/program identifies and evaluates an individual's strengths, weaknesses, problems and needs for the development of a treatment plan.

Global Criteria

12. Gather relevant history from client including but not limited to alcohol and other drug abuse using appropriate interview techniques.
13. Identify methods and procedures for obtaining corroborative information from significant secondary sources regarding client's alcohol and other drug abuse and psycho-social history.
14. Identify appropriate assessment tools.
15. Explain to the client the rationale for the use of assessment techniques in order to facilitate understanding.
16. Develop a diagnostic evaluation of the client's substance abuse and any coexisting conditions based on the results of all assessments in order to provide an integrated approach to treatment planning based on the client's strengths, weaknesses, and identified problems and needs.

V. TREATMENT PLANNING

Process by which the counselor and the client identify and rank problems needing resolution; establish agreed upon immediate and long-term goals; and decide upon a treatment process and the resources to be utilized.

Global Criteria

17. Explain assessment results to client in an understandable manner.
18. Identify and rank problems based on individual client needs in the written treatment plan.
19. Formulate agreed upon immediate and long-term goals using behavioral terms in the written treatment plan.
20. Identify the treatment methods and resources to be utilized as appropriate for the individual client.

VI. COUNSELING

(Individual, Group and Significant others): The utilization of special skills to assist individuals, families or groups in achieving objectives through exploration of a problem and its ramifications; examination of attitudes and feelings; consideration of alternative solution; and decision making.

Global Criteria

21. Select the counseling theory(ies) that apply(ies).
22. Apply technique(s) to assist the client, group, and/or family in exploring problems and ramifications.
23. Apply technique(s) to assist the client, group, and/or family in examining the client's behavior, attitudes, and/or feelings if appropriate in the treatment setting.

24. Individualize counseling in accordance with cultural, gender, and lifestyle differences.
25. Interact with the client in an appropriate therapeutic manner.
26. Elicit solutions and decisions from the client.
27. Implement the treatment plan.

VII. CASE MANAGEMENT

Activities which bring services, agencies, resources, or people together within a planned framework of action toward the achievement of established goals. It may involve liaison activities and collateral contacts.

Global Criteria

28. Coordinate services for client care
29. Explain the rationale of case management activities to the client.

VIII. CRISIS INTERVENTION

Those services which responds to an alcohol and/or drug abuser's needs during acute emotional and/or physical distress.

Global Criteria

30. Recognize the elements of the client crisis.
31. Implement an immediate course of action appropriate to the crisis.
32. Enhance overall treatment by utilizing crisis events.

IX. CLIENT EDUCATION

Provision of information to individuals and groups concerning alcohol and other drug abuse and the available services and resources.

Global Criteria

33. Present relevant alcohol and other drug use/abuse information to the client through formal and/or informal processes.
34. Present information about available alcohol and other drug services and resources.

X. REFERRAL

Identifying the needs of a client that cannot be met by the counselor or agency and assisting the client to utilize the support systems and community resources available.

Global Criteria

35. Identify need(s) and/or problem(s) that they agency and/or counselor cannot meet.
36. Explain the rationale for the referral to the client.
37. Match client needs and/or problems to appropriate resources.

38. Adhere to applicable laws, regulations and agency policies governing procedures related to the protection of the client's confidentiality.
39. Assist the client in utilizing the support systems and community resources available.

XI. REPORT AND RECORD KEEPING

Charting the results of the assessment and treatment plan, writing reports, progress notes, discharge summaries and other client-related data.

Global Criteria

40. Prepare reports and relevant records integrating available information to facilitate the continuum of care.
41. Chart pertinent ongoing information pertaining to the client.
42. Utilize relevant information from written documents for client care.

XII. CONSULTATION WITH OTHER PROFESSIONALS IN REGARD TO TREATMENT

Relating with in-house staff or outside professionals to assure comprehensive, quality care for the client.

Global Criteria

43. Recognize issues that are beyond the counselor's base of knowledge and/or skill.
44. Consult with appropriate resources to ensure the provision of effective treatment services.
45. Adhere to applicable laws, regulations and agency policies governing the disclosure of client identifying data.
46. Explain the rationale for the consultation to the client, if appropriate.

INTERN EVALUATION: INTERN FORM

Intern's Name: _____

Date of Evaluation: _____

Supervisor: _____

Placement Site: _____

INSTRUCTIONS: Your supervisor will be asked to complete an evaluation form designed to assess your performance during your internship. This form is provided to help you assess your own performance. It is essentially identical to the one given to your supervisor. The form usually takes five or ten minutes to complete. It will become part of your record for this course and may be considered in assigning grades for the internship. Please answer each item using the scale provided. Space is provided following each category group for specific comments. Please consider your evaluations in the context of the developmental stage of your training. In other words, please indicate below that what your current level of training is (e.g., basic undergraduate, advanced graduate) and how you compare to others at that level. If you feel it would be helpful to put anything into context from the outset, please feel free to do so below. There is also additional space the end of this form for general comments.

Intern's Training and Development Level _____

Initial Comments: _____

ANSWER CODE FOR EVALUATION ITEMS

Please use the scale below to evaluate your performance relative to others at comparable stages of education and training.

N/A Not applicable or not enough information to form a judgement

1. Far Below Expectations – needs much improvement, a concern
2. Below Expectations – needs some improvement to meet standards
3. Acceptable – meets standards at average level for interns
4. Above Expectations – performs above average level for interns
5. Far Above Expectations – a definite strength, performs well beyond average levels for interns

BASIC WORK REQUIREMENTS

- _____ Arrives on time consistently
- _____ Uses time effectively
- _____ Informs supervisor and makes arrangements for absences
- _____ Reliably completed requested or assigned tasks on time
- _____ Completes required total number of hours or days on site
- _____ Is responsive to norms about clothing, language, etc. on site

Comments: _____

Suggested areas for further study: _____

ETHICAL AWARENESS AND CONDUCT

- _____ Knowledge of general ethical guidelines
- _____ Knowledge of ethical guidelines of internship placement
- _____ Demonstrates awareness and sensitivity to ethical issues
- _____ Personal behavior is consistent with ethical guidelines
- _____ Consults with others about ethical issues if necessary

Comments: _____

Suggested areas for further study: _____

KNOWLEDGE AND LEARNING

Knowledge of Client Population

_____ Knowledge level of client population at beginning of internship

_____ Knowledge level of client population at end of internship

Knowledge of Treatment Approach

_____ Knowledge of treatment approach at beginning of internship

_____ Knowledge of treatment approach at end of internship

Knowledge of Treatment Setting

_____ Knowledge of treatment setting at beginning of internship

_____ Knowledge level of treatment setting at end of internship

Learning

_____ Receptive to learning when new information is offered

_____ Actively seeks new information from staff or supervisor

_____ Ability to learn and understand new information

_____ Understanding of concepts, theories, and information

_____ Ability to apply new information in clinical setting

Comments: _____

Suggested areas for further study: _____

SKILLS DEVELOPMENT

List specific skill and competency areas of focus for this intern during the placement (e.g., assessment, writing, interviewing, diagnosis, individual therapy, group therapy).

Performance

Skill Area

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

RESPONSE TO SUPERVISION

- _____ Actively seeks supervision when necessary
- _____ Receptive to feedback and suggestions from supervisor
- _____ Understands information communicated in the supervision
- _____ Successfully implements suggestions from supervisor
- _____ Aware of areas that need improvement
- _____ Willingness to explore personal strengths and weaknesses

Comments: _____

Suggested areas for further study: _____

INTERACTIONS WITH CLIENTS

- _____ Appears comfortable interacting with clients
- _____ Initiates interactions with clients
- _____ Communicates effectively with clients
- _____ Builds rapport and respect with clients
- _____ Is sensitive and responsive to clients' needs
- _____ Is sensitive to cultural differences
- _____ Is sensitive to issues of gender differences

Comments: _____

Suggested areas for further study: _____

INTERACTIONS WITH CO-WORKERS

- ☐ Appears comfortable interacting with other staff members
- ☐ Initiates interactions with staff
- ☐ Communicates effectively with staff
- ☐ Effectively conveys information and expresses own opinions
- ☐ Effectively receives information and opinions from others

Comments: _____

Suggested areas for further study: _____

WORK PRODUCTS

- ☐ Reliably and accurately keeps records
- ☐ Written or verbal reports are accurate and factually correct
- ☐ Written or verbal reports are presented in professional manner
- ☐ Reports are clinically or administratively useful

Comments: _____

Suggested areas for further study: _____

What would you identify as areas in which you should improve? _____

Do you believe you are prepared for employment at your present level? _____

Do you believe you are ready for continued graduate studies? _____

Intern's Signature: _____ Date: _____

INTERN EVALUATION: SUPERVISOR FORM

Intern's Name: _____

Date of Evaluation: _____

Supervisor: _____

Placement Site: _____

INSTRUCTIONS: This form is designed to help supervisors provide feedback about the performance of interns. The form usually takes five or ten minutes to complete, and your answers and comments will be much appreciated. This form will become part of the intern's record for this course and may be considered in assigning grades for the internship. Please answer each item using the scale provided. Space is provided following each category group for specific comments. Please consider your evaluations in the context of the developmental stage of your training. In other words, please indicate below that what your current level of training is (e.g., basic undergraduate, advanced graduate) and how you compare to others at that level. If you feel it would be helpful to put anything into context from the outset, please feel free to do so below. There is also additional space the end of this form for general comments.

Intern's Training and Development Level _____

Initial Comments: _____

ANSWER CODE FOR EVALUATION ITEMS

Please use the scale below to evaluate your performance relative to others at comparable stages of education and training.

N/A Not applicable or not enough information to form a judgement

1. Far Below Expectations – needs much improvement, a concern
2. Below Expectations – needs some improvement to meet standards
3. Acceptable – meets standards at average level for interns
4. Above Expectations – performs above average level for interns
5. Far Above Expectations – a definite strength, performs well beyond average levels for interns

BASIC WORK REQUIREMENTS

- _____ Arrives on time consistently
- _____ Uses time effectively
- _____ Informs supervisor and makes arrangements for absences
- _____ Reliably completed requested or assigned tasks on time
- _____ Completes required total number of hours or days on site
- _____ Is responsive to norms about clothing, language, etc. on site

Comments: _____

Suggested areas for further study: _____

ETHICAL AWARENESS AND CONDUCT

- _____ Knowledge of general ethical guidelines
- _____ Knowledge of ethical guidelines of internship placement
- _____ Demonstrates awareness and sensitivity to ethical issues
- _____ Personal behavior is consistent with ethical guidelines
- _____ Consults with others about ethical issues if necessary

Comments: _____

Suggested areas for further study: _____

KNOWLEDGE AND LEARNING

Knowledge of Client Population

_____ Knowledge level of client population at beginning of internship

_____ Knowledge level of client population at end of internship

Knowledge of Treatment Approach

_____ Knowledge of treatment approach at beginning of internship

_____ Knowledge of treatment approach at end of internship

Knowledge of Treatment Setting

_____ Knowledge of treatment setting at beginning of internship

_____ Knowledge level of treatment setting at end of internship

Learning

_____ Receptive to learning when new information is offered

_____ Actively seeks new information from staff or supervisor

_____ Ability to learn and understand new information

_____ Understanding of concepts, theories, and information

_____ Ability to apply new information in clinical setting

Comments: _____

Suggested areas for further study: _____

SKILLS DEVELOPMENT

List specific skill and competency areas of focus for this intern during the placement (e.g., assessment, writing, interviewing, diagnosis, individual therapy, group therapy).

Performance

Skill Area

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

RESPONSE TO SUPERVISION

- _____ Actively seeks supervision when necessary
- _____ Receptive to feedback and suggestions from supervisor
- _____ Understands information communicated in the supervision
- _____ Successfully implements suggestions from supervisor
- _____ Aware of areas that need improvement
- _____ Willingness to explore personal strengths and weaknesses

Comments: _____

Suggested areas for further study: _____

INTERACTIONS WITH CLIENTS

- _____ Appears comfortable interacting with clients
- _____ Initiates interactions with clients
- _____ Communicates effectively with clients
- _____ Builds rapport and respect with clients
- _____ Is sensitive and responsive to clients' needs
- _____ Is sensitive to cultural differences
- _____ Is sensitive to issues of gender differences

Comments: _____

Suggested areas for further study: _____

INTERACTIONS WITH CO-WORKERS

- _____ Appears comfortable interacting with other staff members
- _____ Initiates interactions with staff
- _____ Communicates effectively with staff
- _____ Effectively conveys information and expresses own opinions
- _____ Effectively receives information and opinions from others

Comments: _____

Suggested areas for further study: _____

WORK PRODUCTS

- _____ Reliably and accurately keeps records
- _____ Written or verbal reports are accurate and factually correct
- _____ Written or verbal reports are presented in professional manner
- _____ Reports are clinically or administratively useful

Comments: _____

Suggested areas for further study: _____

Overall, what would you identify as this intern's strong points? _____

What would you identify as areas in which this intern should improve? _____

Would you recommend this intern for employment at his/her present level? _____

Would you recommend this intern for graduate studies? _____

Supervisor's Signature: _____ Date: _____

Thank you for your time in supervising this intern and in completing the evaluation.

MWCC STATEMENT OF SUPERVISED SACC COUNSELING PRACTICUM – HST 270

Please duplicate this form as necessary to document practicum experience at multiple sites, under multiple supervisors.

Name of Student _____

This form(s) serves to document that the above applicant has completed a 300-hour supervised counseling practicum or 300 additional hours of work experience equivalent to the requirements of the practicum. Of the 300 hours there must be a minimum of 30 hours direct supervision and 120 hours of supervised experience in the twelve core function. The twelve core functions are screening, intake, orientation, assessment, treatment planning, counseling, case management, crisis intervention, client education, referrals, reports and record keeping and consultation with other professionals.

Name of CADAC Practicum Site: _____

Total Hours of Practicum Experience Completed: _____

Start Date _____ End Date _____

Please describe the student's job duties under your supervision:

Total hours of direct supervision you provided the applicant: _____

Please indicate the number of hours the applicant performed each function:

- | | |
|-----------------------------|---|
| 1. Screening _____ | 7. Case Management _____ |
| 2. Intake _____ | 8. Crisis Intervention _____ |
| 3. Orientation _____ | 9. Client Education _____ |
| 4. Assessment _____ | 10. Referrals _____ |
| 5. Treatment Planning _____ | 11. Reports and Recordkeeping _____ |
| 6. Counseling _____ | 12. Consultation With Other Professionals _____ |

I, _____ certify that I supervised the practical experience of
Supervisor's Name

_____ from _____ to _____ as described above.
Applicant's Name begin date end date

I hereby verify that the above statements are correct and declare that they were made under the pains and penalties of perjury.

Signature of Approved Supervisor / Title

Printed Name

Date

FORM B - STATEMENT OF SUPERVISED SACC COUNSELING PRACTICUM – HST 270

LDAC Form

Please duplicate this form as necessary to document practicum experience at multiple sites, under multiple supervisors.

Name of Student _____

This form(s) serves to document that the above applicant has completed a 300-hour supervised counseling practicum or 300 additional hours of work experience equivalent to the requirements of the practicum. Of the 300 hours there must be a minimum of 30 hours direct supervision and 120 hours of supervised experience in the twelve core function. The twelve core functions are screening, intake, orientation, assessment, treatment planning, counseling, case management, crisis intervention, client education, referrals, reports and record keeping and consultation with other professionals.

Name of Educational Facility overseeing practicum (if applicable): _____

Transcript attached? ☐ Yes ☐ No

If no, is the transcript coming under separate cover, please explain _____

The remainder of the form is to be completed by the Supervisor(s) who oversaw the student's practical experience

Practicum Site: _____

Total Hours of Practicum Experience Completed: _____

Start Date _____ End Date _____

Please describe the student's job duties under your supervision:

Total hours of direct supervision you provided the applicant: _____

Please indicate the number of hours the applicant performed each function:

- | | |
|-----------------------------|---|
| 1. Screening _____ | 7. Case Management _____ |
| 2. Intake _____ | 8. Crisis Intervention _____ |
| 3. Orientation _____ | 9. Client Education _____ |
| 4. Assessment _____ | 10. Referrals _____ |
| 5. Treatment Planning _____ | 11. Reports and Recordkeeping _____ |
| 6. Counseling _____ | 12. Consultation With Other Professionals _____ |

I, _____ certify that I supervised the practical experience of
Supervisor's Name

_____ from _____ to _____ as described above.
Applicant's Name begin date end date

I hereby verify that the above statements are correct and declare that they were made under the pains and penalties of perjury.

Signature of Approved Supervisor / Title

Printed Name

Date

ETHICAL GUIDELINES

Everyone taking part in an internship opportunity is expected to adhere to certain guidelines for ethical, responsible conduct and to adhere to federal and state laws and regulations. This is necessary for your own benefit and protection, as well as those of the clients, the placement agency, your instructor, your supervisor, and your academic institution. Certain basic guidelines are described in this sheet, but these are not exhaustive. As an intern you are also expected to learn and adhere to the broader ethical guidelines dictated by your relevant profession (APA, NASW, ASCA, ACA, etc.) as well as the guidelines specific to your placement agency. In addition, you must familiarize yourself with and follow federal and state laws and regulations (e.g., HIPPA, FERPA). If you every have questions about ethics or responsible conduct, contact your instructor or the placement supervisor. At a minimum, interns agree to adhere to the following principles:

1. **Confidentiality.** The identity of clients or information that would reveal the identity of clients cannot be disclosed without the specific permission of the client and only according to the HIPPA and FERPA guidelines where they apply. The only exception are cases in which the client may be dangerous to him/herself or others and in cases of abuse. In such situations, there may be a legal requirement to inform responsible agencies. There are also certain legal proceedings in which courts can order case notes and other records to be released. Interns must familiarize themselves with and adhere to confidentiality procedures of their placements and the laws of the state and federal governments. Personal notes pertaining to specific clients and any case material discussed in class must be prepared in such a way that confidentiality is maintained. Any records or communications involving electronic technologies (e.g., computer, email, PDA) must be protected with passwords, encryption, and any other means prescribed by the placement site, academic institution, HIPAA regulations, or other laws. Interns do not discuss cases in public settings outside of class or their internship, nor do they discuss their cases with person who are not specifically authorized.
2. **Recognition of qualifications limitations.** Interns must recognize the limitations to their training and abilities and must not exceed these in work with clients. It is incumbent on interns to recognize when clinical situations are beyond their knowledge or ability. When such situations arise, interns will seek assistance from their supervisors and instructors.
3. **Identification as interns.** Interns will explicitly identify themselves as interns to their clients, in reports, and in other professional activities. They will not misrepresent their training, qualifications, or status. Interns who will be at a placement site for a limited time will inform clients of the limitation at the outset of therapy and will consider it in their work with clients.
4. **Record keeping.** Interns will accurately and reliably maintain written and other records in a timely and accurate manner as required by their placement agency and by state and federal laws.
5. **Dual relationships.** Interns will strictly follow ethical guidelines regarding multiple relationships and will refrain from clinical work with persons with whom they are involved in other types of relations. Such dual relations my inhibit the effectiveness of the intern's clinical work and may jeopardize both clients and trainees. For example, it would not be ethical for a trainee to take as a client someone who was a fellow student in class. Similarly, coworkers, friends, and others should not be seen as clients.
6. **Prohibition regarding sexual conduct or harassment.** Under no circumstances shall interns become involved in sexual or romantic relations of any sort with clients or their family members. Interns will also refrain from sexual harassment and will respect the sensitivity of others regarding sexual matters.

