

Guidelines

For

Supervised Field Experiences

In

Addiction Treatment

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Idaho - Oregon - Washington - Alaska

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INTRODUCTION

In the Northwest states entry-level alcohol-drug counselor certification requires evidence of a specific number of hours of supervised field experience. Each state uses different terms to define this experience. For example, practicum, internship, work experience, supervised experience, supervised work experience, and practical training are used in the separate certification requirements to define field-related experiences that trainees must complete as conditions for entry-level employment.

There are a wide variety of training activities in a "field experience" that help trainees gain proficiency in addiction-counseling competencies. For example, trainees may observe counseling sessions; do specific projects that may or may not relate to counseling skills; or provide closely supervised counseling. The quality of the learning and skill acquisition experience can vary from supportive and educational to neglectful and without clear coordination and structure. This variability in quality of the learning experience can create confusion among students, faculty, agency personnel supervising in agency settings and training agency management about expected outcomes for the field experience. When there is uncertainty about the quality of training experiences there can also be considerable uncertainty among state certifying bodies about whether or not the *assumed* quality of the "supervised field experience" has been achieved.

These guidelines are intended to help agencies and counselor training programs provide a quality field training experience. A clear description of what is expected of all parties will, hopefully, increase the effectiveness of counselor training and enhance the proficiency and expertise of new professionals. Adherence to these guidelines will serve to contribute to a more consistent addiction counselor training system in the Northwest.

Given the great variability in the design, implementation and course titles used to describe field experiences, this document uses the term "supervised field experience" to specify the nature and source of supervision during field training.

The term "supervised field experience" applies to both agency-based training programs not affiliated with a college or university and academic programs that require a practicum, internship, or other type of field experience.

While it is assumed that academic programs will use their own titles for the field experience, it is hoped that they consider adopting this document to guide the development of those training activities.

The following reports or information were used in developing this document:

- *Addiction Counseling Competencies: The Knowledge, Skills and Attitudes of Professional Practice* (1998). Technical Assistance Publication No. 21. Center for Substance Abuse Treatment. Washington DC.
- *The Proficiency Levels of Professional Practice* (1998). Northwest Frontier Addiction Technology Transfer Center. Office of Alcohol and Drug Abuse Programs, Salem, OR.
- *Model Multiple Agency Addiction Counselor Training Program* (1997). Pantages T, Elliot C, Adams RJ, and Gallon SL. Northwest Regional Education Laboratory, Portland OR.
- *Model Single Agency Counselor Training Program Final Evaluation Report* (1996). Pantages T, Elliott C, Adams RJ, Gallon SL. Northwest Frontier Addiction Technology Transfer Center Report. Office of Alcohol and Drug Abuse Programs, Salem, OR.
- *Intern Handbook: Addiction Counselor Intern Training Program*. 1996. Lyons J.L. and Gallon S.L. Northwest Frontier Addictions Training Center. Office of Alcohol and Drug Abuse Programs, Salem, OR.
- *Internship: Clinical Supervision Guidelines* (1991). Project for Addiction Counselor Training. Washington, DC.
- The Idaho, Oregon and Washington addictions counselor certification requirements.

The guidelines were also developed with the belief that:

- a. They will evolve as evaluations of field experiences and facilitate the identification of avenues to enhance the student learning experience,
- b. They are utilitarian and practical and encourage a structured, developmental, accountable and flexible framework for student learning, and
- c. They acknowledge and define the collaborative interrelationship between educators, students and treatment agencies required to provide quality learning experiences to addictions counselor trainees.

The production of this document is the outcome of an inclusive process involving educators, treatment professionals and others with interest in improving student field experiences. The chapters are designed so students, faculty and agency personnel may access guidelines for their specific responsibilities during the field experience. It is recognized that academic programs utilize a variety of approaches to educate addiction counselor trainees. These guidelines are meant to encompass trainees from both academic and non-academic agency training programs. They are intended to encourage a

degree of standardization for field experiences among colleges, universities, regulating agencies, and treatment centers, and not to dictate curriculum. We hope you find them useful.

