# U.S. Navy Certification Board
# (USNCB)
# Policy and Procedure Manual
# JANUARY 2024

Subj: NAVY ALCOHOL AND DRUG COUNSELOR PROGRAM

Ref:
(a) DHA-PI 6025.15
(b) DODINST 1010.4
(c) TAP 21
(d) SECNAVINST 5300.28F
(e) BUMEDINST 5353.4B
(f) OPNAVINST 5350.4 Series
(g) MCO 5300.17 Series
(h) MILPERSMAN 1306-916
(i) BUMEDINST 6010.30

Encl:
(1) Description of Alcohol, Other Drug Abuse (AODA) Counseling and Counseling Positions and Scope of Practice
(2) Eligibility and Training Requirements
(3) Certification Standards
(4) Supervision and Preceptorship of Navy Drug and Alcohol Interns/Counselors: Descriptions, Definitions, Protocol, and Liability
(5) Internship and Continued Counselor Development Programs
(6) Qualifications for Clinical Supervision and Clinical Preceptorship of Navy Drug and Alcohol Counselors
(7) Certification and Examination Procedures
(8) Ethical Standards and Guidelines
(9) Impaired Counselors
(10) Certification Suspension and Revocation Procedures

1. Purpose. To establish the policy, standards, and procedures for selecting, training, supervising, and certifying personnel who serve as alcohol and other drug abuse counselors for the United States Navy and Marine Corps.

2. Cancellation. None.

3. Background. References (a) and (b) require that Department of Defense (DOD) components establish standardized criteria for the selection, training, supervision and certification of counselors. The basic requirements for reciprocal certification of Navy Drug and Alcohol Counselors include:

   a. Completion of at least 300 hours of didactic and experiential education that includes demonstrated competency in the knowledge, characteristics, and skills relevant to the Addiction Counselor Competencies identified in

reference (c) the Substance Abuse Mental Health Systems Administration's Technical Assistance Publication (TAP 21).

b. Completion of a minimum of 1500 hours of supervised internship over a period of no less than 12 months;

c. Recommended by clinical supervisor and administrative chain of command for certification;

d. Pass the Alcohol and Drug Counselor written examination.

4. Policy. The policy of the United States Navy and Marine Corps is to employ trained, competent, and ethical counselors to carry out programs and services as specified in references (a) through (g) for the treatment of substance use disorders. The Navy Drug and Alcohol Counselor Program's training and certification of Navy and Marine Corps Alcohol and Drug Counselors (ADCs) helps ensure that standards of care are met in the treatment and rehabilitation of active duty, retired military personnel, and their dependents negatively impacted by a substance use disorder. The United States Navy and Marine Corps will employ only those individuals who have been certified by this program or who meet the minimum requirements as set forth in this instruction and are certified/licensed by higher authority. Contract counselors must meet the equivalent of the standards outlined herein. Intern counselors, working toward certification will be restricted to activities specified in this instruction.

5. Applicability. The standards established in this instruction are intended for all Navy and Marine Corps personnel who serve in clinical roles. This includes active duty military, civil service, and contract personnel.

6. Responsibilities.

a. **Chief, Bureau of Medicine and Surgery (BUMED)** is responsible for ensuring compliance with standards for counselor education and training, clinical preceptorship/supervision of counselors, and certification programs as outlined in this manual for all counselors (e.g., intern counselors, entry-level certified Alcohol and Drug Counselors (ADC I), certified Alcohol and Drug Counselors (ADC II), and Certified Clinical Supervisors (CCS)) serving in BUMED facilities.

(1) **CHIEF, SUBSTANCE ABUSE REHABILITATION PROGRAM (SARP) (N3)** is responsible for developing, implementing, and monitoring of the Navy Substance Abuse Rehabilitation Programs (SARP). This includes, but is not limited to, establishing and enforcing standards of operation at the Navy Drug and Alcohol Counselor School (NDACS), instituting counselor training, clinical supervision/preceptorship, certification, and professional development procedures.

(2) **Commander, Naval Medical Forces Support Command** is responsible for curriculum and educational policies and procedures utilized at NDACS.

b. **Headquarters, United States Marine Corps, Marine and Family Programs Division (MF)** is responsible for all aspects of the Marine Corps substance abuse program. HQMC (MF) will ensure compliance with standards for counselor education and training; clinical supervision of counselors, and certification programs as outline in this instruction for all counselors (e.g., certified Alcohol and Drug Counselors (ADC II), and Certified Clinical Supervisors (CCS)) serving in Marine Corps facilities.

c. **Commanding Officer, Navy Medicine Operational Training Center (NMOTC)** is responsible for designing, developing, and implementing the training of entry level counselors via the Surface Warfare Medical Institute's (SWMI) Navy Drug and Alcohol Counselor School.

(1) **Navy Drug and Alcohol Counselor School (NDACS)** is responsible for the selection and training of Navy personnel volunteering for duty as SARP counselors, administering and maintaining an up-to-date Navy certification program for all drug and alcohol related credentials, administering the Consolidated Clinical Preceptorship Contract (CCPC), and determining qualifications for the granting of Navy Enlisted Codes Navy Alcohol and Drug Interns/Counselors.

(2) **U.S. Navy Certification Board (USNCB)** The USNCB is a division of the NDACS department at the Surface Warfare Medical Institute detachment of NMOTC and is responsible for representing the Navy certification program as a member board of the International Certification & Reciprocity Consortium (IC&RC) for the credentials outlined in this instruction. The USNCB is the final authority for granting and removing certification of military and civilian counselors employed by the Navy and Marine Corps. Membership of the USNCB consists of consists of the Head, U.S. Navy Certification Board (chair), BUMED Substance Abuse Rehabilitation Program (SARP) Manager, and the NDACS Certification Specialist.

d. **Substance Abuse Rehabilitation Programs (SARP)** are responsible to ensure the following:

(1) Provide the required oversight, clinical supervision, clinical preceptorship, skills training, and continuing education needed to meet the requirements set forth in this instruction and in reference (a) through (f);

(2) Locally monitor, coordinate, and document service delivery of the Consolidated Clinical Preceptorship Contract and request modifications of service delivery through the USNCB Contracting Officer Representative (COR) at NDACS. (see enclosure (3) for definition of clinical preceptorship);

(3) Maintain records on counselors to document required clinical work experience, supervision, preceptorship, and skills training;

(4) Initiate a Navy Enlisted Code (NEC) change request (NAVPERS 1221/1) to remove the Navy Alcohol and Drug Counselor Intern NEC (e.g., 700D, L39A) in accordance with reference (h) when, after a 24-month period, a counselor intern is unable to meet the entry-level certification (ADC I). Waivers of this requirement may be granted and procedures are outlined in enclosure (5).

e. **Individual Counselors** are responsible for:

(1) Signing and abiding by the appropriate Code of Ethics set forth in enclosure (8).

(2) Meeting the requirements for professional and personal growth and development as outlined in this instruction including obtaining entry level certification as an Alcohol and Drug Counselor (ADC I), maintenance of individual recovery programs, and adherence to required military physical fitness standards for active duty personnel.

(3) Notifying NDACS Certification and Contracts Office of any change in professional information (i.e., change of address, rate change, duty status, certification eligibility, and contact information.)

7. Restrictions. Commands not recognized by BUMED as authorized Substance Abuse Rehabilitation Programs (SARP) or by HQMC (MF) as Substance Abuse Counseling Center (SACC) treatment facilities shall refrain from providing alcohol and other drug abuse counseling treatment/services. Hours delivered at unauthorized facilities will not be counted toward certification requirements at any level. Navy Alcohol and Drug Counselors, who have returned to their primary NEC and/or are not assigned to recognized military treatment facilities are **prohibited** from providing any type of substance abuse counseling treatment/services. (Note: This prohibition does not preclude an individual's participation in off-duty employment, volunteer work at civilian treatment facilities, or sustainment hours performed at an authorized SARP/SACC).

Description of Alcohol Other Drug Abuse (AODA)
Counseling, Counseling Positions, and Scope of Practice

1. Purpose. To provide a description of counseling requirements and procedures, to describe a tiered level of counseling positions, and to outline a counselor Scope of Practice.

2. Background. Reference (b) mandates that "…civilian or military personnel with clinical responsibilities for SUD treatment services must be certified, meeting the standards set by the International Certification and Reciprocity Consortium (IC&RC) for Alcohol and Drug Counselors (ADC) or approved State equivalent SUD certification with the exception of intern counselors…" The Navy Drug and Alcohol Counselor Certification Program is designed to incorporate:

   a. Persons with diverse educational and experiential backgrounds;

   b. Persons who are, and persons who are not, recovering from substance use disorders;

   c. Individuals with or without academic degrees;

   d. Active-duty military, civil service, and contract personnel.

3. Alcohol and Other Drugs Abuse (AODA) Counseling.

   a. A counselor, such as a Navy Drug and Alcohol Counselor, is a person who, by virtue of specialized knowledge, skills, experience, and demonstrated competence is qualified to inform, motivate, guide, and assist individuals negatively affected, either directly or indirectly, by substance use.

   b. Counselors possess a body of knowledge unique to the alcohol and drug counseling profession. This service is distinguished from other related medical and behavioral health care disciplines. Unique to alcohol and other drug counseling is the recognition that:

      (1) Substance use disorders occur on a continuum where a moderate to severe diagnosis is considered a primary and chronic, but treatable, medical condition involving changes to brain circuits involved in reward, stress, and self-control resulting in biopsychosocial and spiritual impairments;

      (2) The potential exists for multiple substance use disorders to occur concurrently in conjunction with other mental, emotional, and behavioral disorders;

      (3) A denial system is often associated with this illness;

(4) Relapse, or recidivism, may occur despite prolonged periods of recovery;

(5) Family members (and eligible significant others) have special needs during all phases of prevention, treatment, and recovery;

(6) Spirituality is an important aspect of the treatment process and impacts all aspects of learning and recovery; and

(7) Professionals without proper training may unwittingly enable or even exacerbate the disease process despite good intentions.

4. Counseling Positions. Counseling positions are designed using a tiered system of professional development. There are four levels of counseling positions: intern counselor, entry-level certified counselor (ADC I), certified counselor (ADC II), and certified clinical supervisor (CCS.) These levels are intended to correspond to the counselor's continuum of experience and professional development. Delivery of substance use disorder or other addictive behavior counseling services shall be provided within the appropriate competency-based boundaries outlined below:

5. General Scope of Practice.

a. Navy Alcohol and Drug Counselors receive significant training via NDACS, the Structured Internship Program, the Clinical Preceptorship Program, and ongoing clinical supervision in order to provide the following services:

(1) Assessment triage;

(2) Individualized treatment planning and implementation;

(3) Education on substance use and substance use disorders (including information on other addictive behaviors);

(4) Individual alcohol and drug counseling;

(5) Group alcohol and drug counseling;

(6) Family education (Adults only) (as it relates to the impact of addictions on family members and eligible significant others);

(7) Case management;

(8) Aftercare (continuing care);

(9) Discharge planning;

(10) Referral with support and ancillary services;

(11) Follow-up and outcome studies;

(12) Outreach;

(13) Clinical documentation related to above services.

b. Intern counselors and entry-level certified Alcohol and Drug Counselors (ADC I) have knowledge of the above scope of practice functions; however, they possess a lesser degree of skill, experience, and competence than certified Alcohol and Drug Counselors (ADC II). The amount of clinical supervision required is thus greater for interns and ADC I counselors than for those with the ADC II credential.

c. References (a) and (b) require treatment program staff members "be under the direct supervision of personnel qualified to evaluate their clinical performance." Navy policy requires all counselors/clinical supervisors performing substance use disorder treatment/services for the Navy or Marine Corps be actively engaged in clinical supervision.

d. Unless licensed as an independent practitioner, all certified clinical supervisors must receive direct observation and supervision in their provision of clinical supervisory duties.

6. <u>Specific Scope of Practice by Counseling Position</u>

a. Navy Alcohol and Drug Counselor Intern (NEC e.g., 700D/L39A/9522)

(1) An intern counselor will have completed the Navy Drug and Alcohol Counselor School (NDACS), or equivalent if not active duty military, and be actively participating in a supervised structured internship program as outlined in the Counselor Workbook and described in enclosure (4)..

(a) In addition to the clinical supervision performed at the treatment facility, intern counselors will participate in a structured internship offered under the clinical preceptorship program. As a minimum requirement, intern counselors shall receive 50 hours of clinical preceptorship per year, at a rate of approximately 4 hours per month.

(2) Interns are working at the minimum level of counselor competency; as such, they are discouraged from working independently during the internship period.

(3) Duties include:

(a) <u>Assisting</u> with administrative tasks such as:

Patient education, documentation, referral, and prevention and outreach.

(b) Assisting with clinical tasks such as:

Clinical evaluations, treatment planning, service coordination and co-facilitating group counseling with a certified counselor.

(4) Although highly discouraged and against the principles of 'best practice," the needs of the Navy often require the placement of an intern counselor in remote or isolated billets. In the event an intern counselor will be ordered to one of these billets, NDACS will request the Special Programs detailer (PERS 4010) modify the orders to allow the individual a 90 day clinical rotation at the nearest large SARP.