7. *Self-awareness and monitoring.* Interns will monitor their own emotional and physical status and should be aware of any conditions that might adversely impact their ability to serve their clients or placement agencies. If such conditions arise, interns should seek assistance and inform their placement supervisors and instructors.

8. *Ethics discussion with supervisor.* Each intern must discuss the ethical standards of his/her placement agency with the supervisor before performing any clinical work or client contact. Space is provided at the bottom of this form to indicate that such discussions have taken place and that the intern has been informed of ethical expectations, state and federal laws and regulations, and any other specific guidelines of the agency.

By signing below, the intern agrees to adhere to the guidelines listed above as well as those of the professional discipline, state and federal laws, and the specific placement agency.

Intern's signature: _____ Date: _____

Site supervisor: _____ Date: _____

Instructor: _____ Date: _____

SUBSTANCE USE HISTORY QUESTIONNAIRE

1. What substances do you currently use? (Check all that apply)

_____	Alcohol	_____	Amphetamines (uppers)
_____	Cocaine	_____	Barbiturates (downers)
_____	Marijuana	_____	Nicotine (cigarettes)
_____	Other (specify) _____		

2. What are your present substance use habits?

_____	Daily use	_____	Social use (with friends / at parties)
_____	Weekend use only	_____	Occasional heavy use (to point of intoxication)
_____	Occasional light use (not to point of intoxication)		

3. How many days ago did you last take a drug or drink? _____ days

4. Have you used daily in the past two months? ☐ Yes ☐ No

5. Do you find it almost impossible to live without your drugs or alcohol? ☐ Yes ☐ No

6. Are you always able to stop using when you want to? ☐ Yes ☐ No

7. Where do you do most of your drinking or drug use? (Check all that apply)

_____	Home
_____	Friends
_____	Bars, restaurants, or other public places
_____	Parties or social gatherings
_____	Other

8. Do you drink or use during your work day? ☐ Yes ☐ No

9. Do most of your friends use like you do? ☐ Yes ☐ No

10. With whom do you use or drink? (Check all that apply)

_____	Alone	_____	Neighbors
_____	Family	_____	Coworkers
_____	Friends	_____	Strangers

11. Do you consider yourself to be a

_____	Very light user?	_____	Fairly heavy users?
_____	Moderate user?	_____	Heavy user?
_____	Non-user?		

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12. Do your friends or family think you use more than other people? ☐ Yes ☐ No

13. Have any family or friends complained to you about your drug or alcohol use? ☐ Yes ☐ No

14. Do you feel you use more or less than other people who use? ☐ Yes ☐ No

15. Were your drug use or drinking habits ever different from what they are now? ☐ Yes ☐ No

If yes, please explain why the habits changed: _____

16. Has your drinking or drug use ever caused you to (Check all that apply)

- _____ Lose a job or have job problems
- _____ Have legal problems (DUI, arrest for possession)
- _____ Have medical problems related to your use
- _____ Have family problems or relations problems
- _____ Be aggressive or violent

17. Have you ever neglected your obligations, family, or work for two or more days in a row because you were drinking or using drugs? ☐ Yes ☐ No

18. Because of your alcohol or drug use, have you felt (Check all that apply):

	Often	Sometimes	Seldom	Never
Tense or nervous	_____	_____	_____	_____
Suspicious or jealous	_____	_____	_____	_____
Worried	_____	_____	_____	_____
Lonely	_____	_____	_____	_____
Angry or violent	_____	_____	_____	_____
Depressed	_____	_____	_____	_____
Suicidal	_____	_____	_____	_____

19. Do you ever feel bad about things you have done while using? ☐ Yes ☐ No

20. People use alcohol and/or drugs for different reasons. How important would you say that each of the following is to you?

	Very	Somewhat	Not at all
It helps me relax.	_____	_____	_____
It helps me be more sociable.	_____	_____	_____
I like the effect.	_____	_____	_____
People I know use drugs or drink.	_____	_____	_____
I use when I get upset or angry.	_____	_____	_____
I want to forget or escape.	_____	_____	_____
It helps cheer me up.	_____	_____	_____
It makes me less tense or nervous.	_____	_____	_____
It makes me less sad or depressed.	_____	_____	_____
It helps me function better.	_____	_____	_____
I use to celebrate special occasions.	_____	_____	_____

DRUG USE QUESTIONNAIRE (DAST-20)

Name: _____ Date: _____

The following questions concern information about your potential involvement with drugs *not including* alcoholic beverages during the past 12 months. Carefully read each statement and decide if your answer is "Yes" or "No". Then, circle the appropriate response beside the question.

In the statements drug abuse refers to 1) the use of prescribed or over the counter drugs in excess of the directions and 2) any non-medical use of drugs. The various classes of drugs may include: cannabis (e.g., marijuana, hash), solvents, tranquilizers (e.g., Valium), barbiturates, cocaine, and stimulants (e.g., speed), hallucinogens (e.g., LSD), or narcotics (e.g., heroin). Remember that the questions do not include alcoholic beverages.

Please answer every question. If you have difficulty with a statement, then choose the response that is mostly right.

These questions refer to the past 12 months

Circle your response

- | | | |
|---|-----|----|
| 1. Have you used drugs other than those required for medical reasons? | Yes | No |
| 2. Have you abused prescription drugs? | Yes | No |
| 3. Do you abuse more than one drug at a time? | Yes | No |
| 4. Can you get through the week without using drugs? | Yes | No |
| 5. Are you always able to stop using drugs when you want to? | Yes | No |
| 6. Have you had "blackouts" or "flashbacks" as a result of drug use? | Yes | No |
| 7. Do you ever feel bad or guilty about your drug use? | Yes | No |
| 8. Does your spouse (or parents) ever complain about your involvement with drugs? | Yes | No |
| 9. Has drug abuse created problems between you and your spouse or parents? | Yes | No |
| 10. Have you lost friends because of your drug use? | Yes | No |
| 11. Have you neglected your family because of your drug use? | Yes | No |
| 12. Have you been in trouble at work because of your drug use? | Yes | No |
| 13. Have you lost a job because of your drug use? | Yes | No |
| 14. Have you gotten into fights when under the influence of drugs? | Yes | No |
| 15. Have you engaged in illegal activities in order to obtain drugs? | Yes | No |
| 16. Have you been arrested for possession of illegal drugs? | Yes | No |
| 17. Have you ever experienced withdrawal symptoms (felt sick) when you stopped taking drugs? | Yes | No |
| 18. Have you had medical problems as a result of your drug use (e.g., memory loss, hepatitis, convulsions, bleeding, etc.)? | Yes | No |
| 19. Have you gone to anyone for help for a drug problem? | Yes | No |
| 20. Have you been involved in a treatment program specifically related to drug use? | Yes | No |

21. Are there other reasons you use drugs or alcohol? Please specify: _____

22. Have you tried to stop using drugs or alcohol in the last two months? ☐ Yes ☐ No

If yes, did you experience any medical or physical problems when you stopped? Please explain

23. Have you ever gone to anyone for help about your drinking or drug use? ☐ Yes ☐ No

If yes, please explain _____

24. Have you ever attended a meeting or Alcoholics Anonymous (AA), or any other self-help group because of your drug or alcohol use? ☐ Yes ☐ No

25. Do you feel you have an addiction to alcohol or drugs? ☐ Yes ☐ No

26. Do you want help with a drug or alcohol problem at this time? ☐ Yes ☐ No

ADULT CAGE QUESTIONNAIRE

Have you ever felt a need to CUT DOWN on your drinking/drug use?
(This includes prescription drugs)

Alternative Questions:

Have you ever tried to cut down on your usage? Were you successful? What was it like? Why did you decide to cut down or go on the wagon? Are you able to drink as much now as you could a year ago? Five or ten years ago? How do you feel about your drinking or drug use now? Has anyone ever commented on how much you are able to consume?

Have you ever been ANNOYED at criticism of your drinking/drug use?

Alternative Questions:

Have you ever been concerned about your usage? Has anyone else been concerned about your drinking or use of drugs? What caused the concern or worry? Do you get irritated by their concern? Have you ever limited how much you use in order to please someone?

Have you ever felt GUILTY about something you have done when you have been drinking/high from drugs?

Alternative Questions:

Do you feel that you are a different person when you are high? How would you compare yourself when you are using and when you are not? Have you ever been bothered by anything you have said or done while you have been high/drunken? Has anyone else been bothered by your usage?

Have you ever had a morning EYE OPENER – taken a drink/drugs to get going or treat withdrawal symptoms?

Alternative Questions:

Do you ever get a hangover? How often? Have you ever felt shaky after a night of heavy drinking? Have you ever had a drink to relieve the hangover or the shakiness? Have you ever had trouble sleeping after a heavy night of drinking or getting high? Do you ever have difficulty remembering what happened while you were high? How many times has this occurred?

MICHIGAN ALCOHOLISM SCREENING TEST (MAST)

Selzer, 1971

QUESTION POINTS

0.	Do you enjoy a drink now and then?	0
1.	Do you feel you are a normal drinker? (By normal we mean you drink less than or as much as most people).	2
2.	Have you ever awakened the morning after some drinking the night before and found that you could not remember part of the evening?	2
3.	Does your spouse, parent, close relative, or significant other ever worry or complain about your drinking?	2
4.	Can you stop drinking without a struggle after one or two drinks?	2
5.	Do you ever feel guilty about your drinking?	1
6.	Do friends or relatives think you are a normal drinker?	2
7.	Are you able to stop drinking when you want to?	2
8.	Have you ever attended a meeting of Alcoholics Anonymous (AA)?	5
9.	Have you ever gotten into physical fights when drinking?	1
10.	Has your drinking ever created problems between you and your spouse, parent, significant other, or another relative?	2
11.	Has your wife, husband, family member or significant other ever gone to anyone for help about your drinking?	2
12.	Have you ever lost friends or boyfriends/girlfriends because of your drinking?	2
13.	Have you ever gotten into trouble at school or work because of drinking?	2
14.	Have you ever lost a job because of drinking?	2
15.	Have you ever neglected your obligations, your family, or your work for two or more days in a row because you were drinking?	2
16.	Do you drink before noon fairly often?	1
17.	Have you ever been told you have liver trouble? Cirrhosis?	2
18.	After heavy drinking have you ever had Delirium Tremens (D.T.'s) or severe shaking, or heard voices or seen things that really weren't there?	2
19.	Have you ever gone to anyone for help about your drinking?	2
20.	Have you ever been in a hospital because of drinking?	5
21.	Have you ever been a patient in a psychiatric hospital or on a psychiatric ward of a general hospital where drinking was part of the problem that resulted in hospitalization?	5
22.	Have you ever been seen at a psychiatric or mental health clinic or gone to any doctor, social worker, or clergyman for help with any emotional problem, where drinking was part of the problem?	2
23.	Have you ever been arrested for drunk driving, driving while intoxicated, or driving under the influence of alcoholic beverages? (If Yes, how many times? _____)	2
24.	Have you ever been arrested or taken into custody, even for a few hours, because of other drunken behavior? (If Yes, how many times? _____)	2

Negative responses to these questions are scored in the alcoholic direction. Five points for Delirium Tremens two points for each arrest.

MAST SCORING SYSTEM

In general, five points or more would place the respondent in an "alcoholic" category. Four points would be suggestive of alcoholism; three points or less would indicate the subject was not alcoholic.

Programs using the above scoring system find it very sensitive at the five-point level, and more people are scored as alcoholic than anticipated. However, it is a screening test and should be sensitive at its lower levels.

In clients in whom a drinking problem is suspected, yet who score 9 points or less (and especially those who score 4 points or less), one may ask seven additional questions:

QUESTION: POINTS:

1.	Have you ever consciously stopped drinking for a period of time	2
2.	Can you or could you at any time in your life drink more than other people without showing it?	2
3.	Did either of your parents ever have a problem with drinking, or were you ever concerned about either of their drinking?	2
4.	Have you ever been stopped while driving or been apprehended by a law officer for any reason while you were drinking, yet you did not get arrested or receive a citation, but probably should have?	2
5.	Have you ever gone to a doctor for a medical problem other than liver disease or cirrhosis that you or the doctor suspected was caused by drinking?	2
6.	Have you ever been dependent upon or ever had recurring problems with using a drug other than alcohol?	2
7.	Did you often have hangovers (feeling bad or sick after drinking) during the first few years of your heavy drinking?	2

Negative responses to this question are scored in the alcoholic direction

If the answer is yes for both parents, score four points.

Three additional observations can be helpful, and these are to be answered by the counselor.

QUESTION POINTS

8.	Does the client display any "red flags" during the taking of the drinking history? (e.g. glibness, avoidance, anger, defensiveness)?	3
9.	At any time during the interview, did the client say anything like "I can quit anytime", "I don't need it", "I can take it or leave it", or the like?	3
10.	If there is a blood alcohol level available, does it fulfill any of the following criteria? a) 100 mg% (.10 gm%) at an office visit b) 150 mg% (.15 gm%) without gross evidence of intoxication c) 300 mg% (.300 gm%) at any time	5 (for a, b or c)

Although these ten questions are not part of the standardized MAST, they may be of value to the counselor for clients with doubtful or negative MAST scores. They can provide up to 27 additional points. Clients who are alcoholic will rarely score three points or less on the standard MAST. In these clients, the counselor can usually find other information that indicates that the client may be or is alcoholic. It may be helpful to give the MAST and the Addendum to a family member, such as the spouse, to answer for the client, as though the client were answering truthfully. In such a case the MAST score will be as accurate as if the client answered it honestly. In recording the client's score, the MAST score is listed first, followed by the sum of both the MAST and the Addendum [e.g. 15/22. (MAST/MAST & Addendum)]¹.

These questions may also be asked of those who score above nine points on the MAST to additional data. If the client answers "No" to this question, yet the counselor knows that the client has or had a drug problem, two points should be scored. This principle also applies to other questions on the MAST and this addendum as well.

Explanation for MAST Addendum Answers by the Client

1. Normal drinkers generally do not consciously stop drinking. Any person who consciously stops drinking is giving evidence that he/she has found drinking to be a negative experience. Alcoholics usually stop drinking periodically towards the middle and advanced stages of their alcoholism. Consciously stopping drinking usually indicates that the person has some form of struggle with drinking.
2. This demonstrates tolerance to alcohol (acquired and/or congenital tolerance). Alcoholics commonly manifest one or both of these.
3. About 67% of alcoholics have a family history of a drinking problem in a parent. If you are now seeing a person for suspicion of an alcohol problem who discloses that his/her parent was an "alcohol abuser" or was concerned about the parent's drinking, or the parent was a heavy drinker, this is further evidence of either risk or an actual problem. For those people with both parents having had a drinking problem, there is probably an even higher risk of being or becoming alcoholic. If the person has some doubt about a parent's alcoholism, taking the MAST for the parent as though the parent were answering honestly is usually helpful and can help remove the doubt.
4. This can be called a "near arrest". It commonly occurs in women and VIP (Very Important Person) drunk drivers, where the law officer often does not issue a citation because, for example, the woman cries or the VIP uses other influence.
5. Any person who acknowledges a medical consequence of alcoholism other than liver disease or cirrhosis should be suspected of having alcoholism.
6. People with drug dependence to one type of drug tend to develop dependence to other types of psychoactive drugs. Alcoholism is the most common drug dependence. Thus, having another type of drug dependence places a person at a higher risk of becoming or being alcoholic.
7. Recovering alcoholics said that they rarely, if ever, experienced a hangover after heavy drinking during the first few years of their alcoholism, contrasted to less than 5% of a non-alcoholic population so surveyed.
8. These responses indicate struggle, similar to question #1.
9. These statements or the like also indicate struggle. Normal drinkers do not make these types of statements. Some alcoholism experts consider this to be almost diagnostic of alcoholism.
10. These blood alcohol levels are those set forth by the National Council on Alcoholism's expert committee on the diagnosis of alcoholism. Any one of these is considered to be a major diagnostic criterion and therefore is diagnostic of alcoholism.

The Short MAST-GERIATRIC VERSION (SMAST-G)

Yes No

Please answer Yes or No to the following questions:

- | | | |
|---|--------------------------|--------------------------|
| 1. When talking with others, do you ever underestimate how much you drink? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. After a few drinks, have you sometimes not eaten or been able to skip a meal because you didn't feel hungry? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Does having a few drinks help decrease your shakiness or tremors? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Does alcohol sometimes make it hard for you to remember parts of the day or night? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Do you usually take a drink to calm your nerves? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Do you drink to take your mind off your problems? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Have you ever increased your drinking after experiencing a loss in your life? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Has a doctor or nurse ever said they were worried or concerned about your drinking? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Have you ever made rules to manage your drinking? | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. When you feel lonely, does having a drink help? | <input type="checkbox"/> | <input type="checkbox"/> |

SCORING:

Score one point for each 'yes' answer and total the responses

Two⁺ points = are indicative of an alcohol problem and a BI should be conducted. The extra question below should not be calculated in the final score but should be asked.

Extra Q:

Do you drink alcohol and take mood or mind altering drugs, including prescription tranquilizers, prescription sleeping pills, prescription pain pills, or any illicit drugs?"

Addiction Severity Index 5th Edition

Clinical/Training Version

*Substance Abuse Counseling
Theory and Practice
Stevens and Smith, 2018*

A. Thomas McLellan, Ph.D.

Deni Carise, Ph.D.

Thomas H. Coyne, MSW

Remember: This is an interview, not a test

Item numbers circled are to be asked at follow-up.

Items with an asterisk are cumulative and should be rephrased at follow-up.

INTRODUCING THE ASI: Introduce and explain the seven potential problem areas: Medical, Employment/Support Status, Alcohol, Drug, Legal, Family/Social, and Psychiatric. All clients receive this same standard interview. All information gathered is confidential; explain what that means in your facility; who has access to the information and the process for the release of information.

There are two time periods we will discuss:

1. The past 30 days
2. Lifetime

Patient Rating Scale: Patient input is important. For each area, I will ask you to use this scale to let me know how bothered you have been by any problems in each section. I will also ask you how important treatment is for you for the area being discussed.

The scale is:

0	- Not at all
1	- Slightly
2	- Moderately
3	- Considerably
4	- Extremely

Inform the client that he/she has the right to refuse to answer any question. If the client is uncomfortable or feels it is too personal or painful to give an answer, instruct the client not to answer. Explain the benefits and advantages of answering as many questions as possible in terms of developing a comprehensive and effective treatment plan to help them.

Please try not give inaccurate information!

INTERVIEWER INSTRUCTIONS:

1. Leave no blanks.
2. Make plenty of Comments (if another person reads this ASI, they should have a relatively complete picture of the client's perceptions of his/her problems).
3. X = Question not answered.
N = Question not applicable.
4. Terminate interview if client misrepresents two or more sections.
5. When noting comments, please write the question number.
6. Tutorial/clarification notes are preceded with "•".

HALF TIME RULE:

If a question asks the number of months, round up periods of 14 days or more to 1 month. Round up 6 months or more to 1 year.

CONFIDENCE RATINGS: ⇒ Last two items in each section.

- ⇒ Do not over-interpret.
- ⇒ Denial does not necessarily warrant misrepresentation.
- ⇒ Misrepresentation = overt contradiction in information.

Probe, cross-check and make plenty of comments!