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Table of Contents

Section	Page
Introduction.....	ii
Acknowledgements.....	v
Table of Contents.....	vi
Section 1 - Defining the Supervised Field Experience	1
Section 2 - Partnership Guidelines	4
▪ Academic Program Guidelines	7
▪ Faculty Supervisor Guidelines	9
▪ Counselor Trainee Guidelines	11
▪ Agency Supervisor Guidelines	13
▪ Agency Guidelines	15
Section 3 - Supervisor Qualifications	17
Section 4 - Field Experience Sites	19
▪ Outpatient Treatment	20
▪ Intensive Outpatient Treatment/Partial Hospitalization.....	21
▪ Residential Treatment.....	21
▪ Inpatient Treatment	22
▪ Detoxification.....	22
▪ Crisis Hotline	23
▪ Correctional Settings.....	23
▪ Therapeutic Communities	23
▪ Educational Institutions.....	24
Section 5 - Performance Assessment Rubrics	25
Introduction.....	28
▪ I. Transdisciplinary Foundation Rubrics.....	31
A. Understanding Addiction	34
B. Treatment Knowledge	35
C. Application to Practice	37
D. Professional Readiness	39
▪ II. Professional Practice Dimensions.....	41
A. Clinical Evaluation.....	42
Screening.....	
Assessment	
B. Treatment Planning.....	45
C. Referral.....	47
D. Service Coordination.....	49
Implementing the Treatment Plan	
Consulting	
Continuing Assessment and Treatment Planning	
E. Counseling.....	55
Individual Counseling	
Group Counseling	

Counseling for Families, Couples, and Significant Others

F. Client, Family, and Community Education.....	72
G. Documentation	74
H. Professional and Ethical Responsibilities	76
Performance Rating Summary Sheet	79
Section 6 - Ethical Guidelines.....	81
▪ NAADAC Code of Ethics.....	85
Section 7 - Certification Requirements.....	91
▪ Addiction Counselor Certification Board of Oregon (ACCBO).....	93
▪ Idaho Board of Alcohol/Drug Counselor's Certification, Inc. (IBADCC)	95
▪ Washington State Department of Health - Chemical Dependency Professional Certification (CDP).....	99
▪ Chemical Dependency Counselor Certification Board of Washington (CDCCB).....	101
▪ Northwest Indian Council on Chemical Dependency (NICCD).....	105
▪ Alaska Commission for Chemical Dependency Professionals Certification (ACCDPC).....	107
Section 8 - Sample Forms	111
▪ Sample Forms	113
Section 9 - References and Resources	135
▪ Single State Agencies	137
▪ Certification Boards.....	139
▪ Web-sites	141
▪ Glossary of Terms	143
▪ References.....	147

SECTION

1

**Defining the
Supervised Field
Experience**

Defining the Supervised Field Experience

Recognizing that a supervised field experience is essential to the development of professional competence, addiction counselor training programs usually require students to participate in practica, internships, field placements, cooperative education and other field learning activities as an integral part of training. Students may receive this experience in their college or from an agency that provides pre-service counselor practica or internships. In addition to providing a bridge from academia to the work-world, the field experience is beneficial to both the academic program and the agency that hosts the counselor trainee. Not only does the counselor trainee bring basic skills to the agency setting, but also an enthusiasm and a desire to continue learning. The field experience is a partnership between the college, the counselor trainee, the faculty, the host agency, and the agency supervisor.

To clarify the intent of this document, the term supervised field experience and the definition in the box below are used to describe the scope of activities that should be included in practica, internships, cooperative education and field placements planned by the academic program and counselor trainee to meet academic or professional credentialing requirements.

Supervised Field Experience:

A supervised field experience in an appropriate agency setting provides the counselor trainee an opportunity to integrate the knowledge, skills, and attitudes learned in the classroom to actual practice. It is expected that trainees will have met prerequisite competencies in addiction studies and supporting topics such that they can gradually be given responsibilities similar to those of paid entry-level positions in the agency, thereby contributing to overall agency functioning.

The primary objective of the field experience for the counselor trainee is to facilitate the integration and development of essential knowledge and skills in an appropriate and relevant setting. Having the opportunity to apply theory and skills under competent supervision allows the trainee to transition from an academic learning environment to an actual work setting. With supervision, counselor trainees gain competence and confidence in their abilities to meet minimum qualifications for entry-level clinical positions in addiction treatment settings.

