



Network of Independent Interventionists (NII) REQUIREMENTS FOR MEMBERSHIP

Effective Date: July 2018

NII Mission Statement:

“The Network of Independent Interventionists (NII) is an organization dedicated to supporting, educating, and providing resources to independent interventionists so that they can best serve those in need in the most professional and ethical manner.”

DIRECTIONS:

Please complete this form and email or mail to Kristin Agar, Membership Chair:

kristin@kristinagar.com

Network of Independent Interventionists

c/o Kristin Agar 2723 Foxcroft, Little Rock, AR 72227

Enclose the following forms: Membership application, ethical expectations agreement, licenses, credentials, certifications, proof of liability insurance, and training certificate(s).

- A. The applicant must perform interventions and identify as an Interventionist. This includes meeting with families, companies, or others concerned with an individual involved with self-destructive behavior who refuses to accept help, developing a plan for addressing the situation and usually participating in the execution of that plan.
- B. The applicant must facilitate interventions professionally within his/her scope of practice.
- C. The applicant must be registered, credentialed, or licensed by a state or national certification or board. Certified Interventionist Professional (CIP) preferred. Examples of other acceptable licensures may include LPC, LCSW, LMFT, ICADAC, CATC, LCDC, CADC, etc.
- D. The applicant must be professionally trained/mentored to facilitate interventions. By intervention, we mean pre-treatment engagement method.
- E. The applicant must maintain professional liability insurance covering their scope of practice.
- F. The applicant must hold him/herself out to be an Interventionist (being structured and/or formal).
- G. The applicant must have a minimum of 2 years of documented experience performing interventions. If the applicant does not have a CIP, experience should be verified by supervisor, mentor, or colleague.
- H. The member must be independent of treatment centers. Being independent of treatment centers means that the Interventionist has no financial ties to any residential treatment center through employment or retainers.
- I. The member will participate in the projects/committees/and/or offices of the network so that members can share their expertise, experiences, and enthusiasm with other members as a means of fulfilling our mission statement.
- J. The member will agree to pay \$150 yearly, due December 31st. If payment is not received by December 31st, it will be assumed you are no longer interested in membership and you will be dropped from the membership list and listserv. New members accepted between Sep 1st and Dec 31st of any given year will have their membership dues applied to the following year.**



Network of Independent Interventionists (NII)
ETHICAL EXPECTATIONS AGREEMENT
(July 2018)

I, as a member of the Network of Independent Interventionists (NII), agree that the primary purpose of our work is for the best interest of our clients and their families. In addition, I agree to abide by the Codes of Ethics of the various organizations, certification boards, and/or licensing boards of which I am a member. (If I am not certified or licensed, then I agree to abide by the Code of Ethics of Certified Intervention Professional, set forth by the Pennsylvania Certification Board www.pacerboard.org.) I understand that what is said in the Network should stay within the Network. This includes all communication on the NII Listserv. You will be given a copy of the NII Listserv guidelines upon acceptance of your membership.

Furthermore, I agree with the following principles that are especially pertinent to Interventionists: (Please Initial)

____ 1) I am not an employee of, nor am I on retainer at, a Residential treatment center or an IOP with residences. Further, I am not employed as a marketer for any addiction treatment facility (in-patient, IOP or out-patient). I also agree to notify the Membership Committee immediately should either of those change.

____ 2) I agree if acting as a consultant to a treatment center (such as contract work for trainings family programs, workshops, etc.) I will not appear affiliated with this treatment center to the general public. This shall include being listed as an employee on any facility website, promoting, marketing, or acting as ambassador for a treatment center on social media.

____ 3) I agree to accept only reasonable and customary compensation from a treatment center for specific work performed and I am willing and able to document that.

____ 4) In the event that I have received customary and reasonable compensation for work performed at a treatment center within the past two (2) years, I will fully disclose that fact to any and all clients to whom I recommend said treatment center.

____ 5) I agree not to pay or accept compensation, direct or indirect, for patient referrals to any treatment center and/or to any other person or organization (fee-splitting), nor will I perform any work that could be construed as marketing for treatment centers.

____ 6) I agree that the only commitment I will make to a treatment center is that I will consider referring patients that are clinically and financially appropriate.

____ 7) I agree that in cases of co-facilitation and/or supervision, I will be clear and honest with the co-facilitator and/or supervisee about what, if any, compensation will be paid to the co-facilitator and/or supervisee.

____ 8) I agree that any transport of a client will be within the framework of my **licensure, certification and scope of practice**. I further agree that all transports, either with same or different gender, will be treated with great sensitivity to that client's real or perceived issues of trauma and/or abuse. Extreme caution will be exercised at all times when considering transporting a client vs. utilizing the services of a transport company or member of the client's family.

____ 9) I agree not be sexually intimate with any member of an intervention team for whom I have facilitated the intervention.

____ 10) I agree to abide by all other ethical guidelines as set forth by my licensure and credentials.



Network of Independent Interventionists (NII)
ETHICAL EXPECTATIONS AGREEMENT
(July 2018)

By signing below, I am agreeing to all ethical guidelines and rules as listed on the NII Ethical Expectations Agreement.

Signature_____Date_____

Failure to adhere to NII Membership Guidelines and Ethical Expectations may/will result in immediate suspension or revocation of NII membership, website listing, and Listserv.



Network of Independent Interventionists (NII)
MEMBERSHIP APPLICATION FORM

Effective July 2018

I am applying for NII Membership as a: (Please check one)

FULL MEMBER

PROVISIONAL MEMBER (meets all membership requirements but has less than 2 years of experience performing interventions.)

Today's Date: _____

Name _____

Mailing Address _____

City _____ State _____ Zip _____

Office Telephone _____ Cell _____

Email _____

Please provide two references in the addition field who are familiar with your intervention work and have given you permission to use their name. It is recommended that you include one supervisor or mentor.

Name _____ Phone _____

Email: _____

Name _____ Phone _____

Email _____

Please select a committee/project you would like to be involved in for NII:

Membership Ethics Bylaws Conference Planning

Elections Communication Special Projects

1. What formal intervention training(s) have you completed?

2. What was the model (or models) of intervention learned? List models of training, trainer, date and certificate. Please attach any certificate of completion to application.



3. Who provided your training(s)?

Name _____ Phone _____

Email: _____

Name _____ Phone _____

Email _____

4. Who has mentored or supervised you? Please list and describe.

Name _____ Phone _____

Email: _____

Name _____ Phone _____

Email _____

5. How long have you been performing interventions?

6. Please provide your licensure and/or credentials related to addiction, intervention, and/or mental health.

Enclosed are my NII membership dues of \$150 for 2018

FOREIGN APPLICANTS (OUTSIDE OF THE U.S.) PLEASE SEND \$150.00 MEMBERSHIP FEE PLUS \$50. FOR U.S. BANK PROCESSING FEE. CASH IS NOT RECOMMENDED AND SENT AT MEMBER'S OWN RISK.

Make check payable to: Barbara Bock/NII

Mail check to: Barbara Bock/NII 435 East 77th Street, Apt 8B, NY, NY 10075

By signing below, I affirm that I meet all guidelines for membership as listed in A-J on this application. I also attest that all the information provided is accurate and up to date to the best of my knowledge.

Signature _____ Date _____

We look forward to welcoming you as a member of NII.

Additional questions concerning NII membership should be directed to Membership Chair:
Kristin Agar (501) 258-5393 kristin@kristinagar.com