HOLLINGSHEAD CATEGORIES:

1. Higher execs, major professionals, owners of large businesses.
2. Business managers of medium sized businesses, lesser professions, i.e., nurses, opticians, pharmacists, social workers, teachers.
3. Administrative personnel, managers, minor professionals, owners/proprietors of small businesses, i.e., bakery, car dealership, engraving business, plumbing business, florist, decorator, actor, reporter, travel agent.
4. Clerical and sales, technicians, small businesses (bank teller, bookkeeper, clerk, draftsman, timekeeper, secretary).
5. Skilled manual - usually having had training (baker, barber, brakeperson, chef, electrician, fireman, machinist, mechanic, paperhanger, painter, repairperson, tailor, welder, police, plumber).
6. Semi-skilled (hospital aide, painter, bartender, bus driver, cutter, cook, drill press, garage guard, checker, waiter, spot welder, machine operator).
7. Unskilled (attendant, janitor, construction helper, unspecified labor, porter, including unemployed).
8. Homemaker.
9. Student, disabled, no occupation.

LIST OF COMMONLY USED DRUGS:

Alcohol:	Beer, wine, liquor
Methadone:	Dolophine, LAAM
Opiates:	Pain killers = Morphine, Dilaudid, Demerol, Percocet, Darvon, Talwin, Codeine, Tylenol 2,3,4, Syrups = Robitussin, Fentanyl
Barbiturates:	Nembutal, Seconal, Tuinal, Amytal, Pentobarbital, Secobarbital, Phenobarbital, Fiorinal
Sed/Hyp/Tranq:	Benzodiazepines = Valium, Librium, Ativan, Serax Tranxene, Dalmane, Halcion, Xanax, Miltown, Other = Chloral Hydrate, Quaaludes
Cocaine:	Cocaine Crystal, Free-Base Cocaine or Crack, and "Rock Cocaine"
Amphetamines:	Monster, Crank, Benzedrine, Dexedrine, Ritalin, Preludin, Methamphetamine, Speed, Ice, Crystal
Cannabis:	Marijuana, Hashish
Hallucinogens:	LSD (Acid), Mescaline, Psilocybin (Mushrooms), Peyote, Green, PCP (Phencyclidine), Angel Dust, Ecstasy
Inhalants:	Nitrous Oxide (Whippits), Amyl Nitrite (Poppers), Glue, Solvents, Gasoline, Toluene, Etc.

Just note if these are used:

Antidepressants,
Ulcer Meds = Zantac, Tagamet
Asthma Meds = Ventolin Inhaler, Theodur
Other Meds = Antipsychotics, Lithium

ALCOHOL/DRUG USE INSTRUCTIONS:

The following questions refer to two time periods: the past 30 days and lifetime. Lifetime refers to the time prior to the last 30 days.

- ⇒ 30 day questions only require the number of days used.
- ⇒ Lifetime use is asked to determine extended periods of use.
- ⇒ Regular use = 3 or more times per week, binges, or problematic irregular use in which normal activities are compromised.
- ⇒ Alcohol to intoxication does not necessarily mean "drunk", use the words "to feel or felt the effects", "got a buzz", "high", etc. instead of intoxication. As a rule, 3 or more drinks in one sitting, or 5 or more drinks in one day defines "intoxication".
- ⇒ How to ask these questions:
 - "How many days in the past 30 have you used....?"
 - "How many years in your life have you regularly used....?"

Addiction Severity Index, Fifth Edition

GENERAL INFORMATION

(Clinical/Training Version)

G1. ID No.:

G2. SS No.:

 - -

G4. Date of Admission

 / /

G5. Date of Interview:

 / /

G6 Time Begun: (Hour: Minutes)

 :

G7. Time Ended: (Hour: Minutes)

 :

G8. Class:

1. Intake 2. Follow-up

☐

G9. Contact Code:

1. In person

2. Telephone (Intake ASI must be in person)

☐

G10. Gender:

1. Male 2. Female

☐

G11. Interviewer Code No./ Initials:

Name

Address 1

Address 2

City

State

Zip Code

Telephone Number

G14. How long have you lived at this address?

 /
Years Months

G15. Is this residence owned by you or your family?

0-No 1-Yes ☐

G16. Date of birth: (Month/Day/Year)

 / /

G17. Of what race do you consider yourself?

☐

1. White (not Hisp) 5. Asian/Pacific 9. Other Hispanic
2. Black (not Hisp) 6. Hispanic-Mexican
3. American Indian 7. Hispanic-Puerto Rican
4. Alaskan Native 8. Hispanic-Cuban

G18. Do you have a religious preference?

☐

1. Protestant 3. Jewish 5. Other
2. Catholic 4. Islamic 6. None

G19. Have you been in a controlled environment in the past 30 days?

☐

1. No 4. Medical Treatment
2. Jail 5. Psychiatric Treatment
3. Alcohol/Drug Treat. 6. Other: _____

•A place, theoretically, without access to drugs/alcohol.

G20. How many days?

•"NN" if Question G19 is No. Refers to total number of days detained in the past 30 days.

ADDITIONAL TEST RESULTS

PROBLEMS	SEVERITY PROFILE									
	0	1	2	3	4	5	6	7	8	9
MEDICAL										
EMPSUP										
ALCOHOL										
DRUGS										
LEGAL										
FAM/SOC										
PSYCH										

GENERAL INFORMATION COMMENTS

(Include the question number with your notes)

MEDICAL STATUS

M1. * How many times in your life have you been hospitalized for medical problems?

- Include O.D.'s and D.T.'s. Exclude detox, alcohol/drug, psychiatric treatment and childbirth (if no complications). Enter the number of *overnight* hospitalizations for medical problems.

M2. How long ago was your last hospitalization for a physical problem? Yrs. Mos.

- If no hospitalizations in Question M1, then this is coded "NN".

M3. Do you have any chronic medical problems which continue to interfere with your life? 0 - No 1 - Yes ☐

- If "Yes", specify in comments.
- A chronic medical condition is a serious physical condition that requires regular care, (i.e., medication, dietary restriction) preventing full advantage of their abilities.

M4. Are you taking any prescribed medication on a regular basis for a physical problem? 0 - No 1 - Yes ☐

- If Yes, specify in comments.
- Medication prescribed by a MD for medical conditions; *not* psychiatric medicines. Include medicines prescribed whether or not the patient is currently taking them. The intent is to verify chronic medical problems.

M5. Do you receive a pension for a physical disability? 0 - No 1 - Yes ☐

- If Yes, specify in comments.
- Include Workers' compensation, exclude psychiatric disability.

M6. How many days have you experienced medical problems in the past 30 days?

- Include flu, colds, etc. Include serious ailments related to drugs/alcohol, which would continue even if the patient were abstinent (e.g., cirrhosis of liver, abscesses from needles, etc.).

For Questions M7 & M8, ask the patient to use the Patient Rating scale.

M7. How troubled or bothered have you been by these medical problems in the past 30 days? ☐

- Restrict response to problem days of Question M6.

M8. How important to you now is treatment for these medical problems? ☐

- If client is currently receiving medical treatment, refer to the need for *additional* medical treatment by the patient.

INTERVIEWER SEVERITY RATING

M9. How would you rate the patient's need for medical treatment? ☐

- Refers to the patient's need for *additional* medical treatment.

CONFIDENCE RATINGS

Is the above information significantly distorted by:

M10. Patient's misrepresentation? 0 - No 1 - Yes ☐

M11. Patient's inability to understand? 0 - No 1 - Yes ☐

MEDICAL COMMENTS

(Include question number with your notes)

E1.* Education completed:

• GED = 12 years, note in comments.

• Include formal education only.

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 Yrs.

--	--

 Mos.

- GED = 12 years, note in comments.
- Include formal education only.

Yrs. Mos.

- Formal/organized training only. For military training, only include training that can be used in civilian life (i.e., electronics, computers)

Mos.	

0 - No 1 - Yes ☐

- Employable, transferable skill acquired through training.
- If "Yes" (specify)

• Valid license; not suspended/revoked. 0 - No 1 - Yes

- If answer to E4 is "No", then E5 must be "No". 0 - No 1 - Yes ☐

Does not require ownership, only requires availability on a regular basis.

• Full time = 35+ hours weekly; does not necessarily mean most recent job.

Yrs. Mos.

(use Hollingshead Categories Reference Sheet)

0 - No 1 - Yes ☐

- Is patient receiving any regular support (i.e., cash, food, housing) from family/friend. Include spouse's contribution; exclude support by an institution.

0 - No 1 - Yes ☐

- If E8 is "No", then E9 is "N".

1. Full time (35+ hours)
2. Part time (regular hours)
3. Part time (irregular hours)
4. Student
5. Service
6. Retired/Disability
7. Unemployed
8. In controlled environment

- Answer should represent the majority of the last 3 years, not just the most recent selection. If there are equal times for more than one category, select that which best represents the current situation.

- Include "under the table" work, paid sick days and vacation.

(Include question number with your notes)

For questions E12-17: How much money did you receive from the following sources in the past 30 days?

- Net or "take home" pay, include any "under the table" money.

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- Include food stamps, transportation money provided by an agency to go to and from treatment.

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- Include disability, pensions, retirement, veteran's benefits, SSI & workers' compensation.

--	--	--	--	--

- Money for personal expenses, (i.e. clothing), include unreliable sources of income. Record *cash* payments only, include windfalls (unexpected), money from loans, legal gambling, inheritance, tax returns, etc.).

--	--	--	--	--

•**Cash** obtained from drug dealing, stealing, fencing stolen goods, illegal gambling, prostitution, etc. **Do not** attempt to convert drugs exchanged to a dollar value.

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- Must be regularly depending on patient, do include alimony/child support, do not include the patient or self-supporting spouse, etc.

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- Include inability to find work, if they are actively looking for work, or problems with present job in which that job is jeopardized.

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For Questions E20 & E21, ask the patient to use the Patient Rating scale.

- If the patient has been incarcerated or detained during the past 30 days, they cannot have employment problems. In that case an "N" response is indicated.

- Stress help in finding or preparing for a job, not giving them a job.

E22. How would you rate the patient's need for employment counseling?

Is the above information significantly distorted by:

0-No 1-Yes

1

0-No 1-Yes



(Include question number with your notes)

[illegible]

ALCOHOL/DRUGS

Route of Administration Types:

1. Oral 2. Nasal 3. Smoking 4. Non-IV injection 5. IV

• Note the usual or most recent route. For more than one route, choose the most severe. The routes are listed from least severe to most severe.

	Past 30 Days	Lifetime (years)	Route of Admin
D1 Alcohol (any use at all, 30 days)	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
D2 Alcohol - to intoxication	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
D3 Heroin	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
D4 Methadone	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
D5 Other Opiates/Analgesics	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
D6 Barbiturates	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
D7 Sedatives/Hypnotics/ Tranquilizers	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
D8 Cocaine	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
D9 Amphetamines	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
D10 Cannabis	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
D11 Hallucinogens	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
D12 Inhalants	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
D13 More than 1 substance per day (including alcohol)	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/>

D14 According to the interviewer, which substance(s) is/are the major problem?

■ Interviewer should determine the major drug or drugs of abuse. Code the number next to the drug in questions 01-12, or "00" = no problem, "15" = alcohol & one or more drugs, "16" = more than one drug but no alcohol. Ask patient when not clear.

D15. How long was your last period of voluntary abstinence from this major substance? Mos.

• Last attempt of at least one month, not necessarily the longest. Periods of hospitalization/incarceration *do not count*. Periods of antabuse, methadone, or naltrexone use during abstinence *do count*.

• "00" = never abstinent

D16. How many months ago did this abstinence end?

• If D15 = "00", then D16 = "NN".

• "00" = still abstinent.

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 Mos.

D17* How many times have you had:
Alcohol DT's?

- *Delirium Tremens* (DT's): Occur 24-48 hours after last drink, or significant decrease in alcohol intake, shaking, severe disorientation, fever, hallucinations, they usually require medical attention.

D18* Overdosed on Drugs?

- **Overdoses (OD):** Requires intervention by someone to recover, not simply sleeping it off, include suicide attempts by OD.

ALCOHOL/DRUGS COMMENTS

(Include question number with your notes)

[illegible]

ALCOHOL/DRUGS (cont.)

How many times in your life have you been treated for :
(D19)* Alcohol abuse?

•Include detoxification, halfway houses, in/outpatient counseling, and AA (if 3+ meetings within one month period).

How many of these were detox only:
(D21)* Alcohol?

How much would you say you spent during the past 30 days on:
(D23). Alcohol?

How many times in your life have you been treated for :

(D20) * Drug abuse?

- Include detoxification, halfway houses, in/outpatient counseling, and NA (if 3+ meetings within one month period).

How many of these were detox only:

(D22) * Drugs?

- If D19 = "00", then question D21 is "NN"
If D20 = '00', then question D22 is "NN"

How much would you say you spent during the past 30 days on:

(D24). Drugs?

- Only count actual *money* spent. What is the financial burden caused by drugs/alcohol?

D25. How many days have you been treated in an outpatient setting for alcohol or drugs in the past 30 days? • Include AA/NA □ □

How many days in the past 30 have you experienced:
Alcohol problems?

• Include: Craving, withdrawal symptoms, disturbing effects of use, or wanting to stop and being unable to.

For Questions D28+D30, ask the patient to use the Patient Rating scale.
The patient is rating the need for additional substance abuse treatment.

How troubled or bothered have you been in the past 30 days by these:

D28 Alcohol problems?

• Include: Craving, withdrawal symptoms, disturbing effects of use, or wanting to stop and being unable to.

How important to you now is treatment for these:

D30 Alcohol problems?

How many days in the past 30 have you experienced:

D27 Drug problems?

• Include: Craving, withdrawal symptoms, disturbing effects of use, or wanting to stop and being unable to.

For Questions D29+D31, ask the patient to use the Patient Rating scale. The patient is rating the need for additional substance abuse treatment.

How troubled or bothered have you been in the past 30 days by these:

D29 Drug problems?

How important to you now is treatment for these:

D31 Drug problems?

INTERVIEWER RATING	
D32.	How would you rate the patient's need for treatment for: Alcohol problems?
D33.	Drug problems?

CONFIDENCE RATINGS	
Is the above information significantly distorted by:	
D34 Patient's misrepresentation?	0-No 1-Yes <input type="checkbox"/>
D35 Patient's inability to understand?	0-No 1-Yes <input type="checkbox"/>

[illegible]

LEGAL STATUS

L1. Was this admission prompted or suggested by the criminal justice system? 0 - No 1 - Yes ☐

- Judge, probation/parole officer, etc.

L2. Are you on parole or probation? 0 - No 1 - Yes ☐

- Note duration and level in comments.

How many times in your life have you been arrested and charged with the following:

L3* Shoplift/Vandal <input type="text"/>	L10* Assault <input type="text"/>
L4* Parole/Probation Violations <input type="text"/>	L11* Arson <input type="text"/>
L5* Drug Charges <input type="text"/>	L12* Rape <input type="text"/>
L6* Forgery <input type="text"/>	L13* Homicide/Mansl. <input type="text"/>
L7* Weapons Offense <input type="text"/>	L14* Prostitution <input type="text"/>
L8* Burglary/Larceny/B&E <input type="text"/>	L15* Contempt of Court <input type="text"/>
L9* Robbery <input type="text"/>	L16* Other: <input type="text"/>

- Include total number of counts, not just convictions. Do not include juvenile (pre-age 18) crimes, unless they were charged as an adult.
- Include formal charges only.

L17* How many of these charges resulted in convictions?

- If L3-16 = 00, then question L17 = "NN".
- Do not include misdemeanor offenses from questions L18-20 below.
- Convictions include fines, probation, incarcerations, suspended sentences, guilty pleas, and plea bargaining.

How many times in your life have you been charged with the following:

L18* Disorderly conduct, vagrancy, public intoxication? <input type="text"/>
L19* Driving while intoxicated? <input type="text"/>
L20* Major driving violations? <input type="text"/>

- Moving violations: speeding, reckless driving, no license, etc.

L21* How many months were you incarcerated in your life?

- If incarcerated 2 weeks or more, round this up to 1 month. List total number of months incarcerated.

L22. How long was your last incarceration?

- Of 2 weeks or more. Enter "NN" if never incarcerated.

L23. What was it for?

- Use code 03-16, 18-20. If multiple charges, choose most severe. Enter "NN" if never incarcerated.

L24. Are you presently awaiting charges, trial, or sentence? 0 - No 1 - Yes ☐

L25. What for?

- Use the number of the type of crime committed: 03-16 and 18-20
- Refers to Q. L24. If more than one, choose most severe.

LEGAL COMMENTS

(Include question number with your notes)

LEGAL STATUS (cont.)

L26. How many days in the past 30, were you detained or incarcerated?
 • Include being arrested and released on the same day.

L27. How many days in the past 30 have you engaged in illegal activities for profit?
 • Exclude simple drug possession. Include drug dealing, prostitution, selling stolen goods, etc. May be cross checked with Question E17 under Employment/Family Support Section.

For Questions L28-29, ask the patient to use the Patient Rating scale.

L28. How serious do you feel your present legal problems are? ☐
 • Exclude civil problems

L29. How important to you now is counseling or referral for these legal problems? ☐
 • Patient is rating a need for referral to legal counsel for defense against criminal charges.

INTERVIEWER SEVERITY RATING

L30. How would you rate the patient's need for legal services or counseling? ☐

CONFIDENCE RATINGS

Is the above information significantly distorted by:

L31. Patient's misrepresentation? 0 = No 1 = Yes ☐

L32. Patient's inability to understand? 0 = No 1 = Yes ☐

LEGAL COMMENTS

(Include question number with your notes)

FAMILY HISTORY

Have any of your blood-related relatives had what you would call a significant drinking, drug use, or psychiatric problem? Specifically, was there a problem that did or should have led to treatment?

Mother's Side	Alcohol	Drug	Psych.	Father's Side	Alcohol	Drug	Psych.	Siblings	Alcohol	Drug	Psych.
H1. Grandmother	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	H6. Grandmother	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	H11. Brother	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H2. Grandfather	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	H7. Grandfather	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
H3. Mother	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	H8. Father	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	H12. Sister	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H4. Aunt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	H9. Aunt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
H5. Uncle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	H10. Uncle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

0 = Clearly No for any relatives in that category X = Uncertain or don't know

1 = Clearly Yes for any relatives in that category N = Never was a relative

• In cases where there is more than one person for a category, record the occurrence of problems for any in that group. Accept the patient's judgment on these questions.

FAMILY HISTORY COMMENTS

F1. Marital Status: ☐

1-Married 3-Widowed 5-Divorced

2-Remarried 4-Separated 6-Never Married

• Common-law marriage = 1. Specify in comments.

F2. How long have you been in this marital status (Q #F1)?

• If never married, then since age 18. Yrs. Mos.

F3. Are you satisfied with this situation? 0-No 1-Indifferent 2-Yes ☐

• Satisfied = generally liking the situation.

• Refers to Questions F1 & F2.

F4.* Usual living arrangements (past 3 years):

1-With sexual partner & children	6-With friends	<input type="checkbox"/>
2-With sexual partner alone	7-Alone	
3-With children alone	8-Controlled Environment	
4-With parents	9-No stable arrangement	
5-With family		

• Choose arrangements most representative of the past 3 years. If there is an even split in time between these arrangements, choose the most recent arrangement.

F5. How long have you lived in these arrangements?

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
		Yrs.	Mos.

• If with parents or family, since age 18.

• Code years and months living in arrangements from Question F4.

F6. Are you satisfied with these arrangements? 0-No 1-Indifferent 2-Yes ☐

Do you live with anyone who:

F7. Has a current alcohol problem? 0-No 1-Yes ☐

F8. Uses non-prescribed drugs? 0-No 1-Yes ☐
(or abuses prescribed drugs)

F9. With whom do you spend most of your free time?
1-Family 2-Friends 3-Alone ☐

• If a girlfriend/boyfriend is considered as family by patient, then they must refer to them as family throughout this section, not a friend.