(5) In the event a facility is unable to operate without using an intern counselor in an independent status, the Licensed Independent Practitioner (LIP) and, if available, the clinical supervisor, in consultation with the clinical preceptor, shall determine if the intern is considered competent to work within an approved, but limited scope of practice that outlines specific clinical supervision components, including an increased scope of "eyes on" supervision. This determination shall be forwarded to the facility director, in writing, for his/her endorsement.

(6) Interns are required to work towards meeting the eligibility standards for certification (ADC I).

b. Alcohol and Drug Counselor I (ADC I). (Navy NEC 700E/L40A/9519).

(1) ADC I counselors will have successfully completed the Navy's entry-level written certification examination administered after successful completion of a minimum 2,000 hours of supervised clinical work experience. They must also have demonstrated competency across the TAP 21 Practice Dimensions over the course of the structured internship, and receive favorable recommendations for certification from the clinical preceptor, clinical supervisor, facility director, and the commanding officer.

(2) Duties include:

(a) Performing the administrative tasks of: Patient education, documentation, referral, and prevention and outreach;

(b) Conducting the clinical tasks of: Clinical evaluation, treatment planning, service coordination, and individual counseling;

(c) Leading task or process oriented groups and group discussions (including aftercare/continuing care) for individuals in treatment for substance use disorders and/or their significant others). Alcohol and Drug Counselors are limited to developing the initial plan for family involvement in treatment and recovery support, and individual and psychoeducational group regarding the impact of substance use disorders on the family system;

(d) Interviewing and evaluating persons making application to NDACS.

(3) ADC I counselors have a limited amount of experience but are expected to perform at a level of competence beyond that of an intern counselor. ADC I counselors, because of unique situations within the Navy (e.g. deployments, remote assignments, etc.), are qualified to work independent of more experienced counselors, however, they still require clinical supervision to ensure quality of care and continued emotional/psychological health and professional development. Entry-level certified counselors (ADC I) shall receive a minimum of 50 hours of clinical preceptorship per year, at a rate of approximately 4 hours per month. Enclosure (3) provides specific clinical supervision requirements.

(4) ADC I counselors are encouraged to work toward meeting the eligibility standards for ADC II.

c. Alcohol and Drug Counselor II (reciprocal level) certified counselors meet the certification standards established by the International Certification & Reciprocity Consortium (IC&RC). The U.S. Navy Certification Board (USNCB) is a member board of IC&RC. Active duty Navy counselors certified at this level retain the Navy Enlisted Classification code (NEC) (e.g., 700E/L40A) and are eligible for reciprocal certification with the applicable IC&RC member board.

(1) Duties include, but are not limited to:

(a) Carrying out the scope of practice, described in paragraph 5 (General Scope of Practice) above, as fully qualified providers of drug and alcohol counseling services.

(b) Certified counselors assist in the day-to-day supervision of intern and/or entry-level certified counselors. This consultation is intended to augment, not replace, the

services provided by clinical supervisors and clinical preceptors.

(c) Interviewing and evaluating persons making application to NDACS.

(2) Certified counselors shall receive a minimum of 50 hours of clinical preceptorship per year, at a rate of approximately 4 hours per month. Enclosure (3) provides specific clinical supervision requirements.

d. Clinical Supervisor. Clinical supervisors are ADC II certified counselors or Licensed Independent Practitioners (LIPs) who have gained sufficient experience and maturity working in the drug and alcohol counseling field to supervise specific aspects of staff development dealing with the clinical skills and competencies for individuals providing counseling services. Clinical Supervisors perform duties outlined below in order to ensure quality patient care and continued professional and personal development of clinical staff. As the USNCB is a member board of IC&RC, Certified Clinical Supervisors (CCS) must meet the standards established by IC&RC. These standards are outlined in enclosure (3).

(1) Duties include, but are not limited to:

(a) Providing day-to-day clinical supervision and guidance to intern, entry-level certified (ADC I), certified (ADC II) counselors, or other certified clinical supervisors (CCS) in the performance of the duties outlined in the appropriate scope of practice.

(b) Providing individual or small group supervision on a regular basis.

(c) Monitoring and reviewing case presentations and treatment planning processes.

(d) Utilizing direct and indirect observation of counselor's clinical work.

(e) Providing feedback and evaluation of counselor development.

(2) Clinical Supervisors or Certified Clinical Supervisors may be, but are not necessarily, Licensed Independent Practitioners (LIPs.) Only LIPs privileged by the military treatment facility (MTF) have admission, discharge, and/or diagnostic privileges.

(3) All Clinical Supervisors should work in conjunction with the Clinical Preceptor to develop, monitor and recommend changes to the Individual Development Plan of clinical counseling staff personnel.

Eligibility and Training Requirements

1. Purpose. To establish standardized criteria for the selection and certification of personnel who serve in clinical roles as alcohol and other drug abuse counselors.

2. Eligibility for Navy Drug and Alcohol Counselor (NDAC) Program.

a. Military Personnel. The NDAC program is open to military personnel who apply for and successfully complete the Navy Drug and Alcohol Counselor School (NDACS). Graduates must complete an internship provided at a Navy Substance Abuse Rehabilitation Program (SARP). Paragraph 3 below provides guidelines for personnel desiring to make application to NDACS. Eligibility requirements for enlisted personnel are contained in the MILPERSMAN 1306-916 and are as follows:

(1) Express a desire and willingness to perform the required duties and tasks.

(2) Be a petty officer E-4 through E-9. Regardless of rank, all personnel should be evaluated to ensure they have sufficient life experience and maturity necessary to effectively perform as drug and alcohol counselors.

(3) Be able to communicate well in both oral and written formats and able to successfully complete college level courses of instruction.

(4) If recovering from a severe substance use disorder the individual must have two years continuous sobriety and be actively involved in a recovery program. Whether an individual has a history of a mild or moderate substance use disorder or not, there must be no indications of a substance use disorder in past two years.

(5) Have no NJP/Courts Martial in past two years.

(6) Have demonstrated 24 months of stability in personal affairs (e.g. domestic violence, child abuse/neglect (etc.), significant mental health issues, financial difficulties, significantly disruptive relationship issues, etc.)

(7) Demonstrates appropriate character, fitness, and professionalism for work as a substance use disorder counselor.

(8) Be mentally and medically fit for duty/worldwide assignable.

(9) Meet applicable military physical fitness standards.

(10) Be nicotine free for at least two months prior to class start date.

b. Civilian Personnel. Civilian personnel entering into the BUMED Substance Abuse Rehabilitation Program (SARP) as counselors, shall, as a condition of employment, be certified by a state or recognized government certification body whose minimum standards meet those set by the U.S. Navy Certification Board. (See enclosure (3), paragraph 1 (c) for specific requirements.) Civilian personnel employed by the government are not eligible for attendance at NDACS for the purpose of initial counselor training; however, there are opportunities available to audit certain modules or attend NDACS for skill and knowledge enhancement. Attendance will be on a space available basis and requires the approval of NDACS. All costs associated with auditing will be the responsibility of the command initiating the request.

3. Navy Drug and Alcohol Counselor School (NDACS) Training Application Procedures. The Navy Drug and Alcohol (NDACS) training application is designed to accommodate military personnel interested in attending NDACS. Screening is an invaluable tool in identifying personal strengths and possible deficiencies in the areas of physical and mental health, appropriate character and fitness traits, positive attitudes towards self and others, effective communication skills and the absence of any alcohol or other drug use issues.

a. The two-part Navy Drug and Alcohol Counselor School Application (NAVPERS 1306/100 and 1306/101) may be obtained by contacting NDACS directly. The electronically fillable forms contain detailed directions for completing and submitting the application package. NDACS will also provide screeners with a brief training module detailing the screening process.

b. All prospective NDACS students are required to be screened by a certified counselor and have a favorable recommendation prior to admission to NDACS. Qualified counselors (e.g., ADC I or ADC II (military or civilian) assigned to a Navy or Marine Corps substance abuse rehabilitation program, will conduct prospective counselor screening evaluations. In rare cases, where a certified alcohol and drug counselor is not available, a LIP may conduct the evaluation using the Navy Drug and Alcohol Counselor Training Application. Additional information concerning NDACS application is available directly from NDACS or the SARP Program detailer - BUPERS (PERS 4010).

c. Other applicants (Coast Guard, Army, Air Force, Marine Corps, and foreign military students) are required to submit a completed application package and be screened by a qualified counselor. Coast Guard, Army, Air Force, and Marine Corps applicants must submit the completed application through their appropriate drug and alcohol program managers. Foreign military personnel must apply through the U.S. defense attaché and Naval Education and Training Security Assistance Field Activity (NETSAFA).

d. **All** application packages (whether recommending approval or not) shall be forwarded electronically to NDACS (If mailing applications becomes necessary, forward the complete application package to:
NDACS, Building 500
140 Sylvester Road
San Diego, CA 92106
for review and approval a minimum of 60 days prior to commencing NDACS. Applications for individuals not recommended for admission to NDACS must also be forwarded to NDACS as a matter of record.

4. NDACS Training Components.

a. Competency Based Training. Core training courses for substance use disorder counselors provide the necessary foundation of skills, knowledge and competencies essential to perform the tasks appropriate to the role of a drug and alcohol counselor. The selection of training areas is based on the Substance Abuse Mental Health Service Administration (SAMHSA) Technical Assistance Publication 21 (TAP-21), the current Navy Training Requirements Review, and Job Duty Task Analysis processes. The TAP 21 Addiction Counselor Competencies is the basis for the criteria recognized by the International Certification and Reciprocity Consortium (IC&RC). Job Duty Task Analysis/Role Delineation Studies (JDTA/RDS) are conducted every five years by IC&RC for the ADC II and CCS credentials and by the Navy for the ADC I credential in order to update the competency-based criteria. Additional updates are completed via the Training Requirements Review and annual formal course review processes. The eight Practice Dimensions identified in the TAP 21 serve as the basis for the Navy's JDTA/RDS, correspond to the Scope of Practice identified in enclosure (1), and are the standards by which counselor training and competence are determined.

b. Clinical Rotation. The instructional design of NDACS includes a period of supervised clinical rotation. Clinical rotation, or practicum, is a planned and supervised skill building experience that takes place in various rehabilitation settings. The practicum experience provides students with an opportunity to apply classroom and group learning in a treatment setting. Constructive, timely feedback, taking part in day-to-day inpatient and/or outpatient operations, and joining in, as a team member, on the interactions of an inter-disciplinary counseling team reinforce the experiential learning in preparation for work in the counseling field. Practicum is a pivotal point in a counselor's training experience.

c. Weekly Student Assessment. NDACS students are evaluated regularly throughout the training. Students are assessed by their performance on written exams, counseling performance in individual and group facilitation, classroom exercises, and homework assignments. The results of these assessments along with the supervisor's observations and

evaluations are recorded in the Student Record. The weekly student assessment allows the NDACS supervisor to document goals and objectives for any counselor characteristic or skill requiring remediation while at NDACS. Students unable to satisfactorily demonstrate the basic knowledge and skills of counseling, prior to or during practicum, will be disenrolled from NDACS.

d. The NDACS Final Student Assessment is forwarded to respective program directors/preceptors upon completion of NDACS, this assessment provides a clear picture of the intern's strengths and weaknesses in the practice dimensions taught at NDACS. Because the practicum experience differs for each student, the assessment includes the number of supervised hours each student gained in each practice dimension. Additionally, it serves as a basis to insure continued counselor development as the student transitions from NDACS into the internship period. The assessment contains other information useful in developing the Individual Development Plan (IDP) described in enclosure (5). A copy of the NDACS Final Student Assessment should be provided to the clinical preceptor for consideration in the development of the IDP.

Initial Certification Standards

1. The U. S. Navy Certification Board (USNCB), under the authority of the Officer in Charge, SWMI, San Diego, and BUMED (N3), and in accordance with IC&RC standards, is responsible for reviewing certification applications, determining certification eligibility, and issuing certification credentials to individuals serving the military in counseling positions. The following conditions apply:

   a. Intern Counselors. Active duty individuals who have graduated from NDACS are in a training status as Navy Drug and Alcohol Counselor Interns (700D). There is no certification associated with the internship period.

      (1) Intern counselors **must** be actively employed in an authorized SARP facility to gain the necessary clinical work hours and supervision required for certification.

      (2) Sign and adhere to the Navy Drug and Alcohol Counselor Code of Ethics (Enclosure (8)).

      (3) Clinical work hours and supervision must be documented on the SARP Counselor Weekly Clinical Hours/Supervision Tracking Log

   b. Entry-level Certified Navy Drug and Alcohol Counselor (ADC I):

      (1) Entry-level certification is available to active duty military personnel and to those civilian personnel who are working in the Navy or Marine Corps substance use disorder treatment systems. The ADC I credential is a prerequisite for initial ADC II certification with the USNCB. Civil service and contract counselors should be certified at the reciprocal (ADC II) level as a requirement for hiring (see ADC II standards.) Civilian counselors currently holding an ADC I credential prior to the date of this instruction are eligible to recertify at this level but are highly encouraged to meet reciprocal level counselor certification (ADC II).