A critical part of the experience is the development of a field learning agreement between the counselor trainee, faculty mentor, and agency supervisor. This agreement will serve to focus the experience and to provide a standard from which to measure achievement. As mentioned above, the Addiction Counseling Competencies should be used as outcome objectives for activities and experiences in which the student will be engaged. Since the objectives of a supervised field experience

are to assist counselor trainees in preparing for entry-level positions, completing the field experience should allow for the following:

- Achievement of a beginning competency in basic treatment skills consistent with the necessary knowledge, skills and attitudes of effective practice,
- Completion of a minimum number of hours of supervised experience and clinical exposure necessary to meet state credentialing requirements,
- Documentation of the counselor trainee's progress toward learning objectives and assessment of proficiency in targeted treatment skills.

The essence of the field placement is the development of competencies essential to effective practice gained through practical supervised field experiences. Such experiences can promote the beginning of basic knowledge, skills and attitudes critical to effective counselor functions. These competencies have been documented in the *"Addiction Counseling Competencies: The Knowledge, Skills and Attitudes of Professional Practice"* (CSAT, 1998). That document can be used as a framework for learning within the field experience. As counselor trainees gain proficiency in the competencies, they move up the continuum of knowledge and skill acquisition. Section V provides descriptions of expected behaviors at three distinct stages of a counselor's development. Those descriptors represent standards for counselor preparation that the trainee, faculty member and agency can pursue collaboratively as partners. The essence of this document is to clearly define the responsibilities for all the partners to realize maximum benefit from the field experience.

It needs to be emphasized that supervising a counselor trainee is an important and time consuming responsibility. For example, in the State of Washington Administrative Codes, supervisors have limitations imposed on their caseload responsibilities with regard the number of field experience counselor trainees they supervise. The supervisor is responsible for direct supervision and observations, tutoring, documentation of activities and trainees' progress towards achieving goals, review of trainees' client record notations, and the trainees' education and training plan.

SECTION

2

Partnership Guidelines

- Academic Program Guidelines
- Faculty Supervisor Guidelines
- Counselor Trainee Guidelines
- Agency Supervisor Guidelines
- Agency Guidelines

Partnership Guidelines

The strength of the field placement lies in the partnerships established between the academic program, the counselor trainee, and the host agency, including the collaborative nature of the specific people involved. The number of people filling these various roles may vary, depending on the size of the academic program and agency. For example, a large counselor training program may assign a faculty person to coordinate the field experience process with all participating agencies and use other faculty as specific field experience faculty supervisors. Or, in smaller programs, a faculty member may coordinate field supervision sites and also supervise the counselor trainees. The same arrangement could occur in agencies, where a staff member may serve as field experience coordinator and/or counselor trainee supervisor. Regardless of the system used, each position has responsibilities to each other that assist in keeping the partnership viable. An important component of the partnership is a clear understanding of the accountability of each program/person and the coordination essential to assure a quality field experience. Specific responsibilities for each of the partners and their relationships with each other in the field experience are given later in this section. However, the following general obligations lay a foundation for developing the more specific responsibilities.

The Academic Program must assume overall accountability to plan, direct, and evaluate the field experience process for students in degree programs. This includes identifying field experience sites and opportunities; developing and communicating education program policies, procedures, curriculum objectives and other characteristics about the supervised field experience; and dealing with all administrative details of the cooperative field experience process.

The Faculty Supervisor is the academic program's representative in dealing with the daily issues involved in the supervised field experience. The faculty has responsibility to monitor the student in the field setting, assure that the academic field experience objectives are being met and communicate with the agency and agency supervisor on application of the academic program's policies and procedures.

The Agency Supervisor has the primary role of supervising the counselor trainee's day to day activities. This person serves in a parallel role with the faculty supervisor, in that they are both agents of the organization they represent. The agency supervisor will provide the counselor trainee with guidance on counseling and treatment procedures and other aspects of working within the agency. The supervisor will also play a crucial role in assisting the academic program in determining if the student's learning objectives are being met. Agency supervisors in the State of Washington have specific limitations and responsibilities that are outlined in the Washington Administrative Codes (WAC 440-22-210).

Agency Management is accountable for the field experience. This includes providing assurance that counselor trainees have exposure to the use of established treatment protocols, that the client-counselor relationship is maintained at a professional level, that the employee assigned to supervise the counselor trainee meets the established criteria, and that the student is integrated into the agency in a manner that facilitates achievement of the student's learning objectives. It is recommended that agencies have policies and procedures governing the field experience and the selection of trainee supervisors.