F10. Are you satisfied with spending your free time this way? ☐
0-No 1-Indifferent 2-Yes

• A satisfied response must indicate that the person generally likes the situation. Referring to Question F9.

F11. How many close friends do you have? ☐

- Stress that you mean *close*. Exclude family members. These are "reciprocal" relationships or mutually supportive relationships.

Would you say you have had a close reciprocal relationship with any of the following people:

F12. Mother	<input type="checkbox"/>	F15. Sexual Partner/Spouse	<input type="checkbox"/>
F13. Father	<input type="checkbox"/>	F16. Children	<input type="checkbox"/>
F14. Brothers/Sisters	<input type="checkbox"/>	F17. Friends	<input type="checkbox"/>

• By reciprocal, you mean "that you would do anything you could to help them out and vice versa".

(Include question number with your notes)

[illegible]

FAMILY/SOCIAL (cont.)

Have you had significant periods in which you have experienced serious problems getting along with: **0 – No, 1 – Yes**

	Past 30 days	In Your Life
1. How often do you have a headache?		
2. How often do you have a sore throat?		
3. How often do you have a cold or flu?		
4. How often do you have a fever?		
5. How often do you have a cough?		
6. How often do you have a runny nose?		
7. How often do you have a sore stomach?		
8. How often do you have a headache?		
9. How often do you have a sore throat?		
10. How often do you have a cold or flu?		
11. How often do you have a fever?		
12. How often do you have a cough?		
13. How often do you have a runny nose?		
14. How often do you have a sore stomach?		
15. How often do you have a headache?		
16. How often do you have a sore throat?		
17. How often do you have a cold or flu?		
18. How often do you have a fever?		
19. How often do you have a cough?		
20. How often do you have a runny nose?		
21. How often do you have a sore stomach?		
22. How often do you have a headache?		
23. How often do you have a sore throat?		
24. How often do you have a cold or flu?		
25. How often do you have a fever?		
26. How often do you have a cough?		
27. How often do you have a runny nose?		
28. How often do you have a sore stomach?		
29. How often do you have a headache?		
30. How often do you have a sore throat?		
31. How often do you have a cold or flu?		
32. How often do you have a fever?		
33. How often do you have a cough?		
34. How often do you have a runny nose?		
35. How often do you have a sore stomach?		
36. How often do you have a headache?		
37. How often do you have a sore throat?		
38. How often do you have a cold or flu?		
39. How often do you have a fever?		
40. How often do you have a cough?		
41. How often do you have a runny nose?		
42. How often do you have a sore stomach?		
43. How often do you have a headache?		
44. How often do you have a sore throat?		
45. How often do you have a cold or flu?		
46. How often do you have a fever?		
47. How often do you have a cough?		
48. How often do you have a runny nose?		
49. How often do you have a sore stomach?		
50. How often do you have a headache?		
51. How often do you have a sore throat?		
52. How often do you have a cold or flu?		
53. How often do you have a fever?		
54. How often do you have a cough?		
55. How often do you have a runny nose?		
56. How often do you have a sore stomach?		
57. How often do you have a headache?		
58. How often do you have a sore throat?		
59. How often do you have a cold or flu?		
60. How often do you have a fever?		
61. How often do you have a cough?		
62. How often do you have a runny nose?		
63. How often do you have a sore stomach?		
64. How often do you have a headache?		
65. How often do you have a sore throat?		
66. How often do you have a cold or flu?		
67. How often do you have a fever?		
68. How often do you have a cough?		
69. How often do you have a runny nose?		
70. How often do you have a sore stomach?		
71. How often do you have a headache?		
72. How often do you have a sore throat?		
73. How often do you have a cold or flu?		
74. How often do you have a fever?		
75. How often do you have a cough?		
76. How often do you have a runny nose?		
77. How often do you have a sore stomach?		
78. How often do you have a headache?		
79. How often do you have a sore throat?		
80. How often do you have a cold or flu?		
81. How often do you have a fever?		
82. How often do you have a cough?		
83. How often do you have a runny nose?		
84. How often do you have a sore stomach?		
85. How often do you have a headache?		
86. How often do you have a sore throat?		
87. How often do you have a cold or flu?		
88. How often do you have a fever?		
89. How often do you have a cough?		
90. How often do you have a runny nose?		
91. How often do you have a sore stomach?		
92. How often do you have a headache?		
93. How often do you have a sore throat?		
94. How often do you have a cold or flu?		
95. How often do you have a fever?		
96. How often do you have a cough?		
97. How often do you have a runny nose?		
98. How often do you have a sore stomach?		
99. How often do you have a headache?		
100. How often do you have a sore throat?		

(F18) Mother

F19 Father

(F20) Brother/Sister

F21 Sexual Partner/Spouse

F22. Children			
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F23. Other Significant Family (specify) ☐ ☐

F24. Close Friends

F25 Neighbors

(F26) Co-workers

- "Serious problems" mean those that endangered the relationship.
- A "problem" requires contact of some sort, either by telephone or in person. If no contact code "N"

Has anyone ever abused you?

	Past 30 days	In Your Life
1. How often do you feel nervous or anxious?		
2. How often do you feel stressed or overwhelmed?		
3. How often do you feel sad or down?		
4. How often do you feel tired or exhausted?		
5. How often do you feel angry or irritated?		
6. How often do you feel lonely or isolated?		
7. How often do you feel happy or content?		
8. How often do you feel confident or self-assured?		
9. How often do you feel motivated or energetic?		
10. How often do you feel calm or peaceful?		

F27. Emotionally? ☐ ☐

F28. Physically? ☐ ☐

• Caused you physical harm. ☐ ☐

F29. Sexually? ☐ ☐

• Forced sexual advances/acts. ☐ ☐

How many days in the past 30 have you had serious conflicts:

(F30) With your family?

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For Questions F32-35, ask the patient to use the Patient Rating scale.

How troubled or bothered have you been in the past 30 days by:

F32) Family problems ? ☐

How important to you now is treatment or counseling for these:

F34. Family problems

- Patient is rating his/her need for counseling for family problems, not whether they would be willing to attend.

How many days in the past 30 have you had serious conflicts:

F31. With other people (excluding family)? □ □

[illegible]

For Questions 132-35, ask the patient to use the Patient Rating scale.

F33. Social problems? ☐

1. The first step in the process is to identify the problem or issue that needs to be addressed. This involves gathering information and understanding the context of the problem.

How important to you now is treatment or counseling for these:

P35. Social problems

- Include patient's need to seek treatment for such

☐

social problems as loneliness, inability to socialize, and dissatisfaction with friends. Patient rating should refer to

INTERVIEWER SEVERITY RATING

F36. How would you rate the patient's need for family and/or social counseling? ☐

CONFIDENCE RATING

Is the above information significantly distorted by:

(E37) Patient's misrepresentation? 0-No 1-Yes

F38.) Patient's inability to understand?	0-No 1-Yes
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FAMILY/SOCIAL COMMENTS

(Include question number with your notes)

PSYCHIATRIC STATUS

How many times have you been treated for any psychological or emotional problems:

P1* In a hospital or inpatient setting? ☐ ☐

P2* Outpatient/private patient? ☐ ☐

- Do not include substance abuse, employment, or family counseling. Treatment episode = a series of more or less continuous visits or treatment days, not the number of visits or treatment days.
- Enter diagnosis in comments if known.

P3. Do you receive a pension for a psychiatric disability? ☐

0-No 1-Yes

Have you had a significant period of time (that was not a direct result of alcohol/drug use) in which you have:

0-No 1-Yes

Past 30 Days Lifetime

P4. Experienced serious depression-sadness, hopelessness, loss of interest? ☐ ☐

P5. Experienced serious anxiety/tension-uptight, unreasonably worried, inability to feel relaxed? ☐ ☐

P6. Experienced hallucinations-saw things/heard voices that others didn't see/hear? ☐ ☐

P7. Experienced trouble understanding, concentrating, or remembering? ☐ ☐

Have you had a significant period of time (despite your alcohol and drug use) in which you have:

0-No 1-Yes

Past 30 Days Lifetime

P8. Experienced trouble controlling violent behavior including episodes of rage, or violence? ☐ ☐

- Patient can be under the influence of alcohol / drugs.

P9. Experienced serious thoughts of suicide?
• Patient seriously considered a plan for taking his/her life. Patient can be under the influence of alcohol/drugs. ☐ ☐

P10. Attempted suicide?

- Include actual suicidal gestures or attempts.
 - Patient can be under the influence of alcohol / drugs.
- ☐
- ☐

P11. Been prescribed medication for any psychological or emotional problems? ☐ ☐

- Prescribed for the patient by a physician. Record "Yes" if a medication was prescribed even if the patient is not taking it.

P12. How many days in the past 30 have you experienced these psychological or emotional problems? ☐ ☐

- This refers to problems noted in Questions P4-P10.

For Questions P13-P14, ask the patient to use the Patient Rating scale

P13. How much have you been troubled or bothered by these psychological or emotional problems in the past 30 days? ☐

- Patient should be rating the problem days from Question P12.

P14. How important to you now is treatment for these psychological or emotional problems? ☐

PSYCHIATRIC STATUS COMMENTS

(Include question number with your comments)

The following items are to be completed by the interviewer:		0-No	1-Yes
P15	Obviously depressed/withdrawn	<input type="checkbox"/>	<input type="checkbox"/>
P16	Obviously hostile	<input type="checkbox"/>	<input type="checkbox"/>
P17	Obviously anxious/nervous	<input type="checkbox"/>	<input type="checkbox"/>
P18	Having trouble with reality testing, thought disorders, paranoid thinking	<input type="checkbox"/>	<input type="checkbox"/>
P19	Having trouble comprehending, concentrating, remembering	<input type="checkbox"/>	<input type="checkbox"/>
P20	Having suicidal thoughts	<input type="checkbox"/>	<input type="checkbox"/>

P21. How would you rate the patient's need for psychiatric/psychological treatment? ☐

P22 Patient's misrepresentation? 0-No 1-Yes ☐

P23 Patient's inability to understand? 0-No 1-Yes ☐

1. Patient terminated by interviewer ☐

2. Patient refused ☐

3. Patient unable to respond (language or intellectual barrier, under the influence, etc.) ☐

N. Interview completed. ☐

[illegible]

PATHWAYS TO CHANGE

Screening Form

(Screening is the process by which a prospective client is determined to be appropriate or eligible.)

Client's Name: _____ Phone _____ Date _____

Address: _____ City: _____ ST _____ Zip: _____

Eligibility: (18 years of age or older, financial resources):

Age: _____

Ability to Pay: _____

Appropriateness:

Presenting Problem: _____

Have you had an evaluation that is current? ☐ Yes ☐ No

If yes, where and what was recommended?

Drug or Alcohol of Choice/Recent Pattern: _____

Co-existing Conditions:

Physical/ Medical/Psychiatric Condition (danger to self or others, withdrawal history, etc.): _____

External Leverage to Seek TX (legal, school, parents, etc.): _____

Other Drugs and/or Alcohol Used: _____

Past TX Attempts / Past Counseling _____

Self Pay? ☐ Yes ☐ No

Insurance 3rd Party Information:

Insurance company or 3rd Party: _____ Insurance ##: _____

Social Security Number _____ Date of Birth _____

Recommendations (external referral, internal leave of care referral, evaluations, etc.): _____

Appointment Date: _____ Time: _____ Counselor: _____

Information Taken by: _____

PATHWAYS TO CHANGE

Intake Progress Note

Client's Name: _____ Date: _____

Time in: _____ Time out: _____

Primary Counselor: _____

Names of those present: _____

Global Addressed: Completed required paperwork for admission to the program complete orientation

Check when completed

- ☐ HIPPA for completed
- ☐ Client's Rights form signed
- ☐ Insurance/Self-pay form signed
- ☐ Authorizations to release/obtain information signed
- ☐ Orientation to the program
- ☐ What I want from treatment
- ☐ Other _____

COMMENTS: _____

Date Signed: _____

Signature of Counselor providing service: _____

Next Appointment Date: _____ Time: _____ 225

PATHWAYS TO CHANGE

Client Information

Pathways to Change will strive to provide you with the best possible care. To help us meet your entire healthcare needs, please fill out this form **completely**. If you have any questions or need assistance, please ask and we will be happy to help.

Date: _____

Patient Information

Check appropriate box: ☐ Minor ☐ Single ☐ Married ☐ Divorced ☐ Widowed ☐ Separated

Name: _____ DOB ____ / ____ / ____

Home Phone: _____ Cell Phone: _____

Address: _____ City: _____ ST ____ Zip: _____

Social Security Number: _____

Patient Employer: _____ Work Phone: _____

Address: _____ City: _____ ST ____ Zip: _____

Email: _____

SPOUSE, PARENT, OTHER-Relationship to patient: _____

Name: _____ DOB ____ / ____ / ____

Home Phone: _____ Cell Phone: _____

Address: _____ City: _____ ST ____ Zip: _____

Social Security Number: _____

Employer: _____ Work Phone: _____

Address: _____ City: _____ ST ____ Zip: _____

Email: _____

If patient is a student, name of school/college: _____

City: _____ ST ____

Person to contact in case of emergency: _____

Phone: _____ Address: _____

Non-family to contact in case of emergency: _____

Phone: _____ Address: _____

Who is responsible for the patient's medical care? _____

Whom may we thank for referring you? _____

Insurance Information

Do you have Medicare? ☐ Yes ☐ No (additional paperwork required)

Do you have Medicaid? ☐ Yes ☐ No (obtain managed care card if applicable as well as Medicaid care)

Name of insured: _____ Relationship to patient: _____

DOB ____/____/____ Social Security Number: _____

Insurance company: _____

DO YOU HAVE ANY ADDITIONAL INSURANCE? ☐ Yes ☐ No If Yes, complete the following:

Name of insured: _____ Relationship to patient: _____

DOB ____/____/____ Social Security Number: _____

Insurance company: _____

Authorization and Release

I certify that the information provided above is true and correct to the best of my knowledge and belief. With my written consent, I authorize Pathway To Change to release any information including the diagnosis and the records of any treatment or examination rendered to me or my child during the period of such care to third party payers and/or health practitioners. With written consent, I authorized and request my insurance company to pay directly to the physician's office, insurance benefits otherwise payable to me. I understand that my insurance carrier may pay less than the actual bill for services. I understand I am responsible for all co-pays, deductibles, co-insurance and balances. I personally agree to pay for any and all services provided to me at the rates in effect during the time services are rendered unless other arrangement with the office have been made. I understand and agree that my bill for services rendered is due payable at the time of service and that I am ultimately responsible for any unpaid balances. I understand and agree that any cellular or land line phone numbers and email addresses provided by myself to this office and to any of our service providers, not and in the future, may be used as a means to contact me, and that this office and our service providers may leave messages for me. I also agree that this office and any service providers may contact me by sending text messages and emails to any phone number or email address I provide to this office or service providers and I consent to receive such text messages and emails which may identify the name of this office or service provider sending the communication, and which may disclose the nature of the communications.

X _____
Signature of patient/guardian

CLIENT RIGHTS AND RESPONSIBILITIES

(18.006.018-006.08a12; 18-006.08a13)

Pathways To Change, Inc. recognizes certain rights and responsibilities for persons served. Clients are asked to read, or have read to them, and sign this document, which is placed in the clinical record. A copy is provided to the person served.

As a client to Pathway To Change, you are entitled to all legal and civil rights granted by Federal and State Constitutions and Laws.

In addition, persons served have the right

1. to be free of physical and sexual abuse, harassment, neglect, and physical punishment.
2. to be free of seclusion in a locked room, except as provided in 175 NAC 10-006.14 and except in cases of civil protective custody.
3. to be free of psychological abuse, including humiliation, threats, exploitation and retaliation.
4. to be free of fiduciary (financial) abuse.
5. to be treated with dignity and respect.
6. to receive prompt and professional services.
7. to know the credentials and training of the persons providing services to you.
8. to reasonable accommodations for disabilities.
9. to expect staff to abide by client confidentiality and privacy regulations and to receive a copy of the Privacy Practices at Pathway To Change.
10. to a timely review of information contained in the clinical record in order to facilitate decision making. Requests can be made verbally or in the writing to the Clinical Director or their designee who will respond with five working days of the request.
11. to participate in treatment planning with the treatment team in order to express preferences and expected treatment outcomes.
12. to request a written explanation within ten working days, and to expect a written response within five working days, if you are refused services while in treatment .
13. to due process to address complaints and grievances, as outlined in the Client Grievance Procedures, a copy of which is provided for you.
14. to refuse or terminate services, though refusal may lead to discharge from the program.
15. to examine the results of the most recent survey of the facility conducted by representatives of the Department of Health and Human Services Regulation and Licensure.

Client Responsibilities

As our client, your responsibilities include the following:

1. To treat agency staff and clients with dignity and respect.
2. To work cooperatively and straightforwardly with staff.
3. To participate in all scheduled treatment activities.
4. To uphold the terms of the financial agreement.
5. To submit a urine sample for analysis upon request.
6. To undergo medical, psychiatric or psychological examinations as requested.
7. To authorize the program to secure medical services in the event of medical emergency.
8. To pay the cost of all medical services, including urinalysis.
9. To pay for any damage deemed to be intentionally inflicted upon agency staff or other client's property.

10. To follow the rules and program established for your treatment.
11. To participate in a survey of outcomes at admission, during services, and at some point after services to assist the agency in improving the outcomes for persons served.

Rules (18-006.06) for all programs include, but are not limited to the following:

1. Possession or use of drugs or paraphernalia on Pathways To Change property and/or at Pathways To Change supervised activities is not allowed.
2. Possession of weapons including guns and knives on Pathways To Change property and/or at Pathways To Change supervised activities is not allowed.
3. Physical or verbal violence or threats of violence will not be tolerated.
4. Sexual contact or harassment on the premises is not allowed.
5. Respect the rights of other clients, including the right to confidentiality.

A full listing of program rules is contained in the client welcome packet for the services you will be receiving.

AGREEMENT AND RELEASE

The undersigned hereby acknowledges having read, understood, and received a copy of the Client Rights and Responsibilities, and agrees to meet those responsibilities.

The undersigned also agrees to release and hold harmless Pathway To Change, its agents and employees, from any and all liability for injuries sustained by me while on the premises or participating in any program or activity of Pathways To Change, resulting from any actions of Pathways To Change, its agents or employees.

I understand that my violation of this agreement or the program's rules may result in my discharge from the program or other disciplinary action.

Client's Signature: _____ Date: _____

Parent or Legal Guardian Signature: _____ Date: _____

Witness: _____ Date: _____

cc: Client

PATHWAYS TO CHANGE

Authorization Form

This form when completed and signed by you, authorizes Pathways To Change to release or obtain protected information from your clinical record to the person you designate.

I Hereby Authorize and Direct that: CLIENT NAME: _____

DATE OF BIRTH: _____

☐ Pathways To Change will send information to: EXP: _____

Agency: _____ Primary Contact: _____

Phone Number: _____ Fax Number: _____

Address: _____ City: _____ ST _____ Zip: _____

☐ Pathways To Change will receive information to: EXP: _____

Agency: _____ Primary Contact: _____

Phone Number: _____ Fax Number: _____

Address: _____ City: _____ ST _____ Zip: _____

This information is needed for the following purpose: _____

And, such disclosure shall be limited to the following information:

_____ Evaluation Report	_____ Medical History and Physical
_____ Diagnosis	_____ Social History
_____ Treatment Plan	_____ Progress Notes
_____ Discharge Summary	_____ Psychological Testing
_____ Written and Verbal Communication	_____ Legal Record
_____ Other-please specify _____	

I understand that information may include drug and/or alcohol use or abuse, or psychological care of psychiatric care and that this information will not be released to any other agency, individual or organization for any other purpose without written consent except as required by federal or state law.