      (2) The Navy recognizes the ADC I credential as the minimum satisfactory standard of certification necessary to practice in Navy rehabilitation facilities. These standards include, but are not limited to:

         (a) Complete NDACS or the equivalent of 300 hours of education specific to alcohol and other drug abuse counseling (including 3 hours in ethics training).

(b) Complete a supervised internship documenting 2,000 hours of clinical work experience in the TAP 21 Practice Dimensions over a minimum 12 calendar months. The supervised internship for active-duty personnel must include active engagement with the clinical preceptor and will only be performed in an authorized billet in a military treatment facility.

(c) Document 80 hours of clinical supervision (supervised practical training) through clinical supervision/ preceptorship.

i. A minimum of 10 hours must be documented in each of the following practice dimensions:

a. Clinical Evaluation

b. Treatment Planning

c. Service Coordination

d. Counseling

e. Documentation

f. Professional and Ethical Responsibilities

ii. The remaining 20 hours may be distributed as needed, however there must be at least 1 hour of supervision documented in the remaining 2 Practice Dimensions:

a. Referral

b. Client, Family, & Community Education)

(d) Document a minimum of 3 hours of Direct Observation in the following Practice Dimensions:

i. Clinical Evaluation

ii. Treatment Planning

iii. Service Coordination

iv. Counseling

v. Education

(e) Pass the U.S. Navy written certification examination.

(f) Sign and adhere to the Navy Drug and Alcohol Counselor Code of Ethics (Enclosure (8)).

(g) Receive a favorable recommendation by the chain of command and Clinical Preceptor/Supervisor.

(3) Entry-level certification is **not** recognized as a valid reciprocal credential for the purpose of providing counseling services by other state-level certification bodies. These bodies consider entry-level or, as it is sometimes referred to, associate level certification to be a preparatory step in gaining eligibility for certification as a qualified provider of counseling services.

(4) Individuals certified at this level are authorized to be called Alcohol and Drug Counselor I, using the acronym (ADC I).

c. Certified Navy Drug and Alcohol Counselor (ADC II)

(1) Certified Navy and Marine Corps counselors (military and civilian) meet the standards as defined by the IC&RC. These standards include, but are not limited to:

(a) Complete 300 hours of education specific to alcohol and other drug abuse counseling (including 6 hours in ethics training).

(Note: NDACS graduates of the 10-week curriculum need 30 additional hours of AODA education.)

(b) Complete a minimum of 6,000 hours of supervised clinical work experience in the TAP 21 Practice Dimensions.

(c) Document 300 hours of supervised practical training through clinical supervision/preceptorship. A minimum of 20 hours must be documented in each of the TAP 21 Practice Dimensions:

i. Clinical Evaluation

ii. Treatment Planning

iii. Referrals

iv. Service Coordination

v. Counseling

vi. Client, Family, and Patient Education

vii. Documentation

viii. Professional and Ethical Responsibilities

(d) Document a minimum of 9 hours of Direct Observation in the following Practice Dimensions:

i. Clinical Evaluation

ii. Treatment Planning

iii. Service Coordination

iv. Counseling

v. Education

(e) Sign and adhere to the Navy Drug and Alcohol Code of Ethics (Enclosure 8).

(f) Pass the IC&RC written examination.

(2) Certification at this level is recognized by IC&RC and afforded reciprocity by IC&RC member boards. Reciprocity does not equate with right to practice. Individuals certified at this level should consult with the local IC&RC certification board regarding additional requirements necessary to practice in that specific jurisdiction.

(3) Individuals certified at this level are authorized to be called Alcohol and Drug Counselor II, using the acronym (ADC II).

d. Certified Clinical Supervisor (CCS)

(1) Certified Clinical Supervisors (military and civilian) meet the standards as defined by the IC&RC. These standards include, but are not limited to:

(a) Be certified at the reciprocal (ADC II) level; or hold a specialty substance use disorder credential in another professional discipline in the human services field at the master's level or higher.

(b) Document 10,000 hours counseling experience as an AODA counselor.

(c) Document 4,000 hours of experience providing clinical supervision in the AODA field. Of this 4,000 hours, 200 hours must be documented providing face to face clinical supervision.

(d) Complete 30 hours of education specific to the IC&RC clinical supervision domains.

(e) Sign and adhere to the Navy Clinical Supervisor Code of Ethics (Enclosure (8)), and

(f) Pass the IC&RC Clinical Supervisor written examination.

(2) Certification at this level is recognized by IC&RC and afforded reciprocity by IC&RC member boards. Reciprocity does not equate with right to practice. Individuals certified at this level should consult with the local IC&RC certification board regarding additional requirements necessary to practice in that specific jurisdiction.

(3) Individuals certified at this level are authorized to be called a Certified Clinical Supervisor, using the acronym (CCS).

e. Certified Prevention Specialist

(1) Certified Prevention Specialists (military and civilian) meet the standards as defined by the IC&RC. These standards include, but are not limited to:

(a) 2,000 hours of Alcohol, Tobacco, and Other Drug (ATOD) prevention work experience across the six performance domains identified by IC&RC.

(b) 120 hours of prevention specific education including 6 hours of prevention specific ethics education.

(c) 120 hours of supervised practical experience with a minimum of 10 hours in each prevention domain.

(d) Sign and adhere to the Navy Prevention Specialist Code of Ethics (Enclosure (8)), and

(e) Pass the IC&RC Prevention Specialist written examination.

(2) Certification at this level is recognized by IC&RC and afforded reciprocity by IC&RC member certification boards. Reciprocity does not equate with right to practice. Individuals certified at this level should consult with the local certification board regarding

additional requirements necessary to provide prevention services outside of military jurisdiction.

(3) Individuals certified at this level are authorized to be called a Certified Prevention Specialist, using the acronym (CPS).

2. Recertification standards and Maintenance of all credentials is discussed in Enclosure (7)
3. Consult Enclosure (7) for details regarding initial application for these credentials.

Supervision and Preceptorship of Navy Drug and Alcohol Counselors: Purpose, Descriptions, Definition, Protocol, and Liability

1. Purpose. To clarify the definition of clinical supervision as it relates to the role of the licensed independent practitioner (LIP) and the role of clinical preceptorship in the professional development and certification of Navy Drug and Alcohol Counselors and Prevention Specialists.

2. Background. References (a) and (b) require that all counselors in military rehabilitation facilities shall be under the "direct supervision of personnel qualified to evaluate their performance;" where "'eyes on' supervision must be provided;" and staff "must be afforded the opportunity to continue their professional growth and development." Reference (b) further requires that interns have completed a minimum 270 hours of ADC education and "are working toward the experience and supervision requirements to meet certification standards." Current IC&RC standards require 300 hours of education specific to the domains. Reference (i), although not directly applicable to Navy Drug and Alcohol Counselors, establishes the Navy Medical Department's quality goal as "best value" and supports that quality goal by:

   a. Ensuring that people who deliver health care in the Navy Medical system are "…properly trained, competent, and able to provide high quality health care services" and;

   b. Ensuring that "…we have robust provider competency management processes in place and under continuous improvement."

   The clinical Preceptorship program, in addition to the ongoing supervision by licensed independent practitioners, ensures Navy Substance Abuse Rehabilitation Programs provide the best value and support continuous improvement of substance use disorder treatment services.

3. Description of Supervision.

   a. Medical Practitioner Model of Supervision. Reference (i) defines clinical supervision as the "process of reviewing, observing and accepting responsibility for the health care services provided by health care providers." This definition includes health care providers granted clinical privileges to independently diagnose, initiate, alter or terminate health care treatment regimens within the scope of his or her license, certification, or registration.

   b. Alcohol and Other Drug Abuse (AODA) Model of Supervision. The requirement for supervision of Navy Drug and Alcohol Counselors, as established in references (a), (b), and (e), carries a meaning different from Medical Practitioner Model, defined in paragraph 3.a. above, in that it ensures quality patient care by assessing a counselor's clinical performance in skill and knowledge application through direct observation

and ongoing training and professional development. Supervision of this sort provides a clinical educational resource to remediate or enhance the counselor's skills and expertise. To ensure the distinction between the medical model of supervision and the AODA model of supervision, this process will be defined as clinical preceptorship.

c. The Prevention Specialist model of supervision. ATOD prevention is a separate field of practice requiring a unique set of skills and mind set distinctly different form the practice of alcohol and drug counseling and intervention. As such, supervisors overseeing prevention specialists need to have training and experience in evidenced-based prevention science and practices in order to properly train and assess the competency of those individuals seeking certification as prevention specialists. Certified Prevention Specialists, prevention subject matter experts at NDACS or in the community, and preceptors or LIPs with experience related to the prevention specialist domains may provide supervision and recommendations for certifications for those individuals seeking credentialing as a prevention specialist.

4. Definition of Clinical Preceptorship. This dimension of supervision is unique in that it requires the supervisor to possess specialized skills, knowledge, and experience in substance use disorder and other addictive behavior services and in counselor development that exceed the qualifications required of an administrative or managerial supervisor. Clinical preceptorship is defined as a disciplined tutorial process wherein principles are transformed into clinical skills and competencies. Clinical preceptorship has several components: assessment and evaluation, counselor clinical development, administration, support, and professional responsibility. The primary purpose of clinical preceptorship is to facilitate the counselor's professional and personal development, promote the development of specific clinical skills and competencies and to assure competent and ethical patient care.

5. Sources of Clinical Preceptorship. Clinical preceptorship shall only be provided by qualified personnel. In regard to the certification process, there are three (one primary and two alternate) sources of clinical supervision in the Navy Alcohol and Drug Counselor Program:

a. The primary source of clinical preceptorship services for Navy Alcohol and Drug Counselors is the Clinical Preceptorship Contract administered by the Certification and Contracts Division of NDACS under the authority of the Officer In Charge, SWMI, San Diego. The outside consultants hired under this contract are thoroughly screened and have demonstrated specialized substance use disorder education, training, work and clinical supervisory experience and credentials. Requirements for these individuals are outlined in detail in enclosure (6).

b. Licensed Independent Practitioners (LIP) (either on staff or via agreement with another health care facility.) LIPs who are experienced and trained in the field of alcohol and other drug use disorder treatment, and, experienced and trained in the supervision of substance abuse counselors may provide clinical preceptorship services. LIPs who lack the experience and training outlined in enclosure (6) should strongly rely on the expertise of the outside consultant identified above for the training, evaluation, and professional development of Navy and Marine Corps counselors.

c. Certified Clinical Supervisor (CCS). Certified Clinical Supervisors are those Navy Alcohol and Drug Counselors (usually staff members.) who meet the standards of training, work experience and competence established by the International Certification & Reciprocity Consortium (ICRC) and outlined in enclosure (3). Individuals certified at this level may provide clinical supervision services in support of, not in lieu of, the clinical preceptor described in paragraph 6.a. above.

6. Format. The format for clinical preceptorship/supervision is a one-to-one or small group setting, or a combination of both. Small group is most beneficial in that it allows for peer interaction and learning between counselors. Minimum hourly requirement for clinical preceptorship/supervision for all counselors is 50 hours per year (average of four hours per month)[1].

7. Vicarious Liability. Any professional who supervises or otherwise offers education, skills training, advice, counseling or mentoring to another professional engaged in patient care could be held liable for the wrongful acts of the supervised counselor/professional, regardless of what title is used. In that sense, the clinical preceptor, by the nature of the functions defined above, assumes "vicarious liability" for patient care. The outside consultants hired under the Clinical Preceptor Contract carry liability insurance as a condition of employment with the contractor.

[1] This is not to be construed as 50 individual hours per year per counselor. Approximately 75% of this supervision shall be delivered in a small group setting, while the remaining 25% can be equally divided among counselors for one-to-one supervision.

Internship and Continued Counselor Development Program

1. Purpose. Internship, for initial certification purposes, requires a completion of 2,000 hours of documented supervised clinical work experience conducted at an authorized Military Treatment Facility's Substance Abuse Rehabilitation Program (SARP). The internship period is a minimum 12 months long. The goal of internship is to develop the core skills and competencies associated with alcohol and drug counseling and to provide clinical preceptors/supervisors sufficient time to evaluate the competency of the counselor. Counselor development and competency assessment via active engagement in ongoing clinical preceptorship and supervision is essential to the delivery of quality patient care.

2. Program Elements

   a. Navy Drug and Alcohol Counselor School (NDACS) Student Assessment. The NDACS Student Assessment, outlined in enclosure (2), provides clinical supervisors/preceptors with a summary of the individual's clinical strengths and weaknesses observed during the training at NDACS. This document serves as a basis to ensure continued counselor development as the student transitions from NDACS into the internship period. The Student Assessment is a critical component in the development of an intern's Individual Development Plan (IDP) described below. The student assessment should used by the clinical preceptor in the development of the IDP.

   b. Individual Development Plan (IDP). The IDP is an official written training plan required for all supervisors, counselors, and interns at any stage of their professional development. The clinical preceptor, in consultation with the program director, administrative supervisor, clinical supervisor, and the individual counselor is responsible for generating, maintaining, and updating the IDP. Since internship is a critical period in the determination and development of an intern's ability to provide competent substance use disorder treatment services, the IDP functions as a necessary and fundamental tool in advancing, monitoring, and evaluating an intern's clinical performance. Learning objectives shall be developed by concentrating on the skill area(s) in which the counselor is assessed as needing improvement. Throughout the internship period there should be one primary clinical supervisor and one clinical preceptor assigned to evaluate, provide written feedback, and recommend an intern for entry-level certification. Supplemental sheets are added to the IDP by either the clinical supervisor or preceptor to further address goals and objectives, as the need arises.