Within the field experience process, key partners are the supervisors from the academic setting, the agency and the counselor trainee. A comparison of their responsibilities shows a common focus to help the counselor trainee make optimal use of the agency's learning opportunities. The faculty member's main focus is to clarify the objectives of the field experience and to communicate the student's academic preparation and learning needs to the on-site agency supervisor. The on-site agency supervisor helps to identify the counselor trainee's learning needs and provides structure and guidance to the learning process. The counselor trainee is expected to be an "active learner," assuming responsibility for identifying her/his learning needs to further shape the educational process.

Each partner in the field experience process benefits from the collaborative efforts of the partnership. The host agency benefits as the counselor trainee is gradually given increasing responsibilities and becomes an active contributor to overall agency functioning. In addition, counselor trainees bring with them a basic set of skills and an inspired motivation to acquire experience. The counselor trainee and faculty derive benefits through the opportunity to integrate and develop knowledge and skills in a relevant environment. The college or university benefits in the formation of partnerships to enhance learning. These partnerships also serve other roles as each of the organizations carryout activities to achieve their own respective goals. Although clinical settings vary in the types of available learning opportunities, a degree of standardization among colleges, community agencies and supervisors is likely to improve the quality of training and the degree to which counselor trainees gain proficiency in essential counseling skills.

The following responsibilities are guidelines for assigning accountability to all partners in the field experience.

Academic Program Guidelines

A critical component of the field experience is the commitment by the academic program to provide the resources necessary to support the student's field experience. This commitment serves three purposes:

- It assures that the agency and faculty supervisors have adequate resources for establishing and monitoring the field experience. The academic program's field experience goals and objectives are clearly articulated and the necessary policies and protocols to effectively guide the field experience are in place.
- It provides the academic program with opportunities to keep current on field issues that can be addressed in the classroom, and
- It encourages critical group discussions and interactions between counselor trainees, instructors, and partnering agencies regarding experiences in the field placement.

The academic program also assumes responsibility for coordination needed to make the field experience successful. Staff and faculty should have expertise in setting up and delivering field experiences and possess high levels of group process skills. In addition, it is important for faculty who supervise counselor trainees to be knowledgeable about current best treatment practices and the addiction counseling competencies. Larger academic programs should consider appointing a field experience coordinator who has overall administrative responsibilities for making field placement site selection, recruiting field sites, coordinating agency supervisor training, addressing counselor trainee or agency concerns, and carrying out other related duties. This person may or may not have responsibility for supervising individual students.

The Academic Program's Responsibilities to the Faculty Supervisor

- Provide support to allow faculty supervisor adequate resources to monitor counselor trainee progress and to work with agency personnel,
- Provide clear procedures, expectations and communication processes between all members of the partnership,
- Recognize faculty responsibilities in making teaching assignments and promotion and tenure decisions, and
- Provide clear and published procedures responding to contested actions

The Academic Program's Responsibilities to the Counselor Trainee

- Assure trainee has met the minimal qualifications for the field placement
- Orient trainee to the field experience and to the learning expectations
- Provide qualified faculty supervisors
- Provide clear expectations and procedures governing the field experience
- Identify quality field experience sites
- Assist in preparing agency personnel for conducting quality field experiences
- Provide an integrative seminar for counselor trainees to share and discuss field experiences

The Academic Program's Responsibilities to the Agency Supervisor

- Provide clear documentation of field experience expectations and procedures
- Provide qualified faculty supervisors knowledgeable about the addiction counseling competencies and possessing high levels of group process skills.
- Provide counselor trainees who have basic competencies and meet other field experience qualifications
- Consult on student placements to assure proper fit of trainee learning needs to the agency's service functions
- Provide training on field supervisor responsibilities
- Respond in a timely manner to issues surrounding the field experience
- Provide administration of the field experience process including timely and organized flow of paperwork required by the agency and the academic program.

The Academic Program's Responsibilities to the Agency

- Provide regular oversight of the field experience process
- Provide clear expectations, procedures and policies
- Respond to issues or concerns raised by the agency
- Involve the agency in planning and oversight of the field experience

Faculty Supervisor Guidelines

The faculty supervisor for the field experience plays a critical role in representing the education program in day to day interactions with the counselor trainee and agency personnel to achieve a quality experience. Faculty assuming responsibilities for overseeing the field experience must be committed to a collaborative education process, knowledgeable about structuring and evaluating field experiences, and familiar with current addiction counseling competencies and treatment protocols.