I understand that I may revoke this authorization at any time by sending written notice to Pathways To Change. If I do so, I know that it cannot apply to any information that has been released before receipt of my written notice. I also agree that a copy of this release is valid as the original.

SIGNED: _____ WITNESS: _____

DATE: _____ DATE: _____ 230

PATHWAYS TO CHANGE

Payment is required at time of service unless other arrangements are made between you and Pathway To Change

INSURANCE AND OTHER THIRD PARTY RELEASE

AUTHORIZATION TO RELEASE INFORMATION: I hereby authorize Pathways To Change to release information acquired in the course of my evaluation or treatment to any pertinent insurance company or other third party payer.

AUTHORIZATION TO PAY BENEFITS DIRECTLY TO PATHWAYS TO CHANGE: I hereby authorize payment directly to Pathways To Change of any or all benefits due under the terms of my insurance policy or other third party payer for services rendered.

ADDITIONAL FINANCIAL INFORMATION

I understand that I am financially responsible for any charges not paid by my insurance company or other third party payer, including co-payments, co-insurance, and deductible amounts. Billing insurance or another third party does not guarantee payment. Furthermore, I understand that accounts with no payment after 90 days of the end of services will be submitted to a collection service or small claims court unless other arrangements are made.

I AGREE:

Client Signature	Date	Witness Signature	Date
------------------	------	-------------------	------

I DO NOT AGREE

and will pay for services without billing insurance or other third party:

If I choose to not use my insurance or do not have insurance, by my signature, I agree to pay for all services provided by Pathway To Change. Furthermore, I understand that accounts with no payment after 90 days of the end of services will be submitted to a collection service or small claims court unless other arrangements are made.

Client Signature	Date	Witness Signature	Date
------------------	------	-------------------	------

Parent/Guardian Signature If a minor or state ward	Date	Witness Signature	Date
---	------	-------------------	------

PATHWAYS TO CHANGE

Evaluation Staffing Record

CLIENT: _____ **DATE:** _____

Presenting Issue:

- | | |
|---|--|
| 1. <input type="checkbox"/> DWI | 3. <input type="checkbox"/> Non-legal Referral |
| 2. <input type="checkbox"/> Other D&A Issue | 4. <input type="checkbox"/> Other |

DIAGNOSIS:	
Axis I:	
Axis II:	
Axis III:	
Axis IV:	
Axis V: GAF Current ()	Past Year ()

RECOMMENDATIONS:

- | | |
|---|---|
| 1. <input type="checkbox"/> No recommendation necessary | 7. <input type="checkbox"/> Long-term Residential (LTR) |
| 2. <input type="checkbox"/> D&A Ed Class ____ 15 hr ____ 1 day | 8. <input type="checkbox"/> Day Treatment program |
| 3. <input type="checkbox"/> Outpatient Program (OP) | 9. <input type="checkbox"/> Psychological Evaluation |
| 4. <input type="checkbox"/> Adolescent Outpatient program (AOP) | 10. <input type="checkbox"/> Psychiatric Evaluation |
| 5. <input type="checkbox"/> Intensive Outpatient program (IOP) | 11. <input type="checkbox"/> Mental Health Counseling |
| 6. <input type="checkbox"/> Short-term Residential (STR) | 12. <input type="checkbox"/> Other _____ |

COMMENTS: _____

SIGNATURES:

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PATHWAYS TO CHANGE

Clinical Staffing Record

Client: _____ Program: _____ Date _____

SUMMARY: _____

ADMISSION DIAGNOSIS (Note any changes): _____

PLAN: _____

SIGNATURES:

PATHWAYS TO CHANGE

Treatment Plan

Client: _____ TX Date: _____

Admission Date: _____ Counselor: _____

Case ID: _____ Primary Problem: _____

DOB: _____ Second Problem: _____

Program: _____ Case Manager: _____

Date Identified	#	Problem	Goal	Term	Objective	Target Date

Notes:

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Counselor Signature: _____ Client Signature: _____

Supervisor Signature: _____ Other Signature: _____

PATHWAYS TO CHANGE

Individual Progress Note

☐ Present

☐ Excused

☐ Cancelled

☐ No Show/No Call

Client Name: _____ Primary Counselor: _____

Date: _____ Time In: _____ Time Out: _____

Name of those present:

Client's Name: _____ Counselor: _____

Others: _____

Problem Addressed:

Goal(s) Addressed:

Objective(s) Addressed:

Subjective:

Objective:

Assessment:

Plan:

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Signature of Counselor Providing Service

Date Signed

PATHWAYS TO CHANGE

Group Note

☐ Present ☐ Excused ☐ Cancelled ☐ No Show/No Call

Client Name: _____ Primary Counselor: _____

Date: _____ Time In: _____ Time Out: _____

Self Report:

The most important thing I learned from this group session was:

One change I plan to make as the result of what I have learned:

My treatment plan objective I worked on this session was:

Plan:

Signature of Counselor Providing Service

Date Signed

Client Evaluation:	Very poor	Poor	Okay	Good	Very good
My group participation					
Shared previous and/or current behavior openly					
Gave honest feedback to peers					
Active listening/attentiveness to group process					
Eye contact/nonverbal behaviors					

Counselor Evaluation:	Very poor	Poor	Okay	Good	Very good
Client group participation					
Client shared previous and/or current behavior openly					
Client gave honest feedback to peers					
Active listening/attentiveness to group process					
Client eye contact/nonverbal behaviors					

Comments:

Plan between now and next session:

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Signature of Counselor Providing Service

Date Signed

PATHWAYS TO CHANGE

Referral Note

Client Name: _____ Primary Counselor: _____

Date: _____

Client Need:

Match Client Need to Appropriate Resource:

What can or did I do to assist the client?

Signature of Counselor Providing Service

Date Signed

PATHWAYS TO CHANGE
Outpatient or Intensive Outpatient Treatment Program

Discharge Planning Form

Client Name: _____ Date: _____

What happened that I entered treatment at Pathways to Change?

In my opinion, I made the following progress (skills learned, decisions made, etc.):

The following are ALERTS or RED and YELLOW FLAGS that indicate I need to schedule an appointment:

In my opinion, my AFTERCARE PLAN includes:

- Number of Aftercare Sessions _____
- Number of AA Meetings _____
- Complete Financial Obligation of \$ _____

I give you permission to include me in the Pathways To Change alumni database. ☐ Yes ☐ No

For research purposes, I agree to periodic follow up to ask me how I am doing in regard to my treatment. ☐ Yes ☐ No

Client's Signature _____

Date _____

Accounting:

Current with Payment Plan ☐ Yes ☐ No

Amount Owed \$ _____

Amount Pending Insurance _____ Chart Audit _____

What would you like your discharge summary sent to?

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1. _____

Release signed? ☐ Yes ☐ No

2. _____

Release signed? ☐ Yes ☐ No

[Home](#) >

[Policies, Rules, and Regulations](#) >

[Drug and Alcohol Policies Applicable to MWCC](#)

Policy Statement on Drugs and Alcohol

Policy Statement on Drugs and Alcohol

The Drug and Alcohol Policies established at MWCC are intended to address student or employee misuse of alcohol and other drugs on campus, thereby creating a safer campus and an environment that nurtures students' academic and social development and employee professional development. The goal of this policy is prevention and awareness that will allow the college to establish and maintain an environment that will discourage substance use.

On December 12, 1989, Congress amended Title XII of the Higher Education Act of 1965. This amendment, known as the "Drug-Free Schools and Communities Act of 1989," requires that every educational institution as a condition of receiving funds or any other form of financial assistance under any federal program, certify its adoption and implement programs designed to prevent the unlawful possession, use, or distribution of illicit drugs and alcohol by students and employees. It further requires that the college submit a written certification to the Secretary of Education that it has adopted and implemented a drug prevention program as described in the regulations. Mount Wachusett Community College, in accordance with legal mandates and its philosophy of establishing and maintaining an environment of learning and supportive climate in which to conduct the business and mission of the College will enforce the following policies:

1. The unlawful manufacture, distribution, dispensing, possession, or use of alcohol or illegal drugs is prohibited on any campus of MWCC or as part of any college-related activity. Students or employees who violate these restrictions shall be subject to appropriate disciplinary action, up to and including suspension, expulsion, or discharge and shall also be subject to referral for criminal prosecution. Where students or employees are convicted of violating a criminal drug or alcohol statute related to a college activity, the college shall ordinarily expel or discharge the offender absent mitigating circumstances. Mitigating circumstances shall include, but shall not be limited to, considerations of disability under federal and state law.
2. Mount Wachusett Community College shall cooperate in the enforcement of federal and state laws concerning illegal drugs and alcoholic beverages. Massachusetts statutes pertaining to illegal drugs and alcohol include the following:
 - a. Massachusetts General Laws, Chapter 94C (Controlled Substances Act)
 - b. Massachusetts General Laws, Chapter 272, Section 59 (Public Drinking)
 - c. Massachusetts General Laws, Chapter 90, Section 24 (Operating under the Influence, Open Containers)
 - d. Massachusetts General laws, Chapter 138, Section 34C (Minor in Possession of Alcohol)
 - e. Massachusetts General Laws, Chapter 138, Section 22 (Unlawful Transportation of Alcohol)

CONTROLLED SUBSTANCES ACT:

Prescribed penalties under Massachusetts General law (M.G.L.) Chapter 94C for possession of controlled substance ranges from a civil penalty of one hundred dollars for possession of one ounce or less of, Class D substance, including; marijuana, or tetrahydrocannabinol and having cannabinoids or cannabinoid metabolites in the urine, blood, saliva, sweat, hair, fingernails, toe nails or other tissue or fluid of the human body to mandatory probation for a first conviction for possession of more than one ounce of a class D substance, e.g. marijuana, to a period of imprisonment of up to two years and/or a fine of up to twenty five thousand dollars

for each subsequent conviction related to sale or distribution of a controlled substance. Controlled substances include the illegal possession of a Class E substance (prescription drugs other than those included in A, B, C, or D) when a valid prescription has not been authorized. Penalties vary under M.G. L. depending on the class of the controlled substance. Enhanced penalties are provided under law for possession with intent to distribute controlled substances and distributing of a controlled substance to a minor (under 18 years of age).

The civil penalties as outlined above are extended for youthful offenders under the age of (18) to include mandatory completion of a drug awareness program within one year of the offense.

"Controlled substance", a drug, substance, controlled substance analogue or immediate precursor in any scheduled or class referred to in this chapter.

"Controlled substance analogue", (i) a drug or substance with a chemical structure substantially similar to the chemical structure of a controlled substance in Class A, B, C, D, or E, listed in section 31 and which has a stimulant, depressant or hallucinogenic effect on the central nervous system that is substantially similar to or greater than the stimulant, depressant or hallucinogenic effect on the central nervous system of a controlled substance in Class A, B, C, D, or E, listed in section 31; or (ii) a drug or substance with a chemical structure substantially similar to the chemical structure of a controlled substance in Class A, B, C, D, or E, listed in section 31 and with respect to a particular person, which such person represents or intends to have a stimulant, depressant or hallucinogenic effect on the central nervous system that is substantially similar to or greater than the stimulant, depressant or hallucinogenic effect on the central nervous system of a controlled substance in Class A, B, C, D or E, listed in section 31; provided, however, that "controlled substance analogue" shall not include: (1) a controlled substance; (2) any substance for which there is an approved new drug application; (3) with respect to a particulate person, any substance for which there is an exception in effect for investigational use for that person, under section 8, to the extent conduct with respect to the substance is pursuant to such exemption; (4) or any substance not intended for human consumption before such an exemption takes effect with respect to that substance; provided however, that for the purposes of this chapter, a "controlled substance analogue" shall be treated as the Class A, B, C, D or E substance of which it is a controlled substance analogue.

OPERATING UNDER THE INFLUENCE/OPEN CONTAINERS:

Prescribed penalties under Chapter 90, Section 24, for operating under the influence/open containers range from a fine of not less than \$500 to imprisonment for not more than two years and one half years and/or a fine of up to \$5000. Federal judicial guidelines also exist that suggest penalties for violation of federal criminal statutes related to drugs and alcohol.

MINOR IN POSSESSION OF ALCOHOL:

Prescribed penalties under Chapter 138, Section 34C, for a minor in possession of alcohol, authorizes arrest without a warrant when committed in the officers presence. Fines may range from up to \$50 for a first offense to up to \$150 for a subsequent offense and a mandatory suspension of driver's license or right to operate a motor vehicle for 90 days regardless of whether the minor was operating a vehicle at the time of the incident.

TRANSPORTATION OF ALCOHOL BY MINORS:

Prescribed penalties under chapter 138, Section 22, for unlawful transportation of alcohol, authorizes arrest without a warrant when committed in the officer's presence. Penalties may include not more than 6 months in the House of Correction and/or a fine of up to \$2500.00.

(1) Underage drinking is prohibited at Mount Wachusett Community College functions and on any part of the campus.

(2) It is Mount Wachusett Community College's policy that consumption of alcohol is prohibited in connection

with any College function, whether on- or off-campus, without the express written permission of the President of the College or his designee.

(3) Employees working under federally funded grants are additionally subject to the Drug-Free Workplace Act of 1988. The Act creates the following obligations:

(a) Employees convicted of any criminal drug statute violation occurring in the workplace must notify the Vice President of Human Resources and Payroll/Affirmative Action Officer of Mount Wachusett Community College no later than five (5) days after such conviction. Such notification must be in writing.

(b) The College shall notify the appropriate federal agency within ten (10) days after receiving notice from the employee regarding such conviction. Such notification will be in writing.

(c) The College, within thirty (30) days of receiving notice, with respect to any employee who is convicted, will:

(i) Take appropriate disciplinary action against the employee, up to and including termination of employment, or

(ii) Require such employee to participate satisfactorily in a drug abuse resistance or rehabilitation program approved for such purposes by a federal, state, or local health, law enforcement, or other appropriate agency.

(4) The College will present campus-wide drug and alcohol education programs on an annual basis. This is in addition to other educational opportunities available in current or future academic offerings.

Health Risks Associated With the Use of Illegal Drugs and the Abuse of Alcohol

The misuse of alcohol and other drugs create problems for students or employees who engage in this behavior as well as for their peers or fellow employees who suffer a range of consequences from having their study or work interrupted to far more egregious acts. Obvious health risks include physical dependence, psychological dependence, possible overdose and withdrawal symptoms.

Alcohol consumption causes a number of marked changes in behavior. Even low doses significantly impair the judgment and coordination required to drive a car safely, increasing the likelihood that the driver will be involved in an accident. Repeated use or abuse of alcohol can lead to physical and psychological dependence. Long-term consumption of large quantities of alcohol can also lead to permanent damage to vital organs.

Statistics show that alcohol use is involved in a majority of violent behavior on college campuses, including acquaintance rape, vandalism, fights, and incidents of drinking and driving.

Mount Wachusett Community College Resources

For any member of the MWCC community who is experiencing substance abuse problems, Mount Wachusett Community College stands ready to offer supportive services and referral for treatment, as appropriate and available. Information concerning substance abuse and rehabilitation counseling programs is available through the following College resources:

(1) Alcoholics Anonymous / Narcotics Anonymous

Regular meetings are held in the North Central Massachusetts area daily. Group preferences are often based on student schedules and access to reliable transportation. The following links will direct students to the appropriate resources for these groups:

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Alcoholics Anonymous (AA): <http://www.aaworcester.org/meetinglookup.htm>

Narcotics Anonymous (NA): <http://www.centralmassna.org/>

Information about these meetings may be obtained from the Health Services 978-630-9136, Counseling Services 978-630-9178, and the Dean of Students 978-630-9139.

MWCC members interested in a sober support group on campus are invited to consult with Health Services.

(2) Substance Abuse Education - Student Life Informational Programs

(a) Substance Abuse Education and Counseling

The Health Services and Counseling Services offices at Mount Wachusett Community College are the primary resources for individuals experiencing or affected by persons with substance abuse issues. Information and referral services are available on a drop-in basis. Informational brochures on topics such as drug and alcohol abuse, AIDS transmission and other sexually transmitted diseases are made available to students, so they may access information in an anonymous manner. The College nurse and college counselors are available by appointment at each of the campuses by contacting Student Services at 978-630-9568 to discuss issues with students confidentially.

(b) Awareness Activities

i. The Office of Student Life, in conjunction with the MWCC Student Government Association, plans a number of alcohol and drug awareness activities. In conjunction with National Collegiate Alcohol Awareness Week in October, activities such as educational performers and drunk driving awareness programs are held on the Gardner Campus and are open to all students and staff. Additionally, groups such as MADD (Mothers Against Drunk Driving) and SADD (Students Against Drunk Driving) set up informational booths on campus to encourage responsible drinking.

At key times during the semester, such as during the holiday season and at graduation, awareness activities are scheduled. The focus of these activities is to raise awareness of students on responsible use of alcohol and the effects of illegal and prescription drug use and abuse. The responsible and legal choice is always emphasized.

ii. Student Health 101

An on-line educational resource magazine with health information designed specifically for community college students through the College's student portal-iConnect. This format of content is accessible to all students regardless of their campus affiliation and addresses information for on-line learners. Content varies and may include a number of topics including; the use and abuse of drugs and alcohol, interaction of substances with prescription medication, misuse of prescription medication and other related topic.

iii. Informational tables and activities

Information regarding sexually transmitted diseases (STDs) and impaired decision making due to alcohol and drug use is offered through informational tables, which include activities & literature-one time per year. Additionally information is provided once per year, prior to spring break via informational tables and literature regarding alcohol and drug use and impaired decision making.

(3) Human Services

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Alcoholism is treated as part of a unit of Psychology 240, Abnormal Psychology, a course required of Human Services and Criminal Justice students. This topic is discussed in 3 classes as a category of Substance Use Disorders as outlined in the Diagnostic and Statistical Manual (DSMIV) of the American

Psychiatric Association. The following broad concepts are covered in this unit: incidence; physical effects; progression; gender differences in addiction; and treatment.

(4) **Mount Wachusett Community College Library**

An electronic bibliography available in the MWCC Library lists books on alcohol & drug abuse.

Distribution of the Policy

This policy is distributed annually in writing to all students and employees through the following means:

- Printed publications
 - College catalog
 - Student Success Manual
 - Employee Publications and Policy Manual
- Online
 - MWCC website
 - All student and all employee email

Review and Compliance

In compliance with the United States Department of Education requirement, this policy is reviewed on a biennial basis to: (1) determine its effectiveness and implement changes if they are needed and (2) to ensure that the sanctions developed are enforced consistently. The most recent biennial review was completed in December 2012. Copies of this review are retained in the Office of the President, the Student Services Office and the Division of Human Resources. The next review/report will be completed by December 2018.

FERPA Parental Notification Policy

In compliance with **Family Educational Rights and Privacy Act (FERPA)** regulations, Mount Wachusett Community College has adopted a Massachusetts Board of Higher Education recommendation that the parents or legal guardians of students under twenty-one years of age be notified when the student has violated the MWCC alcohol or drug policies. Section 952 of the 1998 Higher Education Amendments authorizes institutions of higher education to disclose to parents and guardians of students under age twenty-one violations of institutional policies or rules, as well as local, state, and federal laws governing the use or possession of alcohol or a controlled substance.

