

Mita M Johnson – Speaking on behalf of TPAC**Topic Outline: Colorado Revised Statutes: Title 12: Article 43: Mental Health Statutes**

- **Mita’s credentials: LPC, LMFT, LAC, MAC, ACS, AAMFT-approved Clinical Supervisor, President of CAAP (the Colorado Association of Addiction Professionals) which is the state affiliate of NAADAC, National Association for Addiction Professionals**
- **Definition of psychotherapy:**
 - **Page 2: Definitions: 9) (a)** “Psychotherapy” means the treatment, diagnosis, testing, assessment, or counseling in a professional relationship to assist individuals or groups to alleviate mental disorders, understand unconscious or conscious motivation, resolve emotional, relationship, or attitudinal conflicts, or modify behaviors that interfere with effective emotional, social, or intellectual functioning. Psychotherapy follows a planned procedure of intervention that takes place on a regular basis, over a period of time, or in the cases of testing, assessment, and brief psychotherapy, psychotherapy can be a single intervention.
- **Definition of Professional Relationship:**
 - **Page 2: (7.5)** “Professional relationship” means an interaction that is deliberately planned or directed, or both, by the licensee, registrant, or certificate holder toward obtaining specific objectives.
 - **Page 10: Mandatory Disclosure of information to clients:** (I) A client is entitled to receive information about the methods of therapy, the techniques used, the duration of therapy, if known, and the fee structure; (II) The client may seek a second opinion from another therapist or may terminate therapy at any time;
- **Defining Scope of Practice:**
 - **Page 3: (1)** Notwithstanding any other provision of this article, no licensee, registrant, or certificate holder is authorized to practice outside of or beyond his or her area of training, experience, or competence.
 - **Page 4/5: (12)** The boards shall develop rules or policies to provide guidance to persons licensed, registered, or certified pursuant to this article to assist in determining whether a relationship with a client or potential client is likely to impair his or her professional judgment or increase the risk of client exploitation in violation of section 12-43-222 (1) (i).
- **Disclosure of Confidential Communications:**
 - **Page 13: (1)** A licensee, registrant, or certificate holder shall not disclose, without the consent of the client, any confidential communications made by the client, or advice given to the client, in the course of professional employment. A licensee's, registrant's, or certificate holder's employee or associate, whether clerical or professional, shall not disclose any knowledge of said communications acquired in such capacity. Any person who has participated in any therapy conducted under the supervision of a licensee, registrant, or certificate holder, including group therapy sessions, shall not disclose any knowledge gained during the course of such therapy without the consent of the person to whom the knowledge relates.

- **12-43-222: Prohibited activities:**
 - Page 16: (g) (l) Has acted or failed to act in a manner that does not meet the generally accepted standards of the professional discipline under which the person practices. Generally accepted standards may include, at the board's discretion, the standards of practice generally recognized by state and national associations of practitioners in the field of the person's professional discipline.
 - (h) Has performed services outside of such person's area of training, experience, or competence;
 - (i) Has maintained relationships with clients that are likely to impair such person's professional judgment or increase the risk of client exploitation, such as treating employees, supervisees, close colleagues, or relatives;
 - (j) Has exercised undue influence on the client, including the promotion of the sale of services, goods, property, or drugs in such a manner as to exploit the client for the financial gain of the practitioner or a third party;
 - (k) Has failed to terminate a relationship with a client when it was reasonably clear that the client was not benefiting from the relationship and is not likely to gain such benefit in the future;
 - (l) Has failed to refer a client to an appropriate practitioner when the problem of the client is beyond such person's training, experience, or competence;
 - (m) Has failed to obtain a consultation or perform a referral when such failure is not consistent with generally accepted standards of care;
 - (n) Has failed to render adequate professional supervision of persons practicing pursuant to this article under such person's supervision according to generally accepted standards of practice;
 - (o) Has accepted commissions or rebates or other forms of remuneration for referring clients to other professional persons;
 - (q) Has offered or given commissions, rebates, or other forms of remuneration for the referral of clients;
 - **Page 17:** (t) Has engaged in any of the following activities and practices:
 - (I) Repeated ordering or performing demonstrably unnecessary laboratory tests or studies without clinical justification for the tests or studies;
 - (II) The administration, without clinical justification, of treatment that is demonstrably unnecessary;
 - (III) Ordering or performing any service or treatment that is contrary to the generally accepted standards of the person's practice and is without clinical justification;
- **Unauthorized Practices:**
 - **Page 22:** (2) Any person who practices or offers or attempts to practice as a psychologist, social worker, marriage and family therapist, licensed professional counselor, psychotherapist, or addiction counselor without an active license, registration, or certification issued under this article commits a class 2 misdemeanor and shall be punished as provided in section 18-1.3-501, C.R.S., for the first offense. Any person who commits a