      (1) Clinical preceptors and clinical supervisors shall review the IDP and give verbal feedback to counselors on a monthly basis, at a minimum. The contents of this evaluation shall be discussed with

the program director or administrator as a way of monitoring counselor performance.

(2) A quarterly feedback form is used to provide written feedback to each counselor. This written evaluation shall be conducted at a minimum of every 90 days and whenever the clinical supervisor or preceptor is rotated or replaced. The original form shall remain on file at the facility throughout the counselor's tour of duty. A copy of the form should be retained by the counselor, as a reference, in his or her portfolio.

(3) IDP forms, supplemental sheets, and the quarterly feedback forms are available at Navy and Marine Corps treatment facilities, from the contracted clinical preceptor, or from the Certification and Contracts Office at NDACS. Reproduction of these forms at local sites is authorized and encouraged.

c. Structured Internship. Following NDACS, graduates enter a period of supervised internship that lasts until the intern has acquired 2,000 hours of documented supervised clinical work experience over a minimum of 12 months. Internship is not a calendar event, but rather requires sufficient opportunity for the interns to gain supervised practical experience across the TAP 21 Practice Dimensions and demonstrate competency in performing those functions. NDACS provides the minimum foundation for alcohol and other drug abuse counseling; however, internship is intended to be an intensive period of knowledge and skill development, on-the-job training, and other tasks and assignments determined appropriate to maximize the intern's professional growth and development. Internship begins with the first joint meeting of the intern, the clinical preceptor, and clinical supervisor or program manager. This meeting shall occur no later than 30 days after the intern reports to the facility. Interns must receive a favorable evaluation and recommendation from the clinical preceptor, the identified clinical supervisor, the department head, and the commanding officer in order to be eligible for certification as an ADC I. The current clinical preceptor and, if participating in the evaluation, the clinical supervisor, must have observed the intern for a minimum of 90 days prior to recommendation.

d. The Structured Internship Program Publications. This three-part publication series provides Navy interns, counselors, program managers, clinical preceptors and other professionals providing clinical training with a definitive, outlined, and standardized approach to skill development. It focuses on the core skills and knowledge areas essential for counselors to perform in the substance use disorder treatment field. The program is intentionally flexible enough to provide individualized curriculum that best meets the needs of interns and other counselors.

(1) The Structured Internship Program consists of the following publications:

(a) The Counselor/Intern Workbook. This workbook is organized around the same 12 Core Functions/TAP 21 Practice Dimensions taught at NDACS and performed universally by Navy counselors. Each intern will be provided with an electronic copy of this workbook upon graduation from NDACS. The Counselor/Intern Workbook contains a variety of learning sources to assist in structuring skills development for interns (e.g., exercises, reading assignments, etc.) This workbook is also an excellent learning resource for certified counselors.

(b) The Preceptor Guidelines. This text provides the clinical supervisor or preceptor with a guide for planning a curriculum to be used for professional development, including assignments and reviews based on intern and counselor needs. The Preceptor Guidelines includes an introduction and specialized chapters covering the transdisciplinary foundations and performance domains identified by SAMHSA's Technical Assistance Publication 21 – Addiction Counselor Competencies. Chapters 4 through 11 correspond to the sections/chapters of the Counselor Workbook and provide activities and other suggested approaches to designing a curriculum for structured internship or other counselor development.

(c) The Program Manager's Reference Guide. This is a handbook designed to provide day-to-day guidance in the administration and management of the internship and counselor development. The reference guide is appropriate for use in any Navy treatment facility.

(2) The Structured Internship Program publications are just one resource for use in designing an on-going professional plan. Commercially available books, videos, workshops, site visits, etc. are also appropriate resources.

3. Interns, Entry-level and Certified Counselors Stationed at Remote or Afloat Facilities. Interns assigned to remote/afloat facilities are not excluded from completing the required internship or meeting the standards for entry-level certification. Entry-level certified or certified counselors serving in remote or afloat facilities are not exempt from participating in a program of professional development. However, in both cases, it may be necessary to allow additional time and resources to carry out an acceptable level of supervision. Commands are encouraged to arrange for interns to spend time at the local military Substance

Abuse Rehabilitation Program to gain experience and supervision of their work in the practice domains. Alternative methods of supervision can also be utilized. Video teleconferencing, internet-based technology such as e-mail and use of web-cam technology, and more traditional video/audio taping can be used in conjunction with assignments from The Counselor Workbook to meet the requirements for clinical preceptorship. However, none of these alternative supervision methods can replace the effectiveness of, or the requirement for, direct observation in the evaluation of counselor competence. No counselor may be certified based solely on long distance preceptorship.

a. Remote preceptorship or long-distance supervision is intended to be short term in duration, not to exceed 6 months, generally during ship deployments. This mode of supervision is not a substitute for direct observation and one-to-one dialogue between a preceptor or clinical supervisor and the counselor or intern.

(1) Shipboard treatment facilities have unique operating requirements and environmental issues. When a shipboard facility is in port, face-to-face professional development will be delivered onboard or at local shore-based treatment facilities. The facility director will negotiate the location with the preceptor.

(2) Remote facilities also have unique preceptorship difficulties. Often, in cases such as Guantanamo Bay, Cuba; Sigonella, Italy; Diego Garcia, or Bahrain, there may be limited resources for hiring outside preceptors and transportation of contractor personnel on military airlift can be problematic and/or cost/time prohibitive. In many instances the counselor located in these remote sites by virtue of the basic training received at NDACS is the most experienced substance use disorder professional available. In these cases, the local command is encouraged to support sending the counselor(s) TAD to nearby treatment facilities where preceptorship exists. The length and frequency shall be determined locally.

(3) In the event of deployments or remote situations, more than one clinical preceptor may be assigned. Each clinical preceptor shall have input in the design and delivery of supervision services for counselors. Additionally, each preceptor is required to document the date, content of the session, and overall evaluation of the session. Counselors and preceptors or clinical supervisors must work creatively together so that the supervisor has full confidence in the level of competency of a counselor.

4. Failure to achieve certification.

a. Reference (b) requires all interns must be working toward certification. Interns no longer working as a counselor or toward certification should have their NEC removed.

b. Minimum required length of internship is 12 months, and the maximum length of time is 24 months. If entry-level certification (ADC I) is not achieved, either, because of exceeding the maximum 24-month period of internship or three (3) failures of the written certification examination, the SARP counselor NEC shall be removed in accordance with the guidance outlined in paragraph 6.g.(4) of the basic instruction.

(1) Some SARP locations do not have sufficient workload to support interns gaining the required 2,000 clinical hours within the required 24 months. Documentation of insufficient clinical workload must be provided by the department head to support waiver request.

c. Waiver request:

(1) The department head/treatment program manager, in consultation with the clinical supervisor and clinical preceptor, may request a waiver of this policy under special circumstances.

(2) Waiver requests should fully document the justification for the waiver, clearly define the limits of the scope of practice, specify who will conduct clinical supervision, the qualifications of the clinical supervisor, detail how the intern will be supervised and how often supervision will occur to assure quality patient care is being maintained.

(3) Waiver requests must be endorsed by the intern's chain of command and then forwarded for approval to:

U.S. Navy Certification Board
NDACS Building 500
140 Sylvester Rd.
San Diego, CA 92106-3521

(4) Waivers may not be requested when the clinical performance of an intern is assessed as competent by the clinical preceptor/supervisor, but the intern fails to pursue certification. This should be considered a lack of motivation on the part of the individual and should be documented on military/civilian performance evaluations.

(5) Interns who have failed to pursue certification or have failed the certification examination three (3) times will not be considered for a follow on tour of duty as a counselor. This places an undue burden on the receiving command. Failure to pursue certification in an effort to avoid follow on orders should be documented via the individual's performance evaluation. This prohibition does not include interns assigned to treatment sites where insufficient workload prevented certification.

5. Roles and Responsibilities for Professional Development.

a. The program director or administrative supervisor has primary responsibility for effectively managing the rehabilitation program and ensuring that clinical operations of the program are being performed in a professional and ethical manner. Program directors or administrative supervisors are responsible for providing quality patient care, in part, by being continuously involved in the professional growth and development of all counseling staff. Regular communication between the program director or administrative supervisor, the clinical preceptor, clinical supervisor, and the counselor is vital in assuring that all counselors are provided ample opportunity to effectively build and develop their counseling skills and professional growth as required in reference (a).

b. The clinical preceptor or clinical supervisor (as defined in enclosure (4)) is responsible for developing an IDP within 30 days of first meeting all newly reporting counselor personnel. The internship period does not begin until this IDP has been developed. An IDP will be maintained for all counselors. See paragraph 2.b. above for guidance in preparing the IDP. Written feedback will consist of updating the IDP, using supplemental sheets (as necessary), and completing the quarterly feedback form.

c. The preceptor or clinical supervisor is responsible for the delivery of supervision along with recommended educational and training assignments for counselors at all stages of professional development. While the clinical supervisor or preceptor has the primary responsibility for assessing a counselor's skills, knowledge, and competency for certification as an entry-level counselor, there must be mutual consultation between the clinical supervisor or preceptor and the program director or administrative supervisor in the area of counselor development progress.

d. Individual Counselor Responsibilities. All counselors are responsible for regularly attending and participating in clinical preceptorship. Counselors are required to have a minimum of 50 hours per year of clinical supervision. It is incumbent on each counselor to follow through with assignments and recommendations provided by the clinical supervisor, clinical preceptor, or program director as outlined in the IDP. In addition

to the above, all counselors, including contract counselors, employed by the Navy and Marine Corps are required to take personal responsibility to abide by the ethical standards outlined in enclosure (8) of this instruction.

e. Program Directors or administrative supervisors (senior counselors, lead counselors, etc.)

(1) Substance Abuse Rehabilitation Programs are encouraged to not place intern counselors in administrative or leadership positions until the counselor has become certified. When placing less experienced counselors in leadership positions becomes necessary, these senior enlisted intern counselors should consult with and be receptive to input from more experienced counselors or clinical supervisors on matters affecting treatment.

(2) All personnel graduating from NDACS, whether or not they serve as a program manager or administrative supervisor, are expected to fulfill the clinical requirements of an internship program and meet the standards for entry-level certification.

Qualifications for Clinical Supervision and Clinical Preceptorship of Navy Drug and Alcohol Counselors

1. Purpose. The purpose of clinical supervision and clinical preceptorship within the substance use disorder counseling profession is to ensure the provision of high quality patient care, to promote continued professional growth and to prevent or minimize the occurrence of burnout and the resultant impact on patient care.

2. Background. Reference (a) mandates that drug and alcohol counselors be supervised by personnel qualified to evaluate their performance. The standards for clinical supervision and clinical preceptorship are based on administrative and clinical skills, training, experience and competency. All Navy drug and alcohol counselors are ethically required to participate in clinical preceptorship/ supervision.

3. Performance Domains. The following six performance domains have been reviewed and validated as necessary to ensure a minimum level of competence for clinical supervisors. Each domain has associated tasks with identified knowledge and skills. Personnel assigned or hired to function as clinical preceptors/ supervisors must have demonstrated ability to perform these tasks at above minimum levels of competence. The six domains and associated tasks are listed below:

   a. Domain I: Counselor Development

      (1) Task 1. Build a supportive and individualized supervisory alliance, which includes teaching the purpose of clinical supervision, using it effectively, and respecting professional boundaries.

      (2) Task 2. Maintain a constructive, safe supervisory learning environment that fosters self-awareness and awareness of others.

      (3) Task 3. Help supervisees develop skills specific to working with culturally diverse clients.

      (4) Task 4. Provide ongoing feedback to supervisees on their conceptualizations of client needs and appropriate therapeutic interventions.

      (5) Task 5. Create a professional development plan in collaboration with supervisees that includes specific, measurable goals and objectives.

      (6) Task 6. Direct supervisory activities to teach and develop supervisees' theoretical orientation, professional ethics, clinical skills, and personal wellness.

(7) Task 7. Educate supervisees regarding best practice developments in the substance use disorder and behavioral healthcare

b. Domain II: Professional and Ethical Standards

(1) Task 1. Ensure adherence to professional code of ethics.

(2) Task 2. Participate in Clinical Supervisor professional development

(3) Task 3. Seek supervision and implement a professional development plan.

(4) Task 4. Ensure that supervisees disclose supervision practices to clients.

(5) Task 5. Use and teach supervisees ethical decision-making models and monitor their use.

(6) Task 6. Understand the risks of dual relationships.

(7) Task 7. Provide timely consultation and guidance to supervisees in situations that present moral, legal, and/or ethical dilemmas.