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[Tobacco-free Facility Policy](#)

Tobacco-Free Facility Policy Statement

In compliance with Massachusetts General Law, Chapter 71, Section 37H, the buildings of Mount Wachusett Community College will be designated as a tobacco-free environment. Employees, students, and visitors are restricted from using any tobacco product, including smoking or chewing tobacco, within any college building. Mount Wachusett Community College accepts this law as binding upon its students and employees as well as visitors to the campus. Smoking is prohibited in all state vehicles and in all buildings owned and leased by Mount Wachusett Community College. At the Gardner campus, smoking is only permitted in the two (2) designated smoking gazebos, located adjacent to parking lots B and C.

The college will fully implement this policy and all applicable laws, regulations, and local ordinances.

Mount Wachusett Community College is committed to a tobacco-free environment; and, reserves the right to initiate disciplinary procedures for employees, students and any individual found to be in violation of this policy.

Rationale for Policy

There is considerable evidence that concentrations of smoke are harmful to non-smokers, as well as smokers. Findings of the Surgeon General indicate that tobacco use in any form, active and passive, poses a significant health hazard. Mount Wachusett Community College has a responsibility to its employees and students to provide a safe and healthy environment. In its commitment to this, the campus facilities will be tobacco-free effective January 2, 2014 with the following exception: at the Gardner campus only, smoking will be permitted in the two (2) designated smoking gazebos, located adjacent parking lots B and C.

The Tobacco-Free Policy is intended to eliminate exposure to second-hand smoke, provide an environment supportive of tobacco-free lifestyles, eliminate the risk of accidental fire, eliminate the health risks associated with expectoration from smokeless tobacco, and eliminate the environmental impact of cigarette litter. It applies to all faculty members, staff, students, visitors, customers, vendors, consultants, contractors and their employees.

Implementation & Enforcement

The Division of Human Resources will work collaboratively with all appropriate college offices to coordinate efforts for policy notification, education, promotion, support, and assessment to ensure successful implementation.

All campus constituents have a collective responsibility to promote the safety and health of the campus community and, therefore, share in the responsibility of policy compliance. Individuals observed using tobacco in any form are to be reminded in a professional and courteous manner of the college policy. Referrals for addressing repeated violations of the policy should be addressed to the Division of Human Resources department for employees, the Dean of Students for students and Campus Police for visitors and guests.

Definitions

Tobacco Products: To include the personal use of any lighted or unlighted cigarette (clove, bidis, kreteks), e-cigarettes, cigars, cigarillos, pipes, hookah products, and any other smoking product. Additionally, all spit or spitless tobaccos, dissolvable tobacco, dip, chew, snuff or snus, in any form is also considered a tobacco product for the purpose of this policy.

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Personal Use: includes, but is not limited to, smoking, chewing or ingesting tobacco products. Personal use is also defined as possession of any lit tobacco product. Personal use does not preclude simple possession of unlit tobacco products, tobacco products as a prop in performance art or a material in artistic work, or in health awareness related courses, programs or training sessions, or any other activity protected by academic freedom.

Campus: All college grounds to include Mount Wachusett Community College owned, leased, supervised, or controlled properties and college owned, leased, or rented vehicles. This includes but is not limited to all college sidewalks, parking lots, landscaped areas, recreational areas, athletic fields, wooded areas; and in the interior of all buildings.

Individuals: To include all employees of the College, students of the College, visitors, customers, vendors, consultants, contractors and their employees.

Student & Employee Support for Tobacco-Free Assistance

Students may access support for smoking cessation and other related tobacco-free lifestyle supports through the MWCC Health Services Office. Additional resources are posted through the college's website and portal.

Review

This policy will be reviewed annually by the Union/Management Safety Committee and the college's Executive Council. Mount Wachusett Community College reserves the right to make changes to this policy at any time. Revisions and updated information concerning changes in this policy will be made available through official college publications including the College Catalog and Student Handbook and the Personnel Policies published electronically and in print.

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Hazing

An Act Prohibiting the Practice of Hazing was enacted by the Senate and House of Representatives in General Court in 1985. Chapter 269 of the General Laws was amended by adding the following three sections:

Section 17. Hazing; Organizing or Participating; Hazing Defined

Whoever is a principal organizer or participant in the crime of hazing, as defined herein, shall be punished by a fine of not more than \$3,000 or by imprisonment in a house of correction for not more than one year, or by both such fine and imprisonment.

The term "hazing" as used in this section and in sections eighteen and nineteen, shall mean any conduct or method of initiation into any student organization, whether on public or private property, which willfully or recklessly endangers the physical or mental health of any student or other person. Such conduct shall include whipping, beating, branding, forced calisthenics, exposure to the weather, forced consumption of any food, liquor, beverage, drug or other substance, or any other brutal treatment or forced physical activity that is likely to adversely affect the physical health or safety of any such student or other person, or that subjects such student or other person to extreme mental stress, including extended deprivation of sleep or rest or extended isolation. Notwithstanding any other provisions of this section to the contrary, consent shall not be available as a defense to any prosecution under this action.

Section 18. Failure to Report Hazing

Whoever knows that another person is the victim of hazing as defined in section seventeen and is at the scene of such crime shall, to the extent that such person can do so without danger or peril to himself or others, report such crime to an appropriate law enforcement official as soon as reasonably practicable. Whoever fails to report such crime shall be punished by a fine of not more than \$1,000.

Section 19. Copy Of Sections 17-19; Issuance to Students and Student Groups, Teams and Organization Reports

Each institution of secondary education and each public and private institution of post secondary education shall issue to every student group, student team or student organization which is part of such institution or is recognized by the institution or permitted by the institution to use its name or facilities or is known by the institution to exist as an unaffiliated student group, student team or student organization, a copy of this section and sections seventeen and eighteen; provided, however, that an institution's compliance with this section's requirements that an institution issue copies of this section and sections seventeen and eighteen to unaffiliated student groups, teams or organizations shall not constitute evidence of the institution's recognition or endorsement of said unaffiliated student groups, teams or organizations.

Each such group, team or organization shall distribute a copy of this section and sections seventeen and eighteen to each of its members, plebes, pledges or applicants for membership. It shall be the duty of each such group, team or organization, acting through its designated officer, to deliver annually, to the institution an attested acknowledgement stating that such group, team or organization has received a copy of this section and said sections seventeen and eighteen, that each of its members, plebes, pledges, or applicants has received a copy of sections seventeen and eighteen, and that such group, team or organization understands and agrees to comply with the provisions of this section and sections seventeen and eighteen.

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Family Educational Rights and Privacy Act (FERPA) Students Notification of Rights

Family Educational Rights and Privacy Act (FERPA)

Students Notification of Rights

The Family Educational Rights and Privacy Act (FERPA) affords students certain rights with respect to their education records. These rights include:

- **The right to inspect and review the student's education records within 45 days of the day the college receives a request for access.**

A student should submit to the MWCC Records Office a written request that identifies the record(s) the student wishes to inspect. The Records Office will make arrangements for access and notify the student of the time and place where the records may be inspected. If the records are not maintained by the college official to whom the request was submitted, that official shall advise the student of the correct official to whom the request should be addressed.

- **The right to request the amendment of the student's education records that the student believes are inaccurate, misleading, or otherwise in violation of the student's privacy rights under FERPA.**

A student who wishes to ask the college to amend a record should write the college official responsible for the record, clearly identify the part of the record the student wants changed, and specify why it should be changed. If the college decides not to amend the record as requested, the college will notify the student in writing of the decision and the student's right to a hearing regarding the request for amendment. Additional information regarding the hearing procedures will be provided to the student when notified of the right to a hearing.

- **The right to provide written consent before the college discloses personally identifiable information from the student's education records, except to the extent that FERPA authorized disclosure without consent.**

The college discloses education records without a student's prior written consent under the FERPA exception for disclosure to school officials with legitimate educational interests. A school official is a person employed by the college in an administrative, supervisory, academic or research role; a support staff person (including law enforcement unit personnel and health staff); a person or company with whom the College has contracted as its agent to provide a service instead of using college employees or officials (such as an attorney, auditor, or college agent); a person serving on the Board of Trustees; or a student serving on an official committee, such as a disciplinary or grievance committee, or assisting another school official in performing his or her tasks. A school official has a legitimate educational interest if the official needs to review an education record to fulfill his or her professional responsibilities for the college. Upon request, the college discloses, education records without consent to officials of another school in which a student seeks or intends to enroll.

- **The right to be notified annually by the college of what student record information the college designates as "directory information" and the right to request that no student information be designated as directory information.**

The college identifies the following student information as directory information:

- the student's first and last name and middle initial
- the student's billing address
- MWCC sponsored e-mail address

- the student's declared program(s) of study at the college
- the student's enrollment status (full-or part-time)
- degree or certificate earned and academic honors

Directory information may be released by the college to a requesting third-party without a student's prior written consent. A student has the right to request that his/her student record information not be designated as directory information. A student must notify the college's Records Office, in writing, if he/she does not wish to have his/her student information designated as directory information. Please allow up to 10 business days for the processing of these requests. Notwithstanding the college's definition of directory information, the Department of Defense (the "DOD"), pursuant to the Omnibus Consolidated Appropriations Act of 1997 (the "Solomon Amendment"), identifies the following information as "student recruiting information": NAME, ADDRESS, TELEPHONE LISTING, AGE (or year of birth), PLACE OF BIRTH, LEVEL OF EDUCATION (e.g., freshman, sophomore), DEGREE AWARDED, MOST RECENT EDUCATIONAL INSTITUTION ATTENDED, and CURRENT MAJOR(S).

- **The right to file a complaint with the U.S. Department of Education concerning alleged failures by the college to comply with the requirements of FERPA. The name and address of the office that administers FERPA is:**

Family Policy Compliance Office
U.S. Department of Education
400 Maryland Avenue, SW
Washington, DC 20202-5920

Directory Information

The Family Educational Rights and Privacy Act (FERPA), a federal law, requires that Mount Wachusett Community College, with certain exceptions, obtain your written consent prior to the disclosure of personally identifiable information from your education records. However, Mount Wachusett Community College may disclose appropriately designated "directory information" without written consent, unless you have advised MWCC to the contrary in accordance with MWCC procedures. The primary purpose of directory information is to allow MWCC to include this type of information from your education records in certain publications.

Directory information, which is information that is generally not considered harmful or an invasion of privacy if released, can also be disclosed to outside organizations without prior written consent. Outside organizations include, but are not limited to, companies that manufacture class rings or publish yearbooks. If you do not want Mount Wachusett Community College to disclose directory information from your education records without your prior written consent, you must notify MWCC through the Records Office that you wish to be excluded. MWCC has designated the following information as directory information:

- the student's first and last name and middle initial
- the student's billing address
- MWCC sponsored e-mail address
- the student's declared program(s) of study at the college
- the student's enrollment status (full- or part-time)
- degree or certificate earned and academic honors

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Information Technology General Acceptable Use Policy

Information Technology General Acceptable Use Policy

Mount Wachusett Community college provides information technology resources for students, faculty and staff.

This document:

- Provides guidelines for responsible use of Mount Wachusett Community College's technology resources by all members of the college community.
- Provides policies that Mount Wachusett Community College uses in providing technology resources and network services to the college community.
- Explains enforcement procedures of these policies.
- Applies to all those using college computing equipment whether the individual is on or off campus.

This document provides high-level explanations of college policies regarding the use of information technology. For more detailed explanations refer to the [appendices](#).

Guidelines for Responsible Use of College Technology Resources

Mount Wachusett Community College recognizes that free expression of ideas is central to the academic environment. For this environment to flourish, all users must adhere to the guidelines established in this Information Technology Acceptable Use Policy ("AUP").

Mount Wachusett Community College provides computing equipment and services. The primary purposes of this computing equipment are the *academic, research, administrative and college business-related communication* needs of its students, faculty and staff. All use of college computing equipment shall be consistent with the terms and conditions of the AUP and shall not violate or conflict with (a) any federal, state or local law; or (b) the college mission or policies. Access to all Mount Wachusett Community College owned and/or operated computing and electronic communications systems and equipment is a **privilege and not a right**. Individuals who refuse to accept and follow the AUP will not be granted user accounts. All users of the college's computer equipment, including email, shall have NO EXPECTATION OF PRIVACY over such use.

Violations of the AUP by individuals with accounts may result in penalties including but not limited to closure of all accounts and revocation of all computing privileges. Other penalties may be levied up to and including dismissal from the college or termination of employment.

User responsibilities include, but are not limited to:

- Maintaining privacy and security by keeping all passwords confidential.
- Honoring all computing security procedures implemented by the college.
- Being reasonable and prudent in the consumption of college computing and network resources.
- Deleting old and unused e-mail and file(s) on a regular basis.
- Maintaining the accuracy of private mail groups by updating when members change.
- Developing adequate proficiency in the tools and technologies appropriate to his/her needs.

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College Network Usage Guidelines include, but are not limited to:

- No one may misuse, abuse or otherwise damage college computer or network equipment.
- No one may install or use any software or hardware designed to disrupt the security of any computing equipment, whether owned by the college or by others.
- No one other than Media Services or Information Technology staff may download or install any software on any college computer.
- No one may use college resources to support political or non-college related business interests.
- No one may sell or provide access to Mount Wachusett Community College's computing resources to individuals, groups or businesses outside the college community except (1) as authorized in writing by an appropriate senior officer of the college and (2) for authorized college business relationships.
- Recreational uses – such as game playing or music or video file sharing – constitute an unacceptable use of college computing equipment except if such activities are part of an instructional plan.
- No one may engage in any activities designed to spy on network traffic or to access passwords, user IDs, files or programs of other users.
- No one may engage in software piracy or copyright infringement. All software installed on college computers must be used in conformance with the license granted by the developer. Unlicensed products will be removed from college computers.
- No one may send, store, print or solicit receipt of e-mail messages, files or programs that contain fraudulent, harassing, racist or obscene language, visual, or audio content. Exceptions may be made for legitimate academic research purposes with prior approval.
- Note that any e-mail message (other than official college business) sent to an individual after that individual has indicated through any method that they no longer want to receive e-mail from the sender constitutes harassment. Complaints are handled via the *Enforcement Procedures* section (see below).
- No one may use e-mail to engage in "chain letter" or "spamming" [bulk "junk" e-mail activity].
- No one may send, store, print or solicit receipt of e-mail messages, files or programs that are inconsistent with the terms and conditions of the AUP, in conflict with the Mission Statement of Mount Wachusett Community College, or that violate federal and/or state laws.
- No one may use college computing resources for illegal behavior or illegal activities as defined by federal, state and/or local laws.

College Technology Resources and Network Services Policies

Disclaimer: The responsibility for the content of personal files, programs, web pages and e-mail rests solely with the individual and not with the college. Mount Wachusett Community College does not monitor the contents of embedded links of personal user accounts or personal web pages although it expressly reserves the right to do so.

To preserve the integrity and maintain efficient functioning of the college's computing facilities, the college enforces the following policies:

The creation of public mail groups is limited to college departments, committees and official student organizations.

Email users should exercise prudent judgment when sending "All MWCC" emails. Use of this list for any commercial purpose not directly connected to college sponsored events requires approval of the President or his designee prior to sending the email.

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Computing resources are provided for academic, research, administrative and college business-related

communications uses.

The college reserves the right to establish time limits on the use of public workstations as needed.

MWCC realizes that the free expression of ideas is central to academia, but will not tolerate the display of pornographic, obscene, abusive, racist, or other inappropriate material at any public workstation. The college reserves the right to determine the appropriateness of material displayed on public workstations.

The MWCC computing facilities constitute a private system. As such, the information stored on the college equipment is the property of the college and the Commonwealth of Massachusetts with the possible exception of material expressly developed by faculty, staff, and students for publication. Copyright and ownership of such content must be expressly and clearly stated in such works. Individuals who place content owned by others on computers under their control accept full responsibility for maintaining compliance with copyright laws.

Users of the college's computing equipment, including email, shall have NO EXPECTATION OF PRIVACY over such use. The college reserves the right to access the personal files or monitor the system usage of any authorized user without that individual's consent, under the following circumstances:

- A subpoena or other properly served request from enforcement officers. All such requests must be served by an officer of the court that has jurisdiction and be reviewed and approved in writing by a senior officer of the college. Review by college counsel may be appropriate.
- A written request from an appropriate senior officer of the college to provide information as part of an ongoing investigation and or disciplinary matter.
- A written request from a Systems Administrator, based on reasonable evidence that files or programs stored in an authorized user's directory are the source of interference with the efficient functioning of the college computing facilities, that such files are violations of any part of this policy, or are infringing on copyright or intellectual property rights. The Executive Director of Information Technology must endorse such a request.
- A written request from the President of the college.
- A written request from College Counsel in support of an ongoing investigation or inquiry.
- A written request from the appropriate college officer as a part of a termination of employment action.

Information Technology will maintain records of all of these requests for access and will report the number of requests annually to the college administration.

Electronic files are treated like paper files and subject to subpoena or discovery in legal actions and disclosure if such files constitute public records under Massachusetts law.

Employee accounts are disabled as soon as the IT Department is notified of termination of employment. Human Resources should notify the Executive Director immediately when such personnel actions are imminent.

Passwords to terminated employees accounts will not be provided to other individuals. File access can be provided through system delegation facilities.

Enforcement Procedures

The College retains right without restriction to monitor, authorize, control, or stop the use of any technology found on its computers or networks.

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Violations of the Acceptable Use Policy will be referred to the appropriate senior officer of the college for action through the established disciplinary processes of the college. The results of such referral may include but is

not limited to:

- Files and/or programs may be deleted.
- User access privileges may be inactivated.
- User accounts may be removed.
- Users may be suspended, expelled or terminated from college employment.

If a member of the college community believes that another has violated his or her rights, he/she should report the incident to the Executive Vice President and his/her department head.

MWCC Administrative Computing Use Policy

The Family Educational Rights and Privacy Act of 1974 (FERPA), plus its amendments, set forth rights and responsibilities regarding the privacy of student record information. FERPA governs release of student records maintained by the college and access to these records. For detailed information about FERPA contact the Office of the Registrar or visit the American Association of Collegiate Registrars and Admissions Officers (AACRAO).

All employees of the MWCC are required to abide by the regulations of FERPA and those of the college regarding access to and use of student information, college financial information and college alumni development information. Student access to Banner for data entry purposes is expressly prohibited.

Department heads, Division heads, Directors and other supervisory personnel are responsible for ensuring that their respective employees follow the FERPA and college guidelines. The college houses its administrative data on its servers. The software package includes Admissions, Registration Records, Grading, Financial Aid Management, Billing, Accounts Payable, General Ledger and Alumni Development Records. Employees who have access to administrative system data must understand and accept the responsibility of working with confidential data. In addition to FERPA, college rules apply to all employees with an administrative system account.

Each employee is given a username and password. This account is for the employee's use only and should not be shared with supervisors, co-workers, family, or friends. In no case is the sharing of access accounts or passwords authorized.

Each employee will be held responsible for any data input into or retrieval from the administrative system via his/her account. Employees are fully responsible for any system actions initiated under the employee's user id and password.

An administrative computing account is for use for work-related activities only. Access at other times is prohibited.

Information that does not relate to the work assigned by your supervisor should not be viewed (e.g. looking up friends or co-workers) or altered (e.g. changing a friend's address) in any way.

Since administrative data is confidential, no employee will discuss or share any data with any other person except as is needed to carry out his/her job responsibilities.

All access to electronic data and reports shall be secured. Sign off the system, put reports away in drawers and/or cabinets when leaving your work areas, especially for long periods of time. Ensure that your computer uses a password protected screen saver to minimize unauthorized disclosure of confidential information.