The Faculty Supervisor's Responsibilities to the Academic Program

- Adhere to program policies and procedures
- Keep current on substance use disorder treatment protocols
- Model professional behavior and attitudes

The Faculty Supervisor's Responsibilities to the Counselor Trainee

- Collaborate in the development of an appropriate field learning agreement which outlines measurable objectives
- Communicate frequently, including visiting the agency at scheduled times during the field experience
- Help resolve problems related to the field experience
- Evaluate progress in consultation with counselor trainee and agency supervisor
- Make adjustments to the field learning agreement as appropriate to assure a Successful experience
- Assist the counselor trainee to integrate learning during the field experience

The Faculty Supervisor's Responsibilities to the Agency Supervisor

- Collaborate in development of the counselor trainee's learning agreement
- Participate in field experience supervisor in-service training
- Assist the agency supervisor through consultation and conferences
- Participate in periodic assessments of trainee progress in achieving the objectives stated in the field learning agreement

The Faculty Supervisor's Responsibilities to the Agency

- Consult regularly with the agency supervisor on counselor trainee progress
- Respond quickly to issues or requests raised by the agency supervisor or agency
- Keep academic program informed of issues and progress of the counselor trainee
- Use professional discretion in discussing agency activities with people outside the agency

Counselor Trainee Guidelines

To optimally benefit from a field experience the counselor trainee is expected to be an active learner taking charge of and assuming responsibility for learning. Both agency and academic program assume trainees will present themselves in a manner consistent with becoming a professional counselor.

The Counselor Trainee's Responsibilities to the Faculty Supervisor and the Academic Program

- Be prepared to begin the field experience
- Assume responsibility for own learning and contribute to improving the field experience process
- Complete field experience and seminar assignments in a timely fashion
- Maintain time sheet and other required records
- Self-assess and monitor personal progress with respect to the Addiction Counseling Competencies and communicate progress to faculty
- Effectively communicate problems, conflicts and obstacles which impede achieving outcomes identified in the field learning agreement
- Evaluate the agency as a training site as well as the quality of supervision received
- Represent the academic program as though an employee of the institution
- Comply with academic program's field experience policies and procedures

The Counselor Trainee's Responsibilities to the Agency Supervisor and Agency

- Assume responsibility for own learning and contribute to improving field experience
- Actively participate in the development of the field learning agreement each term.
- Communicate in a timely fashion on problems, conflicts and obstacles in achieving field learning agreement outcomes
- Prepare for supervisory sessions as scheduled with supervisor
- Know and adhere to agency policies and procedures on referral, confidentiality, client rights and other ethical and administrative issues
- Know agency's philosophy and funding sources
- Complete assignments in a timely and thorough manner
- Pursue opportunities for learning within the agency and community
- Respect commitment to agency with regard to schedule and length of field experience

(Continued)

- Respect agency's standards of professionalism regarding dress and behavior
- Prioritize time spent in agency to achieve field learning agreement objectives
- Represent self as if an agency employee in interactions with others outside the organization
- Comply with agency policies and procedures

Agency Supervisor Guidelines

The counselor trainee's supervisor in the agency becomes the lead instructor for the field experience. Daily contact provides opportunities to observe and influence learning and behavior. As a result, it is critical that the agency supervisor have appropriate skills and knowledge of field experience policies, procedures and addiction counseling competencies to effectively mentor the counselor trainee.

The Agency Supervisor's Responsibilities to the Academic Program

- Adhere to the academic program's guidelines and policies
- Keep current on substance use disorder counseling and treatment protocols
- Provide feedback about curriculum and appropriateness of site for counselor trainee
- Attend school sponsored field instructor meetings and training sessions
- Provide counselor trainee a positive learning environment
- Interview potential counselor trainee to determine appropriateness of placement

The Agency Supervisor's Responsibilities to the Counselor Trainee

- Assume responsibility for the agency's portion of the field experience
- Coordinate involvement with the other agency staff (for example: arrange for desk and materials, introductions to staff, office procedures and resources)
- Help develop field learning agreement
- Meet regularly for field teaching, educational support, administrative supervision and feedback on progress
- Provide an educational climate that encourages development and expansion of professional skills, knowledge and values
- Orient to and provide advocacy for learning opportunities within the agency and the professional community
- Orient to structure of the supervisory relationship including format, schedule, style and goals
- Review agency confidentiality, client rights and other agency policies
- Model ethical and professional standards of conduct in all personal behavior