(8) Task 8. Recognize and address impaired practice of self and others.

c. Domain III: Program Development and Quality Assurance

(1) Task 1. Structure and facilitate staff education.

(2) Task 2. Recognize and understand the limitations of evidence based practices.

(3) Task 3. Develop strategies for enhancing client access, engagement, and retention in treatment.

(4) Task 4. Support and develop the agency's quality assurance plan and comply with all monitoring and documenting requirements.

(5) Task 5. Utilize referral sources and other community programs.

(6) Task 6. Identify and assess program needs and develop a plan to improve clinical services.

(7) Task 7. Perform crisis intervention and management.

d. Domain IV: ASSESSING COUNSELOR COMPETENCIES AND PERFORMANCE

(1) Task 1. Establish counselor role expectations.

(2) Task 2. Understand supervision as a bi-directional evaluative process.

(3) Task 3. Assess supervisees' motivation, professional development, cultural and clinical competence.

(4) Task 4. Participate in performance recognition, disciplinary actions, and other personnel decisions.

e. Domain V: TREATMENT KNOWLEDGE

(1) Task 1. Demonstrate an understanding of substance use disorders, co-occurring disorders, and self-help philosophy.

(2) Task 2. Understand the principles and theories of addiction, addiction prevention and treatment, and treatment limitations.

(3) Task 3. Understand the use of pharmacological interventions and interactions.

4. Qualifications. Personnel (military, civilian and contracted staff) providing clinical preceptorship services for the purposes of certification, as described in enclosure (4), to Navy Drug and Alcohol Counselors shall meet the following minimum qualifications:

a. Clinical Preceptors. Outside consultants hired under the Consolidated Clinical Preceptorship Contract must meet the following qualifications and be approved by the Contracting Officer Representative (COR). The COR is located in the Certification and Contracts Office at NDACS.

(1) Education: Possess at least a master's degree in behavioral science from an accredited college or university.

(2) Experience:

(a) Be a practicing clinician

(b) If recovering from a substance use disorder, have a minimum four years of sobriety

(c) Seven years full-time counseling experience with a chemically dependent population

(d) Fours years experience as a clinical supervisor where at least 50% of the clients were alcoholic/drug abusers

(e) If the clinical consultant is retired, or semi-retired, then he/she must have met the academic and experience requirements

b. Licensed Health Care Providers. Licensed health care providers or Licensed Independent Practitioners who are responsible for independently diagnosing, initiating, altering, or terminating health care treatment regimens, and whose duties include providing counselors with clinical preceptorship/supervision services shall be trained and experienced in the performance domains (outlined in paragraph 3 above) relevant to the role of a clinical preceptor/supervisor.

c. Certified Clinical Supervisor (CCS). Counselors who meet the following standards set by the International Certification Reciprocity Consortium (IC&RC) and are certified by the U. S. Navy Certification Board are qualified to provide clinical supervision in many jurisdictions and may be eligible to provide clinical preceptorship services in the absence of, or in addition to the contracted clinical preceptor. Authorization for a CCS to provide preceptor services must be obtained directly from NDACS Certification and Contracts Division and will not be authorized as a permanent substitution or replacement of clinical preceptorship from the outside consultant. The Military Treatment Facility to which the CCS is assigned will determine authorization, credentialing, and scope of practice limitations for a CCS to provide clinical supervision, as distinguished separately from preceptorship. The qualifications for certification as a CCS are detailed in enclosure (3).

Certification, Examination, and Recertification Procedures

1. Background. References (a) and (b) mandate that "all unlicensed, non-privileged civilian or military personnel with clinical responsibilities for SUD treatment services must be certified, meeting the standards set by the International Certification & Reciprocity Consortium (IC&RC) for Alcohol and Drug Counselors or approved State equivalent SUD certification with the exception of intern counselors." The Navy Alcohol and Drug Counselor (NADC) certification program is administered by the Officer In Charge, Surface Warfare Medical Institute, San Diego, Navy Drug and Alcohol Counselor School, Certification and Contracts Office. This office, in conjunction with the NDACS Department Head and BUMED Substance Abuse Rehabilitation Program Director (N3), is also known as the U. S. Navy Certification Board (USNCB.) The USNCB places emphasis on specialized experience and training and demonstrated competency in performing tasks appropriate to the role of a counselor, clinical supervisor, or prevention specialist. Certification as a Navy Alcohol and Drug Counselor (ADC) is open to military and civilian counselors working in authorized military Substance Abuse Rehabilitation Program treatment billets[1]. Certification as a Prevention Specialist is open to all personnel who are performing ATOD prevention related duties (e.g., Drug and Alcohol Program Advisors (DAPA), Drug Demand Reduction Coordinators (DDRC), Alcohol and Drug Control Officers (ADCO), Substance Abuse Coordinating Officers (SACO)).

2. Certification Application Procedure.

   a. Currently, there are three substance use disorder treatment oriented credentials and one prevention oriented credential offered by the USNCB. They are: The Navy specific entry-level Navy Alcohol and Drug Counselor (ADC I), and the three IC&RC reciprocal level credentials- Certified Navy Alcohol and Drug Counselor (ADC II), Certified Clinical Supervisor (CCS), and Certified Prevention Specialist (CPS). Complete application requirements, testing information and standards for credentials offered by USNCB are contained in the Navy Alcohol and Drug Counselor portfolios. These portfolios are available by contacting the Certification and Contracts Office.

   b. Each portfolio contains checklists for the applicable credential to guide the applicant in submitting all the necessary forms. Applications should be digitally signed and submitted electronically. Should electronic signature be not feasible, all forms requiring signatures must be the original and not a copy.

[1] Contract counselors are required to be certified by a recognized certification body as a condition of eligibility for employment in the BUMED SARP system. The hiring facility is responsible for validating and monitoring the credentials of contract employees.

c. Supporting documentation, (e.g., transcripts, education completion certificates, clinical work hours and supervision logs, etc.) required by the application should be copies, as originals will not be returned.

d. The USNCB will process applications within fifteen business days of receipt. If the individual meets the eligibility requirements and the application is complete, the applicant will be scheduled for the appropriate certification examination (See paragraph 3 below for examination procedures.)

(1) Once the examination is received back from the proctor, the Certification and Contracts Office will score the ADC I examination. Written notification on test performance will be forwarded to the applicant.

e. Once the individual has passed the required examination, the certificate and award letter will be mailed to the applicant.

3. Certification Examinations

a. All certification examinations utilized for certification under this instruction are designed to assess and reflect the expected level of competent performance of a well-trained Navy substance use disorder professional.

b. Competency-based Written Examinations.

(1) A competency-based written examination is administered once all required education and work experience/supervision criteria have been met.

(2) Should an applicant fail the certification examination, a mandatory 90-day study period is required before re-testing.

(3) If an applicant fails a certification examination 2 times, a remediation plan, developed in concert with clinical supervisors and consultation with the USNCB must be submitted for review.

(a) The remediation plan should address issues of test preparation and study habits, proper test taking strategies, and assessment of language comprehension abilities.

(b) The remediation plan must be completed prior to scheduling a subsequent reexamination.

c. Alcohol and Drug Counselor I examination.

(1) The current best psychometric practices for acceptable test development are utilized in the construction and maintenance of the ADC I examination.

(2) The passing score of the ADC I examination will be set using standard criterion test development procedures. This "cut score" will then be validated and reviewed by a selected panel of certified Navy Alcohol and Drug counselors, professional counselors, clinical supervisors, and other drug and alcohol program personnel.

(3) There will be three versions of the ADC I examination and a test bank of questions large enough to support the construction of three legally defensible examinations.

(4) Individuals requiring reexamination will be given a different version of the certification examination.

(5) Standard acceptable life span of a certification examination and the Role Delineation Study that supports the test blueprint is typically no longer than 5 years. The ADC I certification examination will be reviewed at least every five (5) years to ensure it reflects current practices, policy, and knowledge. Major policy changes, significant changes in treatment methodology, or examination compromise may necessitate new forms of the examination are created on a more immediate basis.

d. Reciprocal level examinations.

(1) The reciprocal level credentials, ADC II, CCS, and CPS will utilize the examinations developed and administered by IC&RC per reference (a).

(2) Application for these credentials must be received no later than 60 days prior to anticipated test date. Computer-Based Testing (CBT) is the primary testing method required by IC&RC. Paper and pencil versions of these examinations are no longer administered except in extreme circumstances or when computer based testing centers are not available. These examinations are only scheduled quarterly. Changes to paper and pencil test administration dates are NOT authorized.

(3) Passing scores for the ADC II, CCS, and CPS examinations are established by IC&RC. IC&RC, or their designated testing representative, is responsible for scoring of the examination.

(4) At the end of a CBT candidates will be provided a preliminary pass/fail report. IC&RC will provide notification of test

performance to the USNCB and directly to the individual once the examination has been officially scored.

e. Examination Security is of utmost importance. Compromises of certification examinations destroy the credibility of the credential and cost the Navy and Marine Corps significant money in redevelopment, reconstruction and fines/fees.

(1) The USNCB will utilize IC&RC approved testing facilities for CBT examinations, and authorized and confirmed proctors at Navy College Offices, or Education Services Offices to administer the paper and pencil certification examinations. In **NO** case will an examination be forwarded directly to a SARP or an applicant.

(2) The ADC I examination will be administered within 30 days of receipt by the test facility and immediately returned to the Certification and Contracts Office once administered.

(3) The Certification and Contracts Office will provide written instructions of the required procedures to the test facility/proctor.

(4) IC&RC paper and pencil examinations will be administered **ONLY** on the scheduled date. This date is not controlled by the USNCB.

(5) Should a test irregularity or a violation of test security procedures occur, a letter of non-compliance will be forwarded to the appropriate official. No further tests will be sent to that site until irregularities and security process failures have been identified and rectified.

4. Active vs. Non-Practicing Status

a. The USNCB operates under the belief that counseling skills erode over time when not engaged in clinical practice and supervision. Two levels of status exist:

(1) Active Status

(a) The counselor's certification has not expired, and

(b) The counselor is in an authorized ADC billet and performing the functions and duties of a Navy ADC counselor under the supervision of those qualified to supervise them as outlined previously in this manual.

(2) Non-practicing status

(a) The counselor's certification has not expired, but

(b) The counselor is not in an authorized billet or is otherwise not performing the duties and functions of a Navy ADC counselor and/or is not under supervision of a qualified clinical supervisor and preceptor.

5. Maintenance of ADC I, ADC II, and CCS Credentials (Active Status/Non-Practicing Status/Reactivation to Active Status)

a. Active Status

(1) In order to maintain the ADC I/ADC II credential in an active status, the following clinical work and supervision hours must be documented on the SARP Counselor Weekly Clinical Hours/Supervision Tracking Log:

(a) 500 clinical hours **MUST** be documented each year to maintain the ADC I or ADC II credentials.

(b) 1 hour of clinical supervision must be documented for every 40 clinical work hours and a minimum of 1 hour of clinical supervision each month that clinical services were provided.

(c) 1 hour of Direct Observation per identified Practice Dimension each year:
i. Clinical Evaluation
ii. Treatment Planning
iii. Service Coordination
iv. Counseling
v. Education

(d) Counselors are required to self-report to the USNCB if not able to perform the 500 hours needed.

(e) Commands should also report when counselors are placed in positions where they will be incapable of acquiring the sustainment hours.

(2) Individuals holding the CCS credential are exempt from the requirement to document clinical work or supervision hours. They are considered to be in an active status by virtue of performing clinical supervision.

(a) Rationale: Many Certified Clinical Supervisors (CCS) in the Navy and Marine Corps treatment systems, because of their level of expertise and job positions, are no longer in a

position of providing direct clinical services to patients and thus not in a position to be observed performing the practice dimensions. Yet, they are actively engaged in providing clinical supervision of the counselors assigned to their facility and are often at the top of the clinical supervisory chain. Therefore, both as a way to acknowledge the reality of their positions, the depth of their experience and expertise, and as a way to incentivize the attainment of the CCS credential, CCS counselor are not required to complete or submit the SARP Counselor Weekly Clinical Hours/Supervision Tracking Log in order to maintain their credential in an active status. This is in no way intended to excuse CCS counselor from professional development responsibilities and the active engagement in clinical supervision of their work performance. Navy counselor ethics and DoD instructions require all counselor to be engaged in clinical supervision.

b. Non-Practicing ADC I and ADC II Credential status

(1) Counselors who are unable to perform the minimum required hours established above to maintain their credential in an active status will have their credential placed in a non-practicing status and are not eligible to provide treatment services.

(2) The counselor can maintain their credential in a non-practicing status by providing documentation of the Continuing Education Hours applicable to their credential at the time of recertification.

c. Reactivating a Non-Practicing credential to an Active Status

(1) In order to reactivate their credential to active status, the counselor must notify the USNCB in order to be eligible to perform the required 500 hours of clinical work experience and associated 1 hour of clinical supervision for each 40 hours of work experience (as described in paragraph 5.a.(1).b above). Clinical work hours and supervision/observation must be documented on the SARP Counselor Weekly Clinical Hours/Supervision Tracking Log and sent to the USNCB along with the reactivation form in order for their credential to be changed to an active status.