Mount Wachusett Electronic Communications Acceptable Use Policy

Mount Wachusett Community College works in a large, complex information technology environment requiring

communications involving both confidential and public data. New technologies offer the college methods to make this communication easier between students, staff, departments, campuses, other colleges, and others. The college has several types of electronic mail systems on its various computer systems, enabling its students and employees to take advantage of these technologies. In addition several types of electronic communications services, including chat, discussion lists, voice mail, and instant messaging services are used by the college community.

However, with this open communication network, vulnerabilities to the privacy of electronic messages possibly containing confidential or proprietary information arise. College electronic communications users need to be aware of the vulnerabilities in electronic communications and of the legal responsibilities that accompany the use of this medium.

Purpose

These standards:

- Define who may use the electronic communications systems controlled and administered by MWCC.
- Outline responsibilities related to maintenance and use of such systems.
- Provide guidelines for the security and confidentiality of college electronic mail, and other forms of electronic communications.
- Provide methods for monitoring, enforcing and dealing with exceptions to this policy.

Scope

College Electronic Communications Policies shall apply to all:

- Electronic mail (email) created, sent or maintained within, administered by or networked to the electronic mail systems of MWCC.
- College email users.
- All other forms of electronic communications, including voice systems and instant messaging services, and other forms of electronic communications listed in the introduction and to any new forms of electronic communications that may be introduced.

Responsibilities

The President, together with the senior officers of the college, determines what categories of individuals (e.g., full time, part-time, staff, students, economic partners, other educational institutions, general public, etc.) may access college electronic communications systems. These individuals will determine which college department(s) shall be responsible for administering electronic communications systems and security, and procedures for monitoring. Campus Electronic Communications Policies will ensure that Electronic Communications Administrators are responsible for:

- Determining what categories of individuals, within the guidelines set by the President and campus administrators, may access the communications system under their control.
- Ensuring that a security plan for the email system for which they are responsible has been developed, implemented, and is maintained. The security plan should include an analysis of whether message encryption is needed.
- Ensuring that a backup plan to allow for message/system recovery in the event of a disaster has been developed, tested, and implemented.
- Periodically assessing the level of risk within the mail system.
- Ensuring that filters to keep text from view of system maintenance personnel have been installed, when technologically possible.

- Ensuring that appropriate steps are taken to prevent a system break-in or intrusion through the electronic communications application.
- Providing information regarding electronic mail vulnerabilities to email users so that they may make informed decisions regarding how to use the system.
- Ensuring that all electronic mail ids for individuals with email accounts on college systems have been deleted when: an authorized user has terminated employment, graduated or withdrawn from the college, and when a "courtesy account" is inactive or no longer needed.
- Ensuring that email message retention standards, within the guidelines of these and other college policies have been developed and are implemented for their electronic mail system.

Campus Electronic Mail Policies will ensure that employees responsible for maintaining, repairing and developing email resources will exercise special care and access email messages only as required to perform their job function. These employees will not discuss or divulge the contents of individual email messages viewed during maintenance and trouble-shooting.

Campus Electronic Mail Policies will ensure that college email users will:

- Use email in a responsible manner consistent with other business communications (e.g., phone, correspondence).
- Safeguard the integrity, accuracy and confidentiality of college electronic mail.
- Only use mail ids assigned to them.
- Remove mail from their mailbox consistent with college, campus, departmental or electronic mail administrator message retention policies and standards.

Campus Electronic Mail Policies prohibit college email users from:

- Sending any unsolicited mail or materials that are of a fraudulent, defamatory, harassing, or threatening nature.
- Posting materials that violate existing laws or college codes of conduct, are inconsistent with the college mission, or are commercial advertisements or announcements on any electronic bulletin boards.
- Forwarding any other form of unnecessary mass mailing (such as chain letters) to college or external email users.
- Using their email access to unlawfully solicit or exchange copies of copyrighted materials in any form.

Electronic Communications Security and Confidentiality Standards

Campus Electronic Communications Policies will ensure that those who access and use these systems are aware and understand that:

The college considers an electronic communications message to be a personal or business correspondence that should, therefore, be dealt with in the same manner as paper correspondence items.

Although electronic communications may be considered the property of the sender and/or receiver, these messages are stored on college computer systems. Therefore, administration of electronic communications systems may require that administrative staff read or access in other ways message contents. Users shall have NO EXPECTATION OF PRIVACY over the content of electronic communications maintained on the college's computer system.

The college will not routinely monitor the content of electronic documents or messages. Electronic documents and messages may be accessed by technical maintenance, security and troubleshooting staff while performing their duties. Such access may occur when a problem in the software or network arises. Additionally electronic mail may pass out of one computer environment, across a network, and into another computer environment

even within the college system. This transport becomes increasingly complicated as mail travels between departments, campuses, universities, states, or nations. The level of security over your messages is affected each time the computer hardware, software and environment changes. Untraceable leaks may occur.

If there is a college investigation for alleged misconduct, the President or his designee may authorize that electronic communications or files may be locked or copied to prevent destruction and loss of information. Additionally, the college may monitor the content of electronic documents and messages, or access email backups or archives as a result of a college investigation, legal discovery, writ, warrant, subpoena, or when there is a threat to the computer systems integrity or security.

The confidentiality of the contents of email messages that include certain types of information (e.g., student related, medical, personal) may be protected by the Family Educational Rights and Privacy Act of 1974 (as amended) and/or the Electronic Communications Privacy Act of 1986. Additionally, the contents of email messages may be classified as public by the Massachusetts Fair Information Practices Act (MGL Title X, c66A, refer to <http://www.state.ma.us/legis/laws/mgl/gl-66A-toc.htm>) and/or the Massachusetts Public Records Act (MGL Title X, c66, refer to <http://www.state.ma.us/legis/laws/mgl/gl-66-toc.htm>). Further recent federal legislation, referred to as the Patriot Act, may require the college to disclose to law enforcement officers' information previously considered to be privileged without notification.

The authenticity of an email message cannot be assured due to the state of present email technology. This means that the authorship or source of an email message may not be as indicated in the message. Methods exist to provide for authentication of email messages. Email clients who require this level of security are to contact the Help Desk for assistance in obtaining a digital certificate.

College Email Users may retain active mail files for the retention period instituted by the Electronic Mail Administrator. Deleted and expired email messages will be irretrievable after 90 days.

Electronic Mail Use Standards

The following policies govern the use of college email equipment/systems:

Individuals are prohibited from using an electronic mail account assigned to another individual either to send or receive messages. If it is necessary to read another individual's mail (e.g., while they are on vacation, on leave, etc.), delegation or message forwarding should be requested from the email administrator.

College Email Users are encouraged to use these communications resources to share knowledge and information in support of the college's mission. Occasional and incidental social communications using electronic mail are not prohibited; however, such messages should be limited and not interfere with an employee's job function.

Individuals with email ids on college computer systems are prohibited from sending messages which: violate existing laws or college codes of conduct or policies; are inconsistent with the college mission; or are advertisements or announcements for a commercial business without prior approval of the President or his/her designee.

Authorized users should not "rebroadcast" information obtained from another individual that the individual reasonably expected to be confidential.

Bulletin boards used for soliciting or exchanging copies of copyrighted software are not permitted on college systems.

Authorized users are prohibited from sending, posting, or publicly displaying or printing unsolicited mail or material that is of a fraudulent, defamatory, harassing, abusive, obscene or threatening nature on any college system. The sending of such messages/materials will be handled according to current college codes of

conduct, policies and procedures.

The college accepts no responsibility for the content of electronic mail received. If a student, faculty, or staff member receives electronic mail that is considered harassing, threatening or offensive, he/she should contact the appropriate college office for assistance.

Federal and state laws and college policies against racism, sexism and sexual harassment apply to electronic communications. Additionally, the college has special concern for incidents in which individuals are subject to harassment or threat because of membership in a particular racial, religious, gender or sexual orientation group.

Social Media Use Standards

In an effort to foster a professional work environment for all employees and to protect the interests of Mount Wachusett Community College the following policies govern the use of all social media by the employees at Mount Wachusett Community College. The term "social media" is intended to address personal networking sites including, but not limited to, MySpace, Twitter, YouTube, or Facebook.

Only authorized individuals may send or post messages on social networking sites on behalf of MWCC.

Employees must be clear that they are speaking for themselves and not on behalf of MWCC when using social media. Employees should refrain from identifying MWCC in personally owned or controlled social media sites or personal commentary posted to social media discussions or pages, or their messages should have clear disclaimers that the views expressed are personal to the author and do not necessarily represent the views of MWCC. Employees are reminded that they bear personal responsibility for the content of their posts, blogs or other social media content.

Employees may not use MWCC logos or other trademarks or branding associated with MWCC's identity without prior, written approval from the Vice President of Marketing and Communications.

All MWCC policies, including those related to harassment, discrimination, respect for diversity, retaliation, workplace violence, ethics, and conflicts of interest apply to an employee's postings and social media content.

MWCC reserves the right to monitor employee use of social media. Employees may be disciplined for violating the confidentiality of MWCC, of fellow employees, posting harassing or defamatory content, or other infractions of MWCC's normal workplace standards of conduct. This applies to postings and blogging occurring at any time on any computer.

MWCC employees are reminded that they should be respectful of co-workers, students, management, and other colleges and universities. It is recommended that you obtain authorization from individuals or colleges and universities prior to posting their picture, using their trademark, or identifying them by their name.

Social networking that is not part of your official duties should be done on personal time using personal computers supported by commercial network assets and not college or other State owned resources.

Personal Facebook profiles may not be used by supervisors or subordinates to communicate work related matters; this is not to be confused with participating in Facebook groups or pages.

Employees are reminded to use discretion when using social networking media. If unsure about how policy or guidelines apply to your posting or social media site, employees are encouraged to consult with their supervisor before taking action whenever possible.

This policy is not intended to interfere with rights under the First Amendment or the National Labor Relations Act.

Compliance and Enforcement

Any individual found breaching the confidentiality of electronic communications, disclosing confidential college data, or otherwise violating this policy, may be denied future access to computer resources and may be subject to reprimand, suspension, dismissal, or other disciplinary actions by the President or his/her designee consistent with College delegations of authority, codes of conduct, personnel policies, and union agreements.

When desktop computers, administrative systems, voice systems, and networks fail to perform as expected, call the Help Desk at extension 9401 or send an email to helpdesk@mwcc.edu. Helpdesk is available for your IT support needs.

[Home](#) >

[Policies, Rules, and Regulations](#) >

Inclement Weather and Emergency Closing Policy

Inclement Weather and Emergency Closing Policy

MWCC campuses will remain open unless conditions are so extreme that parking lots and sidewalks cannot be safely cleared and/or major streets and highways leading to campuses are clearly dangerous.

Closing or delayed opening information is available through the following sources:

Television

- WBZ-TV Channel 4
- WCVB Channel 5
- WHDH TV Channel 7
- WFXT 25-Fox, MY 38 TV
- NECN
- CW Channel 56

Radio

- WRKO 680 FM
- WSRS 96.1 FM
- WXLO 104.5 FM
- WBZ News Radio 1030 AM
- WPKZ 105.3 FM and The Pulse 1280 AM

Telephone

Automated Notification System: When a situation warrants its use, an automated system will call registered students with a recorded message announcing school closures or delays when classes are in session for the fall, spring, and summer terms. A recorded message is also provided by calling 978-632-6600 and selecting option "8."

Website

Closings or delays due to weather will be posted to the MWCC website.

Social Media

Closings or delays due to weather will be posted to the MWCC Emergency Notice Facebook page.

Mobile Application

All weather notices may be accessed via the MWCC mobile application available through iTunes and other providers.

Closings or delays are usually determined by 6:00 a.m. for day classes and 3:00 p.m. for evening classes. However, weather conditions may require cancelations at other times.

PUBLIC HEALTH FACT SHEET

Meningococcal Disease

Massachusetts Department of Public Health, 305 South Street, Jamaica Plain, MA 02130

What is meningococcal disease?

Meningococcal disease occurs with infections due to the bacterium, *Neisseria meningitidis*. There are two major types of meningococcal disease: Meningococcal meningitis and meningococcemia. Meningococcal meningitis is an infection of the tissue (called the "meninges") that surrounds the brain and spinal cord. Meningococcemia is an infection of the blood and may also involve other parts of the body.

What are *Neisseria meningitidis*?

Neisseria meningitidis are bacteria that may be found normally in people's throats and noses. About 5 to 15% of people carry these bacteria and do not get sick from them. These people may be called "carriers." Carriers only have bacteria for a short time. Usually, the bacteria go away and these people may have increased resistance to infection in the future. In rare cases, the bacteria may get into the blood and go to the tissue surrounding the spinal cord and brain, causing severe illness.

How are the bacteria spread?

The bacteria are spread from person-to-person through saliva (spit). You must be in close contact with an infected person's saliva in order for the bacteria to spread. Close contact includes activities such as kissing, sharing water bottles, sharing eating/drinking utensils, or sharing cigarettes with someone who is infected; or being within 3-6 feet of someone who is infected and is coughing or sneezing.

How is meningococcal disease diagnosed?

Persons showing signs and symptoms of illness are diagnosed by growing the bacteria from their spinal fluid (meningitis) or blood (meningococcemia) in the laboratory. It may take up to 72 hours to have test results. Sometimes an earlier diagnosis can be made by looking at a person's spinal fluid under a microscope. Often a preliminary diagnosis is made on the basis of signs and symptoms before laboratory results are available.

What are the signs and symptoms of illness?

Meningococcal meningitis:

Signs and symptoms of meningitis include sudden onset of high fever, stiff neck, headache, nausea, vomiting, and/or mental confusion. Changes in behavior such as confusion, sleepiness, and being hard to wake up are important symptoms of this illness. A rash may be present, often involving the hands and feet. In babies, the only signs of this illness may be acting more tired than usual, acting more irritable than usual, and eating less than usual. Babies with meningitis will usually have a fever, but this is not a reliable sign of illness. Anyone who has these symptoms should be seen by a health care provider right away.

Meningococcemia:

Signs and symptoms of meningococcemia include a sudden onset of fever, chills, and feeling unusually weak and tired. A rash may be present, often on the hands and feet. Anyone who has these symptoms should be seen by a health care provider right away.

How are these illnesses treated?

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Antibiotics are used to treat people with both meningococcal meningitis and meningococcemia. People who have had close contact with the sick person any time during the two weeks before she/he became ill may also need to take antibiotics. Preventive treatment of all close contacts should be started as soon as possible but ideally within 24 hours of identifying the case.

Why do close contacts of a sick person need to be treated?

Close contacts of a person who has meningococcal disease are treated with antibiotics because the disease-causing bacteria may be spread from the infected person to other people through contact with the saliva (spit) of the infected person. The antibiotics will kill the bacteria and prevent illness.

Is there a vaccine to protect me from getting sick?

Yes, there are currently 2 types of vaccines available that protect against 4 of the most common of the 13 serogroups (subgroups) of *N. meningitidis* that cause serious disease. Meningococcal polysaccharide vaccine is approved for use in those 2 years of age and older. There are 2 licensed meningococcal conjugate vaccines. Menactra® is approved for use in those 9 months – 55 years of age. Menveo® is proved for use in those 2 to 55 years of age. Meningococcal vaccines are thought to provide protection for approximately 5 years.

Meningococcal vaccine is recommended for children 11-12 years of age. Now, students 16-18 years of age should receive a booster dose or their first dose if they have not yet been vaccinated. College freshman and other newly enrolled college students living in dormitories who are not yet vaccinated are also recommended to receive meningococcal vaccine. Meningococcal vaccine and booster doses are recommended for high-risk groups including anyone with a damaged spleen or whose spleen has been removed, those with persistent complement component deficiency (an inherited immune disorder), HIV infection, those traveling to countries where meningococcal disease is very common, microbiologists and people who may have been exposed to meningococcal disease during an outbreak.

Massachusetts law requires newly enrolled full-time students attending colleges and schools with grades 9-12, who will be living in a dormitory or other congregate housing, licensed or approved by the school or college, to receive meningococcal vaccine or sign a waiver declining vaccination. More information about this requirement may be found in the MDPH document entitled "*Information about Meningococcal Disease and Vaccination and Waiver for Students at Residential Schools and Colleges.*"

What should I do if I have had contact with a person who has meningococcal disease?

If you have had close contact with a person who has been diagnosed with meningococcal disease you should call your health care provider and get an antibiotic. If you have had contact with an ill person, but have not had close contact, you should be aware of the symptoms of illness and contact your health care provider right away if you have any of these symptoms.

Are there times when I would not have to take antibiotics after close contact with a sick person with meningitis?

Yes. Meningitis can be caused by many different types of germs, including other bacteria and viruses. Only certain types of meningitis require treatment of the infected person's close contacts. If you have questions about meningitis or your exposure to a sick person, contact your health care provider.

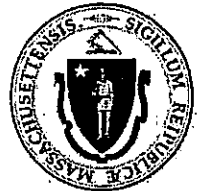
Where can I get more information?

- Your health care provider
- The Massachusetts Department of Public Health, Division of Epidemiology and Immunization at (617) 983-6800 or toll free at (888) 658-2850 or on the MDPH website at <http://www.mass.gov/dph>
- Your local health department (listed in the phone book under government)

Updated: August 2011



THE COMMONWEALTH OF MASSACHUSETTS
EXECUTIVE OFFICE OF PUBLIC SAFETY AND SECURITY
Department of Criminal Justice Information Services
200 Arlington Street, Suite 2200, Chelsea, MA 02150
TEL: 617-660-4640 | TTY: 617-660-4606 | FAX: 617-660-5973
MASS.GOV/CJIS



**Criminal Offender Record Information (CORI)
Acknowledgement Form**

To be used by organizations conducting CORI checks for employment, volunteer, subcontractor, licensing, and housing purposes.

_____ is registered under the
(Organization)
provisions of M.G.L. c.6, § 172 to receive CORI for the purpose of screening current and otherwise qualified prospective employees, subcontractors, volunteers, license applicants, current licensees, and applicants for the rental or lease of housing.

As a prospective or current employee, subcontractor, volunteer, license applicant, current licensee, or applicant for the rental or lease of housing, I understand that a CORI check will be submitted for my personal information to the DCJIS. I hereby acknowledge and provide permission to _____

(Organization)
to submit a CORI check for my information to the DCJIS. This authorization is valid for one year from the date of my signature. I may withdraw this authorization at any time by providing _____
(Organization)
with written notice of my intent to withdraw consent to a CORI check.

FOR EMPLOYMENT, VOLUNTEER, AND LICENSING PURPOSES ONLY:

The _____ may conduct
(Organization)
subsequent CORI checks within one year of the date this Form was signed by me, provided, however, that
_____, must first provide me
(Organization)
with written notice of this check.

By signing below, I provide my consent to a CORI check and affirm that the information provided on Page 2 of this Acknowledgement Form is true and accurate.

Signature of CORI Subject

Date



THE COMMONWEALTH OF MASSACHUSETTS
EXECUTIVE OFFICE OF PUBLIC SAFETY AND SECURITY
Department of Criminal Justice Information Services
200 Arlington Street, Suite 2200, Chelsea, MA 02150
TEL: 617-660-4640 | TTY: 617-660-4606 | FAX: 617-660-5973
MASS.GOV/CJIS



[Redacted area]

* First Name: _____ Middle Initial: _____

* Last Name: _____ Suffix (Jr., Sr., etc.): _____

Former Last Name 1: _____

Former Last Name 2: _____

Former Last Name 3: _____

Former Last Name 4: _____

* Date of Birth (MM/DD/YYYY): _____ Place of Birth: _____

* Last SIX digits of Social Security Number: _____ ☐ No Social Security Number

Sex: _____ Height: _____ ft. _____ in. Eye Color: _____ Race: _____

Driver's License or ID Number: _____ State of Issue: _____

Father's Full Name: _____

Mother's Full Name: _____

Current Address

* Street Address: _____

Apt. # or Suite: _____ *City: _____ *State: _____ *Zip: _____

SUBJECT VERIFICATION

The above information was verified by reviewing the following form(s) of government-issued identification:

Verified by:

Print Name of Verifying Employee

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Signature of Verifying Employee

Date

REQUIREMENTS TO PARTICIPATE IN SACC PRACTICUM

As a student of the substance abuse counseling certificate program at Mount Wachusett Community College, I am aware and fully understand that the following requirements must be met as prerequisites prior to participating in HST 270 Substance Abuse Counseling Practicum. Failure to meet these requirements will prevent me from participating in any clinical practicum experience.