second or any subsequent offense commits a class 6 felony and shall be punished as provided in section 18-1.3-401, C.R.S.

- **Minimum Standards of Testing:**
 - **Page 25: (b) Technical use.** A master's degree in anthropology, psychology, counseling, marriage and family therapy, social work, or sociology from a regionally accredited university or college certified by the accrediting agency or body to award graduate degrees and completion of at least one graduate level course each in statistics, psychometric measurement, theories of personality, individual and group test administration and interpretation, and psychopathology is required in order to administer, score, or interpret tests that require technical knowledge of test construction and use or require the application of scientific and psychophysiological knowledge. Such tests include, but are not limited to, tests of general intelligence, special aptitudes, temperament, values, interests, and personality inventories.
- **Qualifications for Psychologist:**
 - **Page 28/29:** Doctorate degree with a major in psychology
 - One year postdoctoral experience under supervision of a psychologist
 - Passed written exam and jurisprudence exam
- **Qualifications for Licensed Social Worker:**
 - **Page 34:** Master's degree in social work
 - Passed written exam and jurisprudence exam
 - Practiced social work for at least 2 years under the supervision of a licensed social worker
- **Qualifications for Licensed Marriage and Family Therapist:**
 - **Page 40:** Masters or Doctorate degree in marriage & family therapy or equivalent
 - 2 years post-master's or 1 year post-doctorate practice, under supervision: 1,500 hours must be face-to-face direct client contact hours
 - Pass exam and jurisprudence exam
 - Has professional competency requirements
- **Qualifications for Licensed Professional Counselors:**
 - **Page 44/45:** practice includes evaluation, assessment, testing, diagnosis, treatment, interventions, planning, consultation, case management, education, supervision, psychotherapy, research, referral, crisis intervention
 - Master's or Doctorate degree in professional counseling or equivalent mental health degree
 - 2 years post-master's or one year post-doc practice, supervised
 - Pass professional counseling exam and jurisprudence exam
 - Has professional competency requirements
- **Qualifications for Registered Psychotherapist:**
 - **Page 48: (2)** Any person not otherwise licensed, registered, or certified pursuant to this article who is practicing psychotherapy in this state shall register with the board by

submitting his or her name, current address, educational qualifications, disclosure statements, therapeutic orientation or methodology, or both, and years of experience in each specialty area.