(Continued)

- Introduce to agency referral process and community resources, including responsibilities, procedures and etiquette
- Assure safety by reviewing agency policy and procedures regarding at-risk and crisis situations

The Agency Supervisor's Responsibilities to the Faculty Supervisor

- Coordinate field instruction such that it complements and augments classroom learning
- Evaluate counselor trainee's progress and provide written summary at the end of each term
- Stay informed about the counselor trainee's progress
- Report concerns and problems involving the counselor trainee
- Provide feedback about various components of the trainee's curriculum
- Attend school sponsored field instructor's meetings
- Collaborate on proposed changes in the field learning agreement

Agency Guidelines

The agency sponsoring the field experience opportunity must be prepared to make a substantial commitment to host the counselor trainee. It is essential that each agency be clearly aware of and committed to the costs and benefits of the field experience. Special attention must also be given to how the agency staff and clients will interact with the counselor trainee including how they will be addressed (i.e. trainee, student intern, counselor trainee, etc). While this issue is present in almost any field experience involving patients, it is a topic that frequently appears in AOD field experiences and needs special attention by the agency. The agency should also recognize the potential for professional rivalry that could occur between counselor trainees and employees due to differing education levels. This could be more of an issue for counselor trainees in academic programs offering bachelor or graduate degrees.

The Agency's Responsibilities to the Faculty Supervisor

- Provide positive environment for a field experience

The Agency's Responsibilities to the Academic Program/Faculty Supervisor

- Ensure agency complies with academic program's policies and procedures
- Clearly define opportunities and limitations of field experience
- Provide adequate space and supplies for counselor trainee to complete work
- Provide qualified agency supervisor
- Provide sufficient variety of clients exposure for counselor trainee to meet educational objectives
- Provide counselor trainee orientation to agency
- Provide agency policies and procedures to guide field experience
- Interview and select the counselor trainee for field experience
- Clearly delineate expected entry level of counselor trainee knowledge and experience

The Agency's Responsibilities to the Counselor Trainee

- Orient to agency including its mission, funding sources, policy and procedures manual and target populations
- Inform about the strengths and needs of agency and the community's service delivery system
- Provide qualified agency supervisors to structure schedule to complete field experience
- Communicate potential liability problems while working at the agency.
- Make reasonable accommodations for disabilities
- Provide job description that allows experiences to complete the field experience.
- Have sufficient numbers of clients, reflecting a range of clinical/counseling issues.
- Provide staff supervision and support in the absence of the primary agency supervisor.
- Provide adequate space and supplies to complete field experience requirements
- Post safety policy and evacuation plans for the facility in case of emergency

The Agency's Responsibilities to the Agency Supervisor

- Provide office support for supervision activities
- Provide clear agency procedures and policies governing field experiences
- Effectively communicate agency issues with academic program

SECTION

3

Supervisor Qualifications

Supervisor Qualifications

Training in clinical supervision is essential in developing competency as a clinical supervisor. Supervisors should be proficient in the Addiction Counseling Competencies, knowledgeable about adult learning processes, and able to assist the counselor trainee in implementing a learning plan or the field experience. The supervisor should have the ability to guide the student in the application of counseling skills and the ability to make interventions aimed at improving trainee knowledge, skills and attitudes. A list of recommended qualifications for supervisors of counselor trainees appears in the box below.

Qualification Guidelines

- Certification as an AOD or CD counselor at the equivalent of a bachelors degree level
- At least two years experience in AOD or CD counseling
- Demonstrated competence in treatment issues related to the provision of effective services for a culturally and ethnically diverse populations
- Ability to model, instruct, and support the student in the acquisition of necessary knowledge, skills and attitudes
- Positive attitude toward trainees and addiction studies
- History of fulfilling work responsibilities at an above satisfactory level
- A work schedule that allows observation of, and interaction with, the trainee
- Willingness to examine and modify instructional style, supervisory approach and interaction style with the student
- Commitment to the standards established for the field training experience and addiction counseling practice
- A minimum of 15 hours of formal training in supervision
- Adjunct faculty status if the field training experience is part of an academic degree program