6. Recertification. Applications and directions for recertification, at any level, are contained the applicable Navy Alcohol and Drug Counselor Recertification Portfolios. Requests for recertification should be received by the USNCB a

minimum of 60 days prior to the expiration date in order to process the necessary paperwork and avoid a lapsed credential.

a. It is not necessary for individuals who are applying for recertification to be serving in a counseling or clinical supervisory position at the time of application.

b. Upon request, a "grace period" of up to 90 days may be granted in 30-day increments for submission of recertification requests for all credentials issued by the USNCB. If recertification has not been approved by the end of this 90 day "grace period," the credential is no longer valid and is considered to have lapsed (see paragraph 5 below.)

c. Remedial extension of certification. Commands may not allow certification to lapse (e.g., delay recertification application) as a method to address or remediate military or administrative performance deficiencies. See enclosure (10) for appropriate methods to address counselor deficiencies. Commands may, however, request an extension of the certification period for no longer than 180 days to allow for remediation and evaluation of the counselor's clinical performance. Written requests and justification should be forwarded to USNCB NDACS, NAVSUBASE BLDG 500, 140 Sylvester RD, San Diego, CA 92106. Prior to the end of the authorized extension, the command must either recommend recertification or move for suspension/ revocation per procedures outlined in enclosure (10.)

d. Continuing education is required to ensure counselors remain cognizant of current treatment modalities and methods, understand new trends in substance use disorders and continue professional growth thus ensuring high quality patient care.

(1) Continuing Education Hours (CEH) are awarded on a one-to-one basis (e.g., one hour of classroom education is equivalent to one CEH.)

(a) One continuing education unit (CEU) is awarded for every 10 continuing education hours.

(b) College courses may be utilized in place of Continuing Education Hours as follows:

i. One upper level, 3-semester hour college course equals 45 CEHs and can be utilized to meet the requirement for entry-level (ADC I) recertification.

ii. Two upper level, 3-semester hour courses can be utilized to meet the requirement for certified counselor (ADC II) recertification.

iii. One upper level, 1-semester hour course in clinical supervision can be utilized to meet the requirement for Certified Clinical Supervisor (CCS) recertification.

(2) Continuing Education Hours must have been completed during the three-year certification period immediately preceding recertification.

(3) The Continuing Education Hour must not be a duplicate of prior training (i.e., introductory, or basic level courses are not acceptable) and must be directly related to the 12 Core Functions or TAP 21 Transdisciplinary Foundations/Practice Dimensions of the respective credential.

(4) Accredited and Non-accredited Continuing Education.

(a) Accredited training is generally conducted by an "approved provider," i.e., an individual or organization having submitted training materials for review and approval by the USNCB, other member boards of the IC&RC, or the National Association of Alcohol and Drug Abuse Counselors (NAADAC). Conferences, workshops, approved home study, online or correspondence courses are also likely sources for accruing accredited training.

(b) Non-accredited training is generally referred to as Professional Development Hours (PDH). No more than 50 percent of the required hours for recertification can be PDH training. Individual or group supervision/preceptorship does not count for PDH credit. Structured, formal training conducted by preceptors, LIPs, supervisors, or other counselors may be documented as PDH credit.

(c) For more detailed information regarding accredited or non-accredited training, contact USNCB.

(5) Continuing Education Hour requirements for recertification are as follows:

(a) Entry-level counselor (ADC I) recertification requires 45 continuing education hours over a three-year period.

(b) Certified counselor (ADC II) recertification requires 60 continuing education hours of over a three-year period.

(c) Course material utilized for recertification of either counselor credential must pertain to one or more of the 12

Core Function or TAP 21 Transdisciplinary Foundations/Practice Dimensions to be considered appropriate for continuing education purposes.

(d) Certified Clinical Supervisor (CCS) requires nine hours of continuing education for recertification.

i. Course material for the Certified Clinical Supervisor credential must be in the content area of clinical supervision domains outlined in the CCS portfolio.

ii. These nine hours may be used towards fulfilling the CEH requirement for ADC II recertification.

(e) Certified Prevention Specialist (CPS) requires 60 hours of continuing education for recertification over a three-year period.

e. Although not a requirement for certification or recertification, Navy Alcohol and Drug Counselors and Prevention Specialists, at all levels of professional development, are encouraged to avail themselves of the personal and professional benefits gained from membership in a professional association. Organizations, such as the National Association of Alcoholism and Drug Abuse Counselors (NAADAC), promote and advocate for the professions of alcoholism and drug abuse counselors. Information regarding such organizations can be found on-line or by contacting the USNCB.

7. Lapsed Certification. As outlined in paragraph 6.b. above, a grace period of up to 90 days from the expiration date of the credential may be granted, in 30-day increments, to prevent the lapse of a certification. A lapsed credential will result in the following actions:

a. Entry-level counselors (ADC I), military or civilian, with a lapsed credential exceeding 90 days but who are still working as a counselor in the field will be required to reapply for entry-level certification and must pass the ADC I written examination in order to recertify.

b. Individuals with a lapsed credential who are not currently working in the field must complete a supervised internship. The length of the internship will be determined by the USNCB as outlined below and based on the length of the certification lapse, dates of last supervised work experience, and amount of completed CEH documented by the individual. The internship will be conducted at an authorized Navy or Marine Corps treatment facility. At the end of the internship, the clinical supervisor or clinical preceptor and the program manager can recommend certification or extend the internship period until the minimum skill level is attained.

In addition, the individual must pass the ADC I written examination in order to recertify.

c. Individuals with lapsed credentials more than 90 days but less than 1 year, who are not working as a counselor will complete a supervised internship. The length of the internship will be determined by the USNCB, but in no case be less than 500 hours of clinical work experience and supervision.

d. Individuals with a lapsed credential and who have been away from the field for more than 1 year, but less than 2 years will be required to complete at least 6 months of supervised internship and document a minimum of 1,000 hours of clinical work experience and supervision.

e. Individuals who have been away from the field for more than 2 years, but less than 5 years, with a lapsed credential, will be required to complete 1 year of supervised internship to include the documentation of 2,000 hours of clinical work experience and supervision.

f. Military members who have allowed their credential to lapse and desire to return to the counseling field will be required to attend NDACS if they have been away from counseling for more than five (5) years.

g. Military and civilian reciprocal level certified counselors (ADC II) who are still working in the field and maintaining supervision logs but have allowed their certification to lapse beyond the stated 90-day "grace period" will be required to reapply for certification. This application process will include retaking and passing the IC&RC written examination.

(1) Individuals who are still working in the field and maintaining supervision logs whose ADC II credential has lapsed more than 180 days will have to reapply for the ADC I before applying and re-testing for the ADC II.

(2) Individuals who are no longer working in the field and have allowed their ADC II to lapse more than 180 must document clinical work experience and supervision consistent with the timelines outlined in paragraphs 7.c through 7.e above.

h. Military and civilian reciprocal level certified clinical supervisors (CCS) who are still working in the field and have allowed their CCS credential to lapse more than 90 days, but have maintained the ADC II credential in good standing, must reapply and retake the CCS examination. If the ADC II credential has also lapsed, paragraph 7.g. applies.

i. Military and civilian reciprocal level Certified Prevention Specialist (CPS) who have allowed their certification to lapse beyond the stated 90-day "grace period" will be required to reapply for certification. This

application process will include retaking and passing the IC&RC written examination.

j. Enlisted members who elect not to recertify, or no longer desire assignment to an ADC billet, shall initiate removal of the current ADC NEC by submitting a NAVPERS 1221/1 citing “no longer a volunteer for duty as a drug and alcohol counselor” as justification. This form must be submitted to the Bureau of Naval Personnel (PERS 4010) with copy to USNCB.

# Ethical Standards and Guidelines

1. Background. In order to be maximally effective, counselors need to be aware of ethical responsibilities and apply these in all therapeutic relationships. Adherence to ethical standards and guidelines is crucial to ensuring high quality patient care and protecting the patient's rights as those of the counselor. Professional well being depends on the ability to adhere to ethical guidelines.

2. Purpose. All alcohol and drug counselors, clinical supervisors and prevention specialists employed by the Department of the Navy are obligated to abide by the ethical standards in this instruction.

3. Code of Ethics for ADC I and ADC II

   a. Personal Responsibility

      (1) I am responsible for providing the highest quality of care to those who seek my professional service.

      (2) I am responsible for having knowledge of organizational policies and guidelines and will demonstrate respect for these procedures. I will take the initiative, in an appropriate manner; to improve on policies and procedures if doing so will best serve the interest of the patients.

      (3) I am responsible for my own conduct at all times. This includes, but is not limited to, my physical, emotional and mental well being as well as the use of alcohol and other mood-changing substances.

      (4) I am responsible for protecting the integrity and accountability of this profession by reporting violations of these ethical standards by other counselors. I will assist in any investigation of unethical behavior and cooperate with the USNCB demonstrating integrity, honor, and commitment to the Navy and the Substance Use Disorder profession.

   b. Patient Welfare

      (1) I will engage the patient in a therapeutic process based on simple, clear, and easily understood communication.

      (2) I will refer patients to another program or individual when it is determined to be in their best interest.

      (3) I will ensure the presence of an appropriate setting for clinical work to protect the patient from harm and the profession from discredit.

(4) I will protect the confidentiality of patient information as required by law and within the reporting limitations defined by law and military regulations.

(5) In the execution of my duties, I will not discriminate against any person(s), e.g., patients, staff, or any recipient of professional services. I will not engage in any action that violates the civil and/or legal rights of person(s).

c. Legal and Moral Standards

(1) I acknowledge that my moral, ethical, and legal standards of behavior are a personal matter to the same degree as they are for other military and civilian counselors, except as these may compromise the fulfillment of my professional responsibilities.

(2) I will not participate in, condone, or be associated with fraud, dishonesty or misrepresentation.

d. Competence

(1) I will limit my services to the areas in which I am trained and competent. I will not offer services or use techniques outside the scope of services for drug and alcohol counselors.

(2) I will provide culturally sensitive and competent treatment services to patients under my care.

(3) I will continue to be involved in the assessment of my personal strengths, limitations and effectiveness. I agree to continue professional growth through education, training, clinical supervision, and clinical preceptorship.

e. Patient and Professional Relationships

(1) I will not enter into any non-professional/dual relationship or commitments that conflict with the primary welfare and interests of the patient, colleagues, or supervisors.

(2) Under no circumstances will I engage in sexual activities with a patient (current or previous), staff counselors, supervisors, or supervisees, nor will I engage in sexual relationships with the family members of any of these aforementioned groups. There is no specific time limit within which sexual relationships with a patient or previous patient can be shown to not potentially cause grave psychological harm, therefore the prohibition is indefinite. I will not engage in a therapeutic relationship/treatment with someone with whom I have had sexual relationships in the past.

(3) I will treat patients and colleagues with respect, fairness and courtesy, and will act with integrity in dealing with them and all others who seek my professional services.

(4) I will not ask for nor accept gifts or favors from patients and/or family members of patients.

(5) I will not enter into non-professional social media relationships with patients or their family members or use social media/technology to access information regarding a patient without informed consent or prior written approval as part of an authorized treatment procedure.

(6) I will avoid any action that might appear to impose on other's acceptance of their religious/spiritual, political, or other personal beliefs. This does not preclude encouraging and supporting participation in recovery/self-help support groups.

f. In addition to the above Code of Ethics, I will abide by the requirements and ethical standards expressed in appropriate Navy or Marine Corps instructions related to health care or Alcohol and Drug Counseling.

4. Code of Ethics for Certified Clinical Supervisors (CCS)

a. Code of Ethics

This code of ethics applies to Alcohol, Tobacco and Other Drug (ATOD) Substance Abuse Professionals who are credentialed as Certified Clinical Supervisors (CCS) and applies to their conduct during the performance of their clinical duties as supervisors.

b. Supervision

Supervision is a disciplined and defined clinical activity. It has a parallel, but linked relationship to teaching, consulting, administering and researching. It is a necessary, significant and meaningful aspect of the delivery of competent, humane, ethical and appropriate services to patients.

c. Rules of Conduct

These ethics constitute the standards a CCS should maintain. These ethics shall be used as an aid in resolving any ambiguity that may arise in the application and interpretation of these rules.

d. Competence

A CCS shall limit practice to areas of competence in which proficiency has been gained through education or documented experience or through the awarding of a reciprocal professional certification or licensure. A CCS shall accurately represent areas of competence, education, training, experience and professional affiliations, in response to responsible inquiries, including those from appropriate boards, the public, supervisees and colleagues. A CCS shall aggressively seek out consultation with other professionals when called on to supervise counseling situations outside their realm of competence. A CCS will refer supervisees to other competent staff when they are unable to provide adequate supervisory guidance to the supervisee.

e. Patient Welfare and Rights

The primary obligation of a CCS is to train substance abuse counselors so they respect the integrity and promote the welfare of their clients. CCSs should have supervisees inform clients that they are supervised and that details of their treatment can and will be discussed or reviewed with a supervisor. Any audio or video taping of a client/patient's treatment must be authorized in writing. A CCS should make supervisees aware of patients' rights, including protecting patients' rights to privacy and confidentiality in the counseling relationship and the information resulting from it. Patients also should be informed that their right to privacy and confidentiality is not being violated by the supervisory relationship as the clinical supervisor becomes a member of the patient's treatment team. Records of the supervisory relationship, including interview notes, test data, correspondence, the electronic storage of these documents, and audio and video recordings are to be treated as confidential materials. Written permission for use of these materials outside of the supervisory session must be granted by the patient. A CCS is responsible for monitoring the professional actions of their supervisees as well as their failure to take appropriate action. A CCS is responsible for the presentation of adequate training for all supervisees in the area of transference, dual relationships, cultural sensitivity and professional deportment.

f. Professional Behavior

Due to the unique scope of practice substance use disorder counselors provide, Clinical Supervisors must monitor for and report the following behaviors of their staff or themselves to the clinical chain and the USNCB as appropriate:

(1) Arrest for the possession or use of any illegal drug, narcotic or mood altering substance.