1. Satisfactory completion of pre requisite coursework: _____

2. Health Requirements:

Physical Exam (*within two years*): _____

TB Screening or Chest x-Ray: PPD _____ Results _____ or Chest x-Ray/Results _____

(2) Measles Immunization or Titre: Date #1 _____ Date #2 _____ or Date Titre/Results _____

(2) Mumps Immunization or Titre: Date #1 _____ Date #2 _____ or Date Titre/Results _____

(2) Rubella Immunization or Titre: Date #1 _____ Date #2 _____ or Date Titre/Results _____

Tetanus/tDap Immunization (*within ten years*): Date _____

(3) Hepatitis B Immunization or Titre: Date #1 _____ Date #2 _____ Date #3 _____

or Titre/Results _____

(2) Chicken Pox Immunization or Titre: Date #1 _____ Date #2 _____ Date #3 _____

or Titre/Results _____

3. Current Liability Insurance: _____

4. Proof of Health Insurance: _____

5. OSHA & Bloodborne Pathogen Training: _____

6. Completion of an acceptable CORI evaluation: _____

7. Drug Testing: _____

8. CPR Training: _____

Print Name _____

Signature _____

Date _____

I certify the health information to be true and accurate in accordance with my records.

Diane King, BSN, RN
Coordinator Health Services
Mount Wachusett Community College

Margaret Jaillet, PT DPT ACCE
Mount Wachusett Community College
Assistant Dean
Health Professions, Public Service Programs and Social Sciences



The Substance Abuse Counseling Certificate

Drug Testing Instructions

Before Starting:

- A valid email is **REQUIRED**
 - Please use your MWCC issued email to establish the account.
- Have your credit card (Visa/MasterCard/American Express/Discover) information ready in order to process payment. Your credit card will be charged **\$64.50** for the service.

Getting Started:

1. Log onto our website at www.VerifyStudents.com and click Start Here
2. Use this special promotional code: **MWCCSACCDT**
3. Complete profile & e-sign forms as they appear

After completing online process:

1. Drug testing: go to collection site listed on ePassport
 - Bring authorization form & government photo ID, e.g. – driver's license

PLEASE NOTE THE DRUG SCREEN MUST BE COMPLETED
BY 3/10/06 4:00PM PST

Subscription Form
REGISTRATION NUMBER: 11248995

Order Number: 11248995
Amount Due: \$64.50

Customer Information
Name: [REDACTED]
Address: [REDACTED]
City: [REDACTED]
State: [REDACTED]
Zip: [REDACTED]
Phone: [REDACTED]

Medical History
Allergies: [REDACTED]
Current Medications: [REDACTED]
Past Medical History: [REDACTED]

Test Results
Test Name: [REDACTED]
Test Result: [REDACTED]
Test Date: [REDACTED]

Collection Site Information
Name: [REDACTED]
Address: [REDACTED]
City: [REDACTED]
State: [REDACTED]
Zip: [REDACTED]
Phone: [REDACTED]

Please bring your government photo ID for identification at the collection site.
It is not being required that you bring your identification to the collection site.

NOTE: A unique login will be emailed to you. This will allow you to log back into www.VerifyStudents.com and retrieve a copy of your report.

Mount Wachusett Community College

444 Green Street • Gardner, MA 01440-1000

(978) 630-9136

FAX # 978-630-9528, Attn: Diane King, RN, BSN

RELEASE FORM

Required for all Health Science Students

INSTRUCTIONS TO STUDENT

1. Please clearly print the information needed to release your immunization and physical examination records to your clinical site.
2. Sign and date from.

AUTHORIZATION FORM RELEASE OF MEDICAL INFORMATION

I HEREBY AUTHORIZE Mount Wachusett Community College to forward my immunization records and physical examination (when applicable) to my clinical site(s) for the duration of my enrollment in this Health Science Program: *Please print clearly.*

(Student's Name)

(Student's Address)

(City)

(State)

(Zip)

(Program)

(Student's Signature)

(Student's ID#)

(Date)



TO: **All Full-Time Students** (12 credits or more during a semester *including students in Cycle courses*);
All Students on a Student Visa, Any full- or part-time student attending an institution of higher education while on a student or other visa, including foreign students attending or visiting classes as part of a formal academic visitation exchange program;
All Full and Part-Time Health Science Students, who are in contact with patients, are subject to additional program requirements.— Certified Nurse Assistant, Medical Laboratory Technology, Dental Assistant Certificate, Dental Hygiene, Medical Assisting Degree, Medical Office Certificate, Medical Assisting Certificate, Substance Abuse Counseling Certificate, Medical Coding Certificate, Paramedic Technology Certificate, Community Health Worker, All Nursing (NU, NUE, NUP, PN) Phlebotomy, Physical Therapist Assistant, Health Information Management, and EKG

FROM: Jason Zelesky, Dean of Students

SUBJECT: REQUIREMENTS FOR IMMUNIZATION AND MEDICAL HISTORY

The Laws of the Commonwealth of Massachusetts mandate that the College require certain medical documentation prior to class attendance. Failure to comply may result in: Prevention from enrolling in subsequent semesters, and withholding of grades and diploma. Therefore, we ask your cooperation in adhering to the following policies as they pertain to you.

In order to complete your records, Health Services requires the following documentation

Before Classes Begin:

- 2 doses Measles, Mumps Rubella (2 MMRs) immunization or proof of immunity (*exempt if born in the U.S. before 1957 except for all Health Science students*).
- 1 dose Tdap once, then Td booster every 10 years.
- 3 doses Hepatitis B vaccine or proof of immunity. *Health Science students must have 2 doses of Hepatitis B before clinical.*
- 2 doses Varicella vaccine or titre required for all Health Science students. All non- Health Science students can provide a reliable history verified by a physician (*exempt if born in the U.S. before 1980*).
- Meningococcal vaccine is required for all students at a postsecondary school that provide or license housing. (Fitchburg Institute students)

• Intradermal Tuberculin Test

Required for:

- * All Full and Part-time Health Science Students as defined above *Annual*;
- * Any full- or part-time student on a *STUDENT VISA or Other Visa*;

Physical Exam & Medical History Form

All full-time students enrolled in a degree program, and Health Science students, must complete the *Report of Medical History* and have their physician complete, sign and date the *Report of Health Evaluation* of the enclosed physical form.

Health Records may be obtained from the following sources

- | | |
|-----------------------------|---------------------|
| 1. Your physician | 3. Your baby book |
| 2. Your high school records | 4. Military records |

If the above immunizations cannot be found the following may provide re-immunization

1. Your physician
2. Walk-in health center and pharmacy

Please take prompt action to return the enclosed signed forms to:

MWCC Health Services, 444 Green Street, Gardner, MA 01440
or Fax to 978-630-9528 c/o Diane King, RN, BSN

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Prior to the first day of classes

If you have questions or concerns, please contact the Health Services office at (978) 630-9136.

Health Science Students IMMUNIZATION FORM

Please return to: Health Services
Mwcc.edu

FAX # 978-630-9528
C/o Diane King, R.N.,

PERSONAL INFORMATION

Last Name (print)	First	Middle	Maiden Name
-------------------	-------	--------	-------------

Student ID	D.O.B.
------------	--------

Address	City	State	Zip	Telephone
---------	------	-------	-----	-----------

Immunization Requirements for Health Science Students:

105 CMR 220.600: M.G.L. c. 76, §§ 15C

A. In order to be registered at an institution of higher learning, every (1) full-time undergraduate or graduate student and (2) every full-time or part-time undergraduate student in a **Health Science program who is in contact with patients**, and (3) every student on a student visa, including all foreign students attending or visiting classes as part of a formal academic visitation exchange program, must present a physician's certificate that such student has received the following immunizations:

- Two doses of Measles, Mumps, & Rubella (MMRs) or positive titre to prove immunity
- Three doses of Hepatitis B vaccine and positive titre to prove immunity (2 doses of **Hepatitis B** before clinical)
- One dose of Tetanus/Diphtheria/Pertussis (Tdap) once, then Td booster every 10 years.
- Two doses of Chicken Pox vaccine or positive Chicken Pox titre to prove immunity
- Two step negative PPD or TB spot test
- If positive PPD then negative chest x-ray and annual TB questionnaire
- Flu Shot – current season
- Physical Exam, on our forms, within 2 years
- Release Form

B. The requirements of 105 CMR 220.600 shall not apply where:

- The student provides written documentation that he or she meets the standards for medical or religious exemption set forth in M. G. L. c. 76, §§ 15C
- The student provides appropriate documentation, including a copy of a school immunization record, indicating receipt of the required immunizations.
- In the case of measles, mumps, or rubella, the student presents laboratory evidence of immunity.

C. Students may be registered on the condition that the required immunizations are obtained within 30 days of registration.

*Please be sure to turn in lab results for all titres and x-rays to the Health Services office. If there are any questions please feel free to call Health Services at 978-630-9136.

IMMUNIZATION HISTORY

Tetanus/Diphtheria/Pertussis (Tdap) once, then Td booster every 10yrs.		Measles, Mumps, Rubella (2 doses)		
Tdap Date:	Td Date:	MMR #1	MMR # 2	
Hepatitis B vaccine (3 dose) Date #1		Date #2	Date #3	Hep B Titre(lab report)
Varicella vaccine (2 dose) Date #1		Date #2	Varicella Titre (lab report)	Flu
REQUIRED FOR ALL Health Science Students 2 STEP (at least 2 weeks apart):				
Intradermal Tuberculin Test		Date	Results	
Intradermal Tuberculin Test		Date	Results	
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PHYSICIAN OR NURSE'S SIGNATURE _____ Date _____

YOU WILL NOT BE PERMITTED TO REGISTER FOR FUTURE CLASSES UNTILL THIS DOCUMENT IS COMPLETE.



244 Green Street, Gardner, MA 01440-1000

REPORT OF MEDICAL HISTORY

Please return to: Health Services Office
Telephone: 978-630-9136
Fax: 978-630-9528 c/o Diane King, R.N. BSN

This information is strictly for the use of the Health Services Office and will not be released to anyone without your knowledge and consent.

Last Name (print) _____ First Name _____ Middle (Maiden Name) _____

Home Address (Number and Street) _____ City or Town _____ State _____ Zip code _____

Your Home Telephone Number _____ Date of Birth _____

Next of Kin (Name, Relationship, and Address) _____ Home Telephone Number _____

Next of Kin's Business Address _____ Business Telephone _____

Marital Status: ☐ Single ☐ Married ☐ Other Your Age: _____ Citizenship _____

Family History - Complete on back if necessary.

	Age	State of Health	Occupation	Age at Death	Cause of Death
Father/Parent					
Mother/Parent					
Husband, Wife or Children					
Brothers					
Sisters					

Have any of your relatives ever had any of the following:

	Yes	No	Relationship
Tuberculosis			
Diabetes			
Kidney Disease			
Heart Disease			
Arthritis			
Stomach Disease			
Asthma, Hay Fever			
Epilepsy, Convulsions			

Personal History: Please answer all questions. Comment on all positive answers on the back of this sheet.

Have you had:	Yes	No	Yes	No	Yes	No	Yes	No
Scarlet Fever			Insomnia		Pain/Pressure in Chest		Heart Disease	
Measles			Frequent Anxiety		Chronic cough		Gallbladder	
German Measles			Frequent Depression		Palpitations		Trouble or Gallstones	
Mumps			Worry or Nervousness		High or Low Blood Pressure		Recurrent Diarrhea	
Chicken Pox			Recurrent Headaches		Rheumatic Fever or Heart Murmur		Rupture, Hernia	
Malaria			Recurrent Colds		Disease or Injury of Joints		Recent Gain or Loss of Weight	
Gum or Tooth Trouble			Head Injury with Unconsciousness		"Tick" Knee Shoulders, etc.		Dizziness, Fainting	
Sinusitis			Hay Fever, Asthma		Back Problems		Weakness, Paralysis	
Eye Trouble			Tuberculosis		Tumor, Cancer, Cyst		Veneral Disease	
Ear, Nose, Throat Trouble			Shortness of Breath		Jaundice		Albumin/Sugar in Urine	
Surgery			Allergy		Stomach or Intestinal Trouble		Kidney Disease	
Appendectomy			Penicillin		Epilepsy, Convulsions		Females Only:	
Tonsillectomy			Sulfonamides				Irregular Periods	
Hernia Repair			Serum				Severe Cramps	
Other (specify)			Foods (which)				Excessive Flow	
Diabetes			Other (specify)					
			Arthritis					

Please comment on all positive answers on the bottom of sheet

A. Has your physical activity been restricted during the past five years? ☐ Yes ☐ No

B. Do you have any questions in regard to your health, family history, or other matters, which you would like to discuss now with a member of the staff of health services? ☐ Yes ☐ No If yes, please make an appointment with a member of the Health Services staff by calling 978-630-9136.

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Student's Signature: _____

Physician's Signature: _____

Date: _____



REPORT OF HEALTH EVALUATION

TO THE EXAMINING PHYSICIAN: Please review the student's history and complete the physician's form. Please comment on all positive answers. **THIS STUDENT HAS BEEN ACCEPTED.** The information supplied will not affect his/her status; it will be used only as a background for providing health care, if this is necessary. This information is strictly for the use of Health Services and will not be released without student consent.

Last Name _____		First Name _____		Middle _____	Student ID # or SS _____
BP / _____	Color Blindness _____		Height _____ inches	Weight _____ lbs	
Vision _____	Corrected Vision _____		Overweight _____	Underweight _____	
Right 20/ _____	Left 20/ _____	Right 20/ _____	Left 20/ _____	Normal Weight _____	
Urinalysis: Sugar _____ Albumin _____			Micro. _____	Hemoglobin (if indicated) _____ Grm/%	

IMMUNIZATIONS – ALL IMMUNIZATIONS ARE REQUIRED - (105 CMR 220.600)

for all full time students, Any full- or part-time student attending an institution of higher education while on a student or other visa, including foreign students attending or visiting classes as part of a formal academic visitation exchange program;, and all students enrolled in a Health Science program who may have contact with patients.

Tetanus/Diphtheria/Pertussis (Tdap)		Date: _____		Tdap Required	
Measles, Mumps, Rubella (2 doses) (after 12 months of age)		MMR #1		MMR #2	
Hepatitis B Vaccine (3 Doses)	#1	#2	#3		
Varicella Vaccine (2 Doses)	<input type="checkbox"/>	#1	#2		
Check box if reliable history					
TB Skin Test Required for all Health Science Students who have contact with patients (annual) and Every Student on a Student Visa or Other Visa.					
Date: _____		Results: _____			

Are there any abnormalities of the following systems? Describe fully. Use additional sheet if necessary.

	Yes	No
Head, Ears, Nose or Throat		
Respiratory		
Cardiovascular		
Gastrointestinal		
Hernia		
Eyes		
Genitourinary		
Musculoskeletal		
Metabolic/Endocrine		
Neuropsychiatric		
Skin		

Is there loss or seriously impaired function of any organ? Yes ☐ No ☐

Have you any general comments?

Is the Student physically able to participate in all physical activities, sports and Fitness and Wellness:

Unlimited ☐ Limited ☐ Explain: _____ Date of most recent Physical _____

Physician's Signature _____ Date _____

Physician's Printed Name _____ 270

Physician's Address _____

City _____ State _____ Zip Code _____

Phone Number _____

MOUNT WACHUSETT COMMUNITY COLLEGE
HUMAN SERVICES PROGRAM ADVISORY BOARD MEETING

March 29, 17

AGENDA

NEW BUSINESS:

- 1) Welcome**
- 2) Introductions**
- 3) Approval of minutes**
- 4) Update on Substance abuse certificate**
- 5) Update on the Human service degree**
- 6) What should we know about what is going on in Human Services**
- 7) Other**

Human Services Program Advisory Board Meeting on March 29, 2017

Substance Abuse Counseling Certificate (SACC) Update:

- 1) Distinction Between CADAC and LDAC (hand-out)
- 2) Events on Opioid Awareness this year:
 - a. September 22, 2016 A.E.D. sponsored *September is Recovery Month* with community addiction resources and an interactive play at Monty Tech. "The play, Four Legs to Stand On, illuminates addiction as a chronic disease and draws attention to the necessity of treatment (and) intervention, according to the website for C.O.A.A.S.T., which produces the drama (Sentinel & Enterprise 9/21/2016)".
 - b. October 31, 2016 MWCC sponsored a *Teatime Panel on Opioids in North Central Mass, Education for Community Wide Crisis Response*. Speakers included Senator Jen Flanagan; Ernest Martineau, Fitchburg Chief of Police; Michelle Dunn, Co-Director and President of Alyssa's Place; Tamara Perinsi, LCSW UMass Memorial Health Alliance Hospital; Joseph Early, Worcester County District Attorney's Office; Diane Power, OBGYN at UMass Memorial Health Alliance Hospital. After the speaker series, Narcan Training was available by Michael Ellis at Heywood Hospital.
 - c. Jan 26, 2017 Gardner Community Acton Council sponsored a Youth Resource Fair and a one man show *Dirt @ MWCC*.
- 3) Update on number of SACC practicum sites
- 4) SACC program brochure (hand-out)
- 5) Questions for our Board Members:
 - a. Any new information in the field, you would like to share with us?
 - b. Any suggestions for our new SACC /CADAC program?
 - c. Any events, youth resource fairs, speakers, professional development, narcan trainings etc., you know of throughout the year that would benefit our professors/and or students, please share with us. My name/email: Julie Capozzi jcapozzi@mwcc.mass.edu
 - d. Any issues, or concerns, we as an institution should be aware of or inform our new SACC interns as they prepare for internship?

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<p>Michael Ellis – Coordinator, Men’s Suicide Prevention Project Heywood Hospital, 242 Green Street, Gardner, MA 01440 (978-630-6455) Michael.Ellis@Heywood.org</p>
<p>Susan Christensen – Program Director (MOAPC Grant) Community Engagement and Support LUK, Inc., 99 Day Street, Fitchburg, MA 01420 (978-829-2433) Schristensen@luk.org</p>
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<p>Julie Capozzi - Professor, Human Services/Behavioral Sciences Dept. Mount Wachusett Community College (978-630-9302) jcapozzi@mwcc.mass.edu</p>

Revised FEBRUARY 2015

SUBSTANCE ABUSE COUNSELING CERTIFICATE (SACC) ADVISORY BOARD MEMBERS

2.10.2017

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Michelle Dunn, President	A.E.D. Foundation, Inc.	PO Box 67	Westminster, MA 01473	
Rebecca Bialecki, Ph.D. Vice President, Community Health & Chief Change Agent	Heywood Healthcare	2033 Main Street	Athol, MA 01331	978-249-1352
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Megan C. Welsh Group Program Coordinator	Tara Vista Behavioral Healthcare Center	85 Patton Road	Devens, MA 01434	
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