SECTION

4

Field Experience Sites

- Outpatient Treatment
- Intensive Outpatient Treatment/Partial Hospitalization
- Residential Treatment
- Inpatient Treatment
- Detoxification
- Crisis Hotline
- Correctional Settings
- Therapeutic Communities
- Educational Institutions

Field Experience Sites

During the field experience the counselor trainee may be placed in one or more clinical settings depending on personal career goals and the training program. Settings can fall on a continuum from more restrictive forms of care (inpatient) to less restrictive (outpatient). Often the setting will reflect the level of treatment intensity that the counselor trainee will experience. Certain treatment settings will permit and/or require a greater diversity of AOD treatment activities, staff attention and time than other settings. The following paragraphs briefly describe possible treatment settings for a practicum, internship or field placement.

Outpatient Treatment

A non-residential AOD treatment service provided in regularly scheduled face-to-face therapeutic sessions. This approach is for individuals who can adequately function in their usual living arrangements. Services are usually provided in fewer than 9 hours per week. Such services may include:

- individual counseling
- group counseling
- family counseling
- long-term support for relapse prevention (this includes what is traditionally known as continuing care or aftercare)
- medically prescribed pharmacological agents
- service coordination and case management
- clinical evaluation
- treatment planning
- client and community education

Aftercare or continuing care, which usually consists of weekly or twice-weekly group therapy, can be described as outpatient treatment.

Intensive Outpatient Treatment/Partial Hospitalization

This level of care affords the client the opportunity to remain in their existing environment, (e.g., social, vocational, familial) while still benefiting from a therapeutically structured program. The setting combines aspects of both hospitalization and outpatient AOD treatment. It is a non-residential service consisting of multiple face-to-face therapeutic contacts per week (9 to 70 hours) for clients who cannot maintain stability over a 72-hour period. Individuals may receive 8 to 10 hours of treatment daily. Some of these services may operate as evening programs, day treatment programs or partial hospitalization. Such services may include:

- individual counseling
- group counseling
- family involvement
- medically prescribed pharmacological agents
- service coordination
- treatment planning
- withdrawal management

Some facilities provide treatment from 3 to 8 or more hours per day, for 5 to 7 days per week. These are often referred to as partial hospitalization programs.

Residential Treatment

Residential settings provide twenty-four hour AOD services which include observation, monitoring and treatment. Individuals live on the premises for an extended period of time. Therapeutic communities and half-way houses are forms of residential AOD treatment. These settings offer supportive environments and rehabilitative services for individuals who may have completed primary treatment but are not completely prepared to live in the community without additional care. Some residential settings offer professional staff that can provide formal treatment while others offer little treatment with a focus on peer support and active 12-Step participation. This type of setting is for individuals that:

- have physical health and emotional/behavioral problems severe enough to require residential services
- have housing, social, familial and vocational support systems which are not sufficiently in place
- because of circumstances, must return to an environment that will sabotage their outpatient treatment.

Inpatient Treatment

Inpatient AOD treatment involves admission to a setting with intensive health and psychiatric services such as a hospital or chemical dependency center. This setting provides 24-hour medically managed detoxification and related treatment. The focus of inpatient treatment is the care of the individual's acute withdrawal symptoms and stabilization. This setting is for individuals that require constant supervision and medical management. Individuals may enter the facility through self-referral, family referral, or force through law enforcement and the court system. Inpatient treatment provides services that include:

- individual counseling
- family counseling
- group counseling
- drug and alcohol education
- medical management
- long-term aftercare
- transitional services

Detoxification

The detoxification procedure occurs in a medically supervised setting. These settings operate on a 24-hour basis and provide immediate AOD medical evaluation, supervision of the intoxicated person by a medical staff, and the evaluation of psychological and social needs. Detoxification centers vary according to their orientation. Some facilities manage the individual through the medical crisis of detoxification and withdrawal and then discharge them. Other centers, associated with an inpatient treatment facility, offer transfer of the individual to inpatient admissions until detoxification has been completed. Most facilities will offer education regarding alcohol and drugs, individual or group counseling and usually some introduction to Alcoholics Anonymous.

Crisis Hotline

The crisis hotline service can provide 24-hour assistance for individuals through phone contact. This service can provide emergency information, referral to appropriate resources in the local area, individual/family support and AOD educational information.

