

DIRECTIONS:

Please print out this form, fill it out and mail it to Kristin Agar, Membership Chair (address listed below).
Mail dues check to Barbara Bock, Treasurer (address listed below).

Network of Independent Interventionists (NII) Requirements for Membership

Effective April 16, 2010

NII Mission Statement

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

- 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.
- D. The applicant must have been professionally trained/mentored to facilitate interventions. By intervention we mean pre-treatment engagement method.
- E. The applicant must maintain professional liability insurance to include interventions.
- F. The applicant must hold him/herself out to be an Interventionist (being structured and/or formal).
- G. 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.
- H. The member will be strongly encouraged to participate in the projects, committees and offices of the network so members can share their expertise, experiences and enthusiasm with other members as a means of fulfilling our mission statement.
- I. The member will agree to pay \$150 yearly, due December 31st and each respective year thereafter. After December 31st if your payment is not received 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 Sept.1 and Oct.31 of any given year will have their dues payment applied to the following year.**
- J. The member will agree to complete and sign the membership application form and mail it to the address below:

Network of Independent Interventionists
c/o Kristin Agar 2723 Foxcroft, Little Rock, AR 72227
Enclose: Membership application form and ethical expectations

Network of Independent Interventionists (NII)
Membership Application Form
Effective April 16, 2017
PLEASE PRINT CLEARLY

Today's Date: _____

Name _____

Mailing
Address _____

City _____ State _____ Zip _____

Office Telephone _____ Cell _____

Email _____

(By applying for membership I agree to be included in the NII listserv).

Please include two references in the addiction field who are familiar with your intervention work and have given you permission to use their name

Name _____ Phone _____

Email: _____

Name _____ Phone _____

Email _____

List how you would like to be involved with NII ex: committee, project or officer AND let us know your expertise.

1. _____ 2. _____ 3. _____

Enclosed are my NII membership dues of \$150 for 2017

FOR 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

Signature _____ Date _____

When was your original intervention training?

What was the model of intervention learned?

Who did you train under?

Have you had a Mentor?

_____ who? _____

We are looking 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

NII ETHICAL EXPECTATIONS (as of August 23, 2008)

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. All else radiates from this premise. 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 the American Association of Marriage and Family Therapists.

As in support groups everywhere (AA groups, therapy groups) it is expected that what is said in the group stays in the group. Therefore, what is said in the Network should stay within the Network.

In addition, I agree with the following principles that are especially pertinent to Interventionists:

- 1) I am not an employee of, nor am I on retainer at, an In-Patient Treatment Center or an IOP with residences. Further, I am not employed as a marketer for any addictions treatment facility (in-patient, IOP or out-patient). I also agree to notify the Participation Committee immediately should either of those change;
- 2) 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;
- 3) 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.
- 4) 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.

- 5) 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;
- 6) 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; and;
- 7) 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.
- 8) I agree not be sexually intimate with any member of an intervention team for whom I have facilitated the intervention, for a minimum of three (3) years.

Signature_____Date_____