(2) The use of intoxicants and/or non-prescribed mood-altering substance when engaged in professional pursuits.

(3) Engagement in dual relationships, including, but not limited to, intimate, personal and/or business relationships. Dual relationships may cause irreparable harm to patients and must be avoided whenever possible. A supervisee should have all relationships of this kind reviewed. A CCS should consult with an objective peer when this issue is raised in their professional practice.

(4) Counselors, who are members of Alcoholics Anonymous, Cocaine Anonymous, Narcotics Anonymous, Al Anon, etc., shall not become a sponsor to any active, discharged patient or family member.

g. Supervisory Role

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

(1) A CCS should have ongoing training in supervision

(2) A CCS should pursue professional and personal continuing education activities to maintain their CCS credential and to improve their supervisory skills. Competency in the IC&RC identified performance domains of Clinical Supervision must be maintained.

(3) A CCS must maintain professional decorum and standards. Unprofessional behaviors as outlined in paragraph f above, will not be tolerated.

(4) A CCS should make their supervisees aware of professional and ethical standards and legal responsibilities of the counseling profession. In the absence of agency or state policy industry standards of ethical behavior should be explained to the supervisee.

(5) Procedures for contacting the supervisor, or an alternative supervisor, to assist in handling crisis situations should be established and communicated to supervisees.

(6) A CCS should provide supervisees with ongoing feedback on their performance

(7) A CCS who has multiple roles (e.g. teacher, clinical supervisor, administrator, etc.) with supervisees should avoid any conflict of interest caused by these disparate roles. The supervisees should be informed of the limitations placed on the CCS and the supervisor should share supervision when appropriate.

(8) A CCS should not engage in any form of social contact or interaction that would compromise the supervisor-supervisee relationship. Dual relationships (including outside consultancy, partnerships, nepotism, etc.) with supervisees that might impair the supervisor's objectivity and professional judgment should be avoided and/or the supervisory relationship terminated.

(9) A CCS shall not sexually harass, make sexual advances, or engage in sexual contact with supervisees.

(10) A CCS shall not use the supervision process to further personal, religious, political or business interests.

(11) A CCS should not endorse any treatment that would harm a client either physically or psychologically.

(12) A CCS should not establish a psychotherapeutic relationship as a substitute for supervision. Personal issues should be addressed in supervision only in terms of the impact of these issues on patients and on professional functioning.

(13) A CCS is prohibited from engaging in supervisory relationships with individuals with whom they have an inability to remain objective.

(14) A CCS should model appropriate use of supervision themselves for problem solving and clinical practice review.

(15) A CCS must be straight forward with supervisees about observed professional and clinical limitations of the supervisee. These concerns must be clearly documented and shared with the supervisee.

(16) A CCS who is a member of Alcoholics Anonymous, Narcotics Anonymous, Al Anon, etc., should never sponsor a supervisee.

(17) A CCS should not endorse a supervisee for certification or credentialing if the supervisor has documentable proof of impairment or professional limitations that would interfere with the performance of counseling duties in a competent and ethical manner. The presence of any such impairment should begin with a process of feedback and remediation whenever possible so that the

supervisee understands the nature of the impairment and has the opportunity to remedy the problem and continue with his/her professional development.

(18) A CCS should incorporate the principles of informed consent and participation; clarity of requirements, expectations; roles and rules; and due process and appeal into the establishment of policies related to progressive discipline.

(19) The supervision provided by a CCS must be provided in a professional and consistent manner to all supervisees regardless of age, race, national origin, religion, physical disability, sexual orientation, political affiliation, marital, social or economic status. When a supervisor is unable to provide non-judgmental supervision a referral to an appropriate supervisor must be made.

5. Code of Ethics for Prevention Professionals

a. Preamble:

The Principles of Ethics are models of standards of exemplary professional conduct. These principles of the code of Ethical Conduct for Prevention professionals express the professional's recognition of responsibilities to the public, to service recipients, and to colleagues. They guide members in the performance of their professional responsibilities and express the basic tenets of ethical and professional conduct. The Principles call for commitment to honorable behavior, even at the sacrifice of personal advantage.

These principles should not be regarded as limitations or restrictions, but as goals toward which Prevention Professionals should constantly strive. They are guided by core values and competencies that have emerged with the development of the field.

b. Principles

(1) I. Non-Discrimination

(a) Prevention Professional shall not discriminate against service recipients or colleagues based on race, religion, national origin, sex, age, sexual orientation, economic condition, or physical, medical or mental disability. Prevention professionals should broaden their understanding and acceptance of cultural and individual differences, and in so doing, render services and provide information sensitive to those differences.

(2) Competence

(a) A Prevention Professional shall observe the profession's technical and ethical standards, strive continually to improve personal competence and quality of service delivery, and discharge professional responsibility to the best of his ability. Competence is derived from a synthesis of education and experience. It begins with the mastery of a body of knowledge and skill competencies. The maintenance of competence requires a commitment to learning and professional improvement that must continue throughout the professional's life.

1) Professionals should be diligent in discharging responsibilities. Diligence imposes the responsibility to render services carefully and promptly, to be thorough, and to observe applicable technical and ethical standards.

2) Due care requires professionals to plan and supervise adequately and evaluate, to the extent possible, any professional activity for which they are responsible.

3) Prevention Professionals should recognize limitations and boundaries of competence and not use techniques or offer services outside of their competence. Professionals are responsible for assessing the adequacy of their own competence for the responsibility to be assumed.

4) Ideally Prevention Professionals should be supervised by another more highly qualified Prevention Professional. When this is not available a Preventionist should seek mentoring from other competent Prevention Professionals or AODA clinical supervisors with prevention experience

5) When Prevention Professionals have knowledge of unethical conduct or practice on the part of an agency or prevention professional, they have an ethical responsibility to report the conduct or practices to the USNCB, as well as the appropriate funding or regulatory bodies or to the public.

6) Prevention Professionals should recognize the effect of impairment on professional performance and should be willing to seek appropriate treatment for themselves.

(3) Integrity

To maintain and broaden public confidence, Prevention Professionals should perform all responsibilities with the highest sense of integrity. Personal gain and advantage should not subordinate service and the public trust. Integrity can accommodate the inadvertent error and the honest difference of opinion. It *cannot* accommodate deceit or subordination of principle.

(a) All information should be presented fairly and accurately. Each professional should document and assign credit to all contributing sources used in published material or public statements.

(b) Prevention Professionals should not misrepresent either directly or by implication professional qualifications or affiliations.

(c) Where there is evidence of impairment in a colleague or a service recipient, a Prevention professional should be supportive of assistance or treatment.

(d) A Prevention Professional should not be associated directly or indirectly with any service, product, individual, or organization in a way that is misleading.

(4) Nature of Services

Practices employed shall do no harm to service recipients. Services provided by Prevention professionals shall be respectful and nonexploitive.

(a) Services should be provided in a way that preserves the protective factors inherent in each culture and individual.

(b) Prevention Professionals should use formal and informal structures to receive and incorporate input from service recipients in the development, implementation and evaluation of prevention services.

(c) Where there is suspicion of abuse of children or vulnerable adults, the Prevention Professional shall report the evidence to the appropriate agency and follow up to ensure that appropriate action has been taken.

(5) Confidentiality

Confidential information acquired during service delivery shall be safeguarded from disclosure, including - but not limited to - verbal disclosure, unsecured maintenance of records, or recording of an activity or presentation without appropriate releases.

(6) Ethical Obligations for Community and Society

According to their consciences, Prevention Professionals should be proactive on public policy and legislative issues. The public welfare and the individual's right to services and personal wellness should guide the efforts of Prevention Professionals to educate the general public and policy makers. Prevention Professionals should adopt a personal and professional stance that promotes well-being.

Impaired Alcohol and Drug Counselors, and Clinical Supervisors

1. Purpose. To establish guidelines for intervention and treatment of impaired Navy Alcohol and Drug Counselors, Certified Clinical Supervisors or Certified Prevention Specialists. Counselors and preventionists are no less vulnerable to physical or emotional impairment than any other health care professional. Additionally, counselors may develop an addiction or experience a relapse or "slip" in recovery from an addiction. The Navy Drug and Alcohol Program recognizes the need to assist counselors whose health and professional roles are adversely affected by their impairment.

2. Background. The complexities of substance use disorder treatment necessitate that counselors, at all levels, be performing in good health. The patients seeking health care services require confidence in the men and women providing these services. Impairment from drugs, alcohol, senility, or other physical, emotional or psychiatric disorders significantly impacts those who seek substance use disorder treatment services. This impact is especially troublesome because of the already compromised health of the patient and their innate need to trust the counseling professional. The consequences of not resolving the impairment affect not only the impaired professional, but also the patient, other staff, the community, and the reputation of the counseling profession in general.

3. Definition. Reference (i) defines impairment as: "Any personal characteristic or condition which may adversely affect the ability of a health care provider to render quality health care. Impairments may be professional, medical, or behavioral. Professional impairments include deficits in medical knowledge, expertise, or judgment. Behavioral impairments include unprofessional, unethical, or criminal conduct. Medical impairments are conditions which permanently impede or preclude a practitioner from safely executing responsibility as a health care provider or from rendering quality health care or any medical condition requiring convening of a medical board." Reference (i) further states that providers diagnosed with a substance use disorder are considered impaired providers. Although reference (i) more specifically addresses medical providers (i.e., physicians, nurses, etc.), the spirit of this definition is applicable to all health care providers, including counselors, clinical supervisors, and prevention specialists.

4. Guidelines for Intervention with Impaired Drug and Alcohol Professionals.

   a. Self-Referral. Counselors are encouraged to self-refer; this allows impaired counselors to seek assistance at the earliest possible time. Self-referral assumes the counselor is motivated for recovery, that the least amount of patient risk exists, and that the nature and severity of the impairment is such that the counselor can continue to provide services.

b. Treatment and re-entry.

(1) The majority of physical, emotional, and psychological impairments respond to treatment and can be reversed. Treatment should be made available, through the appropriate channels, for impaired counselors to enable them to re-enter the counseling field as competent and accountable professionals. If treatment requires work restrictions or absences, the program director assumes the responsibility for determining the facility's capability to support treatment requirements. The re-entry process shall be carried out in a discreet, respectful, and non-punitive manner. Re-entry may occur **only** when the well-being of the counselor, the staff, and the patient is assured. Counselors may be subject to removal from a facility when it is determined that a counselor's treatment needs would place undue hardship on that facility or when the impairment is such that it disqualifies the individual from work in the substance use disorder counseling profession.

(a) Civilian counselors should be referred to their local Civilian Employee Assistance Program (CEAP) or private health care provider for appropriate assessment and/or treatment. Refer to local civilian personnel office for guidance in accessing annual or sick leave benefits, when needed. A written contract outlining the terms and conditions for re-entry shall be developed and adhered to. Ideally, monitoring and support will be provided through the CEAP or other appropriate health care channels. The frequency of monitoring and support should occur no more than one time per week for a period not to exceed one year.

(b) Military counselors shall be referred for assessment and/or treatment to an appropriate health care facility, e.g., Fleet Mental Health or Medical Treatment Facility (MTF), depending on the nature of the impairment. A written contract outlining the terms and conditions for re-entry shall be developed and adhered to. The frequency of monitoring and support should occur no more than one time per week for a period not to exceed one year.

(2) Substance Use Disorders.

(a) Counselors, certified under this program, who use illegal drugs, misuse prescription drugs, or use alcohol irresponsibly are subject to removal from the counseling program and their credential suspended until all of the following steps have been completed:

i. The individual is screened, assessed, and completes the recommended treatment.

ii. The individual regains two years continuous sobriety if in recovery, or for mild/moderate substance use disorders, two years with no symptoms.

iii. The re-entry plan, identified in paragraphs 4.b.(1).a. and b. above, has been monitored and completed.

a. For military personnel, the command Drug and Alcohol Program Advisor (DAPA) will monitor the recovery process.

(b) During the treatment and requalification period, the certification(s) of the counselor will be suspended and the individual will not be assigned clinical responsibilities (non-practicing). The program manager can assign the individual to administrative duties if the individual is to remain at the facility.