▪ **Qualifications of Addiction Counselors and LACs:**

- **Page 51/52:** (2) The scope of practice of addiction counseling focuses on the following four trans-disciplinary foundations that underlie the work of all addiction counselors:
 - (a) **Understanding addiction:** Includes knowledge of models and theories of addiction; recognition of social, political, economic, and cultural contexts within which addiction exists; understanding the behavioral, psychological, physical health, and social effects of using addictive substances or engaging in addictive behaviors; and recognizing and understanding co-occurring disorders.
 - (b) **Treatment knowledge:** Includes the philosophies, practices, policies, and outcomes of the most generally accepted and scientifically supported models, along with research and outcome data, of treatment, recovery, relapse prevention, and continuing care for addictive disorders. Treatment knowledge includes the ability to work effectively with families, significant others, social networks, and community systems in the treatment process and understanding the value of a multidisciplinary approach to addiction treatment.
 - (c) **Application to practice:** Includes the ability to properly diagnose behavioral health disorders using appropriate assessment and testing instruments and placement criteria; stabilization to reduce negative effects of problematic behaviors; developing helping strategies and treatment levels of care based on the client's stage of readiness for change; cultural competency; and familiarity with medical and pharmacological resources for treatment.
 - (d) **Professional readiness:** Includes an understanding of diverse cultures; cultivation of a high level of self-awareness; ability to use critical thinking skills; adherence to ethical standards of conduct; ongoing use of clinical supervision and consultation; crisis management; and knowledge of the importance of prevention and recovery management.
- **Page 52:** (3) The primary practice dimensions of addiction counseling include the following competencies, as appropriate based on the level of certification or licensure and scope of practice:
 - Clinical evaluation, including screening and assessment;
 - Clinical intake, discharge, discharge planning, and referral;
 - Treatment planning;
 - Service coordination, including client advocacy, continuing care planning, and collaboration with other behavioral health professionals;
 - Counseling of individuals, groups, families, couples, and significant others;
 - Recovery management;
 - Case management;
 - Client, family, and community education;
 - Documentation required for a clinical record;
 - Professional and ethical practices;
 - Clinical supervision; and
 - (l) Intervention.

- **Page 52: (4) Scope of practice-licensed addiction counselors.** Based on education, training, knowledge, and experience, the scope of practice of a licensed addiction counselor includes behavioral health counseling and may include the treatment of substance use disorders, addictive behavioral disorders, and co-occurring disorders, including clinical evaluation and diagnosis, treatment planning, service coordination, case management, clinical documentation, professional and ethical responsibilities, education and psychotherapy with clients, family, and community, clinical supervisory responsibilities, and intervention.
- **Qualifications for LAC:**
 - **Page 52:** Master's or doctorate degree in behavioral health sciences
 - Passing national exam (MAC) and jurisprudence exam
 - Has completed 5,000 hours of clinically supervised work experience
 - Has professional competency requirements for LAC/CAC II/CAC III
- **Rights and privileges of certification and licensure:**
 - **Page 53:** (1) Any person who possesses a valid, unsuspended, and unrevoked certificate as a level I, II, or III certified addiction counselor has the right to practice addiction counseling under supervision or consultation as required by the rules of the state board of human services in the department of human services; a level III certified addiction counselor has the right to supervise addiction counseling practice; and all levels of certification have the right to use the title "certified addiction counselor" and the abbreviations "CAC I", "CAC II", or "CAC III", as applicable. No other person shall assume these titles or use these abbreviations on any work or media to indicate that the person using the title or abbreviation is a certified addiction counselor.

Requirements for Certification

CAC I	
	Addiction Counseling Skills (21 Hrs.)
	Client Record Management (14 Hrs.)
	Principles of Addiction Treatment (21 Hrs.)
	Professional Ethics I: Ethics and Jurisprudence (14 Hrs.)
	Culturally Informed Treatment (14 Hrs.)
	Infectious Diseases in Addiction Treatment (14 Hrs.)
	Pharmacology I (14 Hrs.)
	1000 Clinically supervised work experience hours
CAC II	All of the above plus:
	Professional Ethics II (14 Hrs.)
	Motivational Interviewing (21 Hrs.)