Correctional Settings

AOD treatment programs within the correctional setting can include; municipal, county, state and federal agencies. The settings can be custody or community-based. Some examples include:

- AOD education/counseling
- Residential AOD treatment
- Inmate-initiated or inmate-maintained AOD services
- Services that do not directly target AOD problems

Therapeutic Communities

Therapeutic community settings are residential AOD programs that utilize a structured hierarchy of activities and responsibilities in which community members progress through stages of advancement. Stages include progressively increasing responsibilities along with greater freedoms. These stages are often acknowledged through the completion of special tasks and/or ceremonies. Services provided in this setting include:

- group/individual counseling
- social skills building
- vocational skills building

The length of stay in a therapeutic community can range from 6 to 24 months.

Educational Institutions

Educational institution settings, such as schools, colleges and universities, offer a variety of activities for field experiences relative to the work of an addiction counselor. Sample services that a student might participate in include:

- student assistance programs
- student assessments
- continuing care for returning students
- ACOA groups
- group and individual counseling services
- educational presentations/exhibits on substance abuse
- new student orientation
- collaborations with instructors, faculty, and residence supervisors and assistants

SECTION

5

**Performance Assessment
Rubrics**

- Introduction
- Transdisciplinary Foundations
- Professional Practice Dimensions
- Performance Rating Summary Sheet



Unifying Research, Education, and Practice to Transform lives

Performance Assessment Rubrics for the Addiction Counseling Competencies

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Performance Assessment Rubrics for the Addiction Counseling Competencies

Second Edition

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INTRODUCTION

Addiction Counseling Competencies

In 1998, the Substance Abuse and Mental Health Services Administration and the Center for Substance Abuse Treatment (CSAT) published *Addiction Counseling Competencies: The Knowledge, Skills, and Attitudes of Professional Practice as Technical Assistance Publication No. 21*. Developed by the National Curriculum Committee of the CSAT Addiction Technology Transfer Centers, the document identifies 123 competencies essential to the effective practice of counseling for psychoactive substance use disorders, and presents the knowledge, skills and attitudes needed to become fully proficient in each competency.

Referred to here as *The Competencies*, the publication has been widely distributed by the National Clearinghouse for Alcohol and Drug Information and the thirteen Addiction Technology Transfer Centers located throughout the United States. In addition, it has been translated into several western and eastern European languages.

This document is a companion product to *The Competencies*. It describes addiction counselor behavior at three different stages on a continuum of proficiency. More will be said about the continuum later in this section. First, a brief history of *The Competencies* is in order.

During the National Curriculum Committee's work on *The Competencies*, input was solicited from prominent professional organizations and a group of selected individual experts from a number of disciplines involved in studying and treating substance use disorders. CSAT convened a panel representing key educator, credentialing, and professional associations to review a preliminary draft of *The Competencies* and create a document all could endorse as a standard for the field. That group, known as the National Steering Committee on Addiction Counseling Standards, was comprised of representatives from:

International Certification and Reciprocity Consortium, (IC&RC),
National Association of Alcohol and Drug Abuse Counselors (NAADAC),
International Coalition for Addiction Studies Education (INCASE),
American Academy of Health Care Providers in the Addictive Disorders, and the
CSAT Addiction Technology Transfer Centers (ATTTCs).

The entire committee endorsed *The Competencies* as a vehicle for counselor development and curriculum planning in both pre-service and continuing education settings. At the time of publication, *The Competencies* was not seen as a completed document. Instead, it was described as "a dynamic document that will continue to evolve as addiction science and technology progress" (CSAT, 1998).

The competencies are divided into two broad categories, four Transdisciplinary Foundations and eight Practice Dimensions. The Foundations include twenty-three competencies which comprise the core knowledge and attitudes thought to be prerequisite to the development of specific treatment skills, regardless of a provider's clinical discipline.

The Transdisciplinary Foundations include:

Understanding Addiction: basic knowledge about substance use disorders,

Treatment Knowledge: treatment and recovery models,

Application to Practice: how to apply treatment knowledge to practice, and

Professional readiness: issues related to self awareness, appreciation of diversity, ethics, and continuing education.

The eight Practice Dimensions include 100 discrete competencies believed essential to the provision of effective treatment services for individuals, families, and significant others. For each competency a list of the knowledge, skills and attitudes that characterize proficiency in the competency is included in The Competencies document.

The Practice Dimensions include:

Clinical Evaluation,

Treatment Planning,

Referral,

Service Coordination,

Counseling,