(c) Once the individual completes the steps outlined in paragraph (2) above, he or she may apply for reinstatement/reactivation of their credential(s) following the procedure outlined in Enclosure (7).

(d) A recertification application should be used to document completion of the above requirements and chain of command support for reinstatement. Continuing education during the suspension period should also be documented in the reinstatement application.

(e) If the individual's suspended credential expired during their treatment or re-entry period, follow the procidures outlined in both Enclosure (7) and Enclosure (10).

c. Referral from Other Sources. Any person having firsthand knowledge of a counselor, or preventionist, who may be impaired due to substance use or be physically or emotionally impaired, is responsible for initiating action leading to a referral. The person **must** be willing to identify him or herself in writing, giving their name, address, and telephone number. A brief written description of the circumstances surrounding the incident leading to the referral shall be provided to any of the following entities: the USNCB, the program director or administrative supervisor of the facility employing the counselor, or, in the case of an incident involving the program director or administrative supervisor, to the immediate supervisor or commanding officer of the treatment facility, as appropriate.

(1) Civilian counselors.

(a) The program director will review the information to determine if there is sufficient indication that the counselor may be impaired.

(b) If this review substantiates possible counselor impairment, the program director or administrative supervisor and the person initiating the action must be prepared to intervene with the counselor in question. The intervention should be conducted within five (5) working days of receipt of the referral.

(c) If the counselor acknowledges impairment, a referral to the CEAP or private health care provider is warranted. Following the assessment and treatment, the CEAP representative or health care provider, the program director and the individual counselor will determine the severity of impairment in order to establish an appropriate re-entry plan and time frame. Monitoring and support should be carried out as stated above.

(d) In the event the counselor denies impairment and refuses assessment or fails to meet the requirements of a recovery program, re-entry plan, or written contract, the program director shall, in consultation with the CEAP and HRO representatives, immediately remove the counselor from clinical duties, request a Certification Review Board (CRB) be convened and recommend to the commanding officer immediate suspension of the individual's certifications for the duration of the review process. The CRB shall provide findings and recommendations to the commanding officer as outlined in enclosure (10).

(2) Military counselors

(a) The program director will review the information to determine if there is sufficient indication that the counselor may be impaired.

(b) If this review substantiates possible counselor impairment, the program director or administrative supervisor and the person initiating the action must be prepared to intervene with the counselor in question. The intervention should be conducted within five (5) working days of receipt of the referral.

(c) If the counselor acknowledges impairment, a referral for assessment and/or treatment to an appropriate health care facility, e.g., Fleet Mental Health, Navy Substance Abuse Rehabilitation Program, or Medical Officer, is warranted. Following the assessment and treatment, the treatment provider, the program director and the counselor will determine the severity of impairment in order to establish an appropriate re-entry plan and time frame. Monitoring and support should be carried out as stated above.

(d) In the event a military counselor denies impairment and refuses assessment or fails to meet the requirements of a recovery program, re-entry plan, or written contract, the program director shall immediately remove the counselor from clinical duties, request a Certification Review Board (CRB) be convened and recommend to the commanding officer immediate suspension of the individual's certifications for the duration of the review process. The CRB shall provide findings and recommendations to the commanding officer as outlined in enclosure (10).

d. Counselor Advocacy. Effective counselor advocacy and support is more likely to be achieved when a comprehensive approach which includes prevention, detection, intervention, evaluation, treatment, and monitoring is instituted at each treatment facility.

Certification Suspension and Revocation Procedures

1. Purpose. The worth of any AODA credential is based on the ability of the issuing body (i.e., the U. S. Navy Certification Board (USNCB)) to withdraw the credential for cause. Reprimand, suspension, or revocation are administrative procedures intended to deal with less than acceptable clinical performance, impairment, or unethical behavior on the part of the counselor or preventionist at any stage in their professional development. A complaint regarding a counselor's clinical or professional performance may be initiated by a patient, patient's family member, the administrative supervisor, the clinical supervisor or clinical preceptor, another member of the facility staff, or any individual who has first-hand knowledge of the possibility of an ethical or performance infraction on the part of a counselor/preventionist. Any complaint, regardless of the level of severity, must be put in writing and signed by the person(s) initiating the complaint.

2. There is a distinction between clinical performance and administrative performance issues. It is not appropriate to handle military or civilian personnel administrative performance matters by withholding recommendations for certification, recertification, or suspending/revoking a credential. These matters are more appropriately addressed using the UCMJ, instructions, regulations, and leadership standards.

3. A distinction exists between holding a valid NEC and a valid credential. Nothing in the following paragraphs removes the commanding officer's ability or responsibility to remove an individual's NEC for cause or lack of confidence. However, removal of the NEC is distinct and separate from the actions taken against an individual's certification status with the U.S. Navy Certification Board. It is important for the procedures outlined below to be followed so a situation does not arise where a commanding officer has removed an NEC but the certification remains valid, resulting in an individual being able to potentially apply for reciprocity to another IC&RC board.

4. Reprimand, Suspension, or Revocation. The following definitions are provided for determining the level of severity of an ethical or clinical performance complaint:

   a. Reprimand. The claim(s) against a counselor is substantiated, and of such a nature that a formal written warning, or Letter of Caution, is issued to the counselor. The following are examples of grounds for reprimand: incomplete progress notes, progress notes not submitted in a timely fashion, discussion of patient-matters in an open area within the facility, failure to attend scheduled appointments, avoidance of clinical supervision/preceptorship, minor ethical violations, etc.

   b. Suspension. The claim(s) against the counselor are substantiated and of such a nature that the counselor loses his or her certification for a specified

period during which precise conditions of remediation (including time frames) must be met. The following are examples of grounds for suspension: inappropriate language or behavior with patients or staff members (e.g., aggressive or intimidating conduct), failure to follow through with clinical decisions/supervision, ethical violations, etc.

(1) If a counselor's certification is suspended, the command shall issue a Letter of Suspension. The Letter of Suspension must include:

(a) Reason for suspension.

(b) Time period of suspension.

(c) Limitations and responsibilities while on suspension.

(d) Remediation Plan.

(e) Consequences should the individual fail to follow through with remediation plan or fail to change behaviors that resulted in the suspension.

c. Revocation. The claim(s) against the counselor are substantiated and of such magnitude that the certificate is permanently removed. The following are examples of grounds for revocation:

(1) Using fraud, deceit, or misrepresentation to obtain certification.

(2) Conviction of a felony in a civilian or military Court.

(3) Using or selling illegal drugs.

(4) Failure to report child or spouse abuse.

(5) Failure to report suicidal or homicidal attempts or ideations.

(6) Exploiting relationships with patients or their family members (e.g., engaging in sexual or intimate relationships.)

(7) Any serious breach of the Code of Ethics, not already addressed above.

d. Exoneration. The claim(s) against the counselor are unsubstantiated and no action is necessary.

e. Intern counselors. There is no credential to be suspended or revoked in the case of intern counselors. If clinical performance or ethical behaviors are less than acceptable, action can be taken to reprimand an intern counselor. If the infraction warrants a more severe action, an intern can be

suspended or removed from the internship period and their NEC removed using the guidelines provided below.

5. Complaint Review Procedures.

a. When inappropriate behavior is observed and documented by the program manager or a complaint is filed with the command, the commanding officer shall conduct an investigation to determine if the infraction is such that Certification Review Board (CRB) is warranted.

b. If a written complaint is received by the U. S. Navy Certification Board a letter will be sent from the Officer In Charge, Surface Warfare Medical Institute, San Diego, to the appropriate commanding officer where the counselor is assigned. This letter will request an investigation be conducted. The letter will also direct the results of the investigation and/or Counselor Review Board (CRB) be reported to the OIC SWMI.

c. Notification of the receipt of a complaint shall be made, in writing, by the program director to the counselor, within five working days of the complaint being received or investigation initiated. Written notification shall include the investigative procedures to be followed, nature of the complaint, allegations supporting the complaint, and whether the complainant observed the facts firsthand or heard of them through others who had directly witnessed the behavior, (e.g., a counselor reports that their patients had seen another counselor drinking with other patients in the barracks). The identity of the complainant will be withheld if legally possible to avoid potential retribution or interference with the investigation.

d. A counselor under investigation shall be retained by the facility and either temporarily reassigned to a position that does not require direct patient contact or, if appropriate, placed under the strict direct supervision of a more senior experienced counselor or certified clinical supervisor. Program directors are responsible for placing an intern or certified counselor in an appropriate work setting pending the disposition of the investigation or CRB.

e. Complaint Procedure Timeline

(1) An initial investigation shall be concluded within five working days of receipt to determine if a more thorough investigation or a Counselor Review Board needs to be conducted.

(2) Full investigation of the complaint is to be completed within 30 calendar days of the completion of the initial investigation.

(3) A Counselor Review Board (CRB), if necessary, will be conducted within 10 working days of the completion of the full investigation.

(4) The final report of the investigation and/or recommendations of the Counselor Review Board (CRB) will be sent to the OIC SWMI/USNCB within five working days of the completion of the investigation/CRB.

f. Reprimand Procedures

(1) Once the investigation is complete and it is determined that the behavior of the counselor only warrants a reprimand, the command shall issue a Letter of Caution to the individual.

(2) The program director will maintain a copy of the letter on file.

(3) Copies of the letter will be forwarded to BUMED (N3) and to the USNCB for inclusion in the counselor's certification file.

(4) No more than one Letter of Caution shall be issued to an intern or certified counselor in a one-year period. Additional complaints will result in the individual's credential being suspended or revoked following the procedures outlined below.

g. Certification Suspension and Revocation Procedures

(1) The Commanding Officer shall convene a Certification Review Board (CRB) once the command investigation is complete and it is determined that the behavior of the counselor warrants either a suspension or revocation).

(2) A Certification Review Board (CRB) will be convened within 10 working days following completion of the investigation or receipt of a complaint against a counselor if no investigation is warranted.

(3) The CRB shall determine, whether the complaint is substantiated or merits further investigation. The CRB will make formal recommendation(s) to the Commanding Officer, with a copy to the USNCB, whether the counselor's certification should be suspended, revoked, or no further action required.

(4) The Commanding Officer will review the results of the CRB, take appropriate administrative action, and forward record of actions taken to the Officer In Charge, Surface Warfare Medical Institute, San Diego with copies to BUMED (N3).

(5) A CRB may be waived, in writing, by the counselor under investigation.

(a) If an intern counselor waives the CRB, the member's internship will be terminated and the Counselor Intern NEC removed.

(b) In the case of an ADC I, ADC II counselor, CCS, or CPS, waiving the CRB will result in revocation of the certification and removal of the Alcohol and Drug Counselor NEC.

(c) If the command wishes to suspend rather than revoke the certification or internship, a request must be forwarded to the USNCB via the Officer In Charge Surface Warfare Medical Institute, San Diego, for approval.

(6) Acceptance or Rebuttal by a Counselor or Intern.

(a) The counselor will be provided access to the CRB report and the accompanying endorsement.

(b) If the counselor agrees with the findings of the CRB, a written statement to this effect is required to be included as an enclosure to the forwarding endorsement.

(c) If a counselor or intern does not agree with the findings of the CRB, the counselor will have 10 working days to file an appeal/rebuttal after receipt of the CRB findings. The counselor's written rebuttal to the suspension or revocation will be included as an enclosure to the final report sent to the USNCB/OIC SWMI.

6. Suspension, Revocation Guidelines.

a. Suspension of interns or counselors for longer than a six-month period is discouraged. However, a waiver can be considered on a case-by-case basis from the USNCB.

b. Revocation requires the program director to initiate action in accordance with Chapter 10 of reference (h).

7. Composition of the Certification Review Board. The commanding officer is responsible for convening the CRB. Membership of the CRB shall consist of the following members:

a. Chairperson. The Chair of the CRB is a voting member of the board and shall be either a Licensed Independent Practitioner (LIP), Certified Clinical Supervisor (CCS) or Certified Counselor (ADC II), not associated with either the command of the counselor in question or the complainant.

b. Board members. Two counselors with the same type, or higher, credential (i.e., ADC I/ADC II/CCS to review an ADC I; ADC II/CCS to review an ADC II; CCS to review CCS), not associated with the command or individual, shall serve as voting members.

c. If the subject counselor is a civilian government employee Human Resources Office representative must be included as a non-voting member of the CRB for consultation.

d. If sufficient personnel do not exist in the local area to support conducting a CRB, personnel may be ordered in TAD at the command's expense. The use of secure video telecommunication technology (e.g. Microsoft Teams, etc.), in conducting a CRB is encouraged as an alternative in order to reduce TAD costs.

8. Review Process. All suspension or revocation actions shall be forwarded to the USNCB via the Officer In Charge Surface Warfare Medical Institute, San Diego. The head of the USNCB, in consultation with the SARP program manager at BUMED (N3) will make the final determination on cases within 30 days of receipt of the final report from the individual's commanding officer.

9. Reinstatement Process. Once the condition(s) specified in the suspension are met, the individual shall be reinstated. A letter from the program manager to the individual notifying them of the date of their reinstatement is required. A copy of this letter shall be provided to the U.S. Navy Certification Board (USNCB).