	Cognitive Behavioral Therapy (14 Hrs.)
	Group Counseling Skills (21 Hrs.)
	Pharmacology II (14 Hrs.)
	Clinical Assessment and Treatment Planning (14 Hrs.)
	Co-occurring Disorders (14 Hrs.)
	Trauma Informed Care for Diverse Populations (14 Hrs.)
	NAADAC Exam--NCAC I recommended with high school
	2000 Clinically supervised work experience hours
CAC III	All of the above plus:
	Clinical Supervision I (21 Hrs.)
	Clinical Supervision II (14 Hrs.)
	Advanced Motivational Interviewing (14 Hrs.)
	Professional Practice (7 Hrs.)
	Bachelors degree in behavioral health science
	NAADAC Exam--NCAC II recommended for Bachelors level
	2000 Clinically supervised work experience hours

▪ **Ethical Codes: NAADAC Code of Ethics for Addiction Professionals: Standard 3: Dual Relationships:**

- The addiction professional understands that the goal of treatment services is to nurture and support the development of a relationship of equals of individuals to ensure protection and fairness of all parties.
 - Addiction professionals will provide services to clients only in the context of a professional setting. In rural settings and small communities, dual relationships are evaluated carefully and avoided as much as possible.
1. Because a relationship begins with a power differential, the addiction professional will not exploit relationships with current or former clients, current or former supervisees or colleagues for personal gain, including social or business relationships.
 2. The addiction professional avoids situations that might appear to be or could be interpreted as a conflict of interest. Gifts from clients, other treatment organizations or the providers of materials or services used in the addiction professional's practice will not be accepted, except when refusal of such gift would cause irreparable harm to the client relationship. Gifts of value over \$25 will not be accepted under any circumstances.
 3. The addiction professional will not engage in professional relationships or commitments that conflict with family members, friends, close associates or others whose welfare might be jeopardized by such a dual relationship.
 4. The addiction professional will not, under any circumstances, engage in sexual behavior with current or former clients.
 5. The addiction professional will not accept as clients anyone with whom they have engaged in romantic or sexual relationships.

6. The addiction professional makes no request of clients that does not directly pertain to treatment (giving testimonials about the program or participating in interviews with reporters or students).
7. The addiction professional recognizes that there are situations in which dual relationships are difficult to avoid. Rural areas, small communities and other situations necessitate discussion of the counseling relationship and take steps to distinguish the counseling relationship from other interactions.
8. When the addiction professional works for an agency such as department of corrections, military, an HMO or as an employee of the client's employer, the obligations to external individuals and organizations are disclosed prior to delivering any services.
9. The addiction professional recognizes the challenges resulting from increased role of the criminal justice system in making referrals for addiction treatment. Consequently he/she strives to remove coercive elements of such referrals as quickly as possible to encourage engagement in the treatment and recovery process.
10. The addiction professional encourages self-sufficiency among clients in making daily choices related to the recovery process and self-care.
11. The addiction professional shall avoid any action that might appear to impose on others' acceptance of their religious/spiritual, political or other personal beliefs while also encouraging and supporting participation in recovery support groups.

ACA (American Counseling Association) Code of Ethics:

- **A.5.e: Roles Changes in the Professional Relationship:**
 - When a counselor changes a role from the original or most recent contracted relationship, he or she obtains informed consent from the client and explains the right of the client to refuse services related to the change. Examples include changing from a non-forensic evaluative role to a forensic evaluative role.
 - Clients must be fully informed of any anticipated consequences of counselor role changes (financial, legal, personal, therapeutic).
- **A.6. Roles and Relationships at Individual, Group, Institutional, and Societal Levels:**
 - A.6.a. Advocacy.
 - When appropriate, counselors advocate at individual, group, institutional, and societal levels to examine potential barriers and obstacles that inhibit access and/or the growth and development of clients.
- **C.2.a Professional Competence: Boundaries of Competence:**
 - Counselors practice only within the boundaries of their competence, based on their education, training, supervised experience, state and national professional credentials, and appropriate professional experience. Counselors gain knowledge, personal awareness, sensitivity, and skills pertinent to working with a diverse client population.
 - Counselors practice in specialty areas new to them only after appropriate education, training, and supervised experience. While developing skills in new specialty areas, counselors take steps to ensure the competence of their work and to protect others from possible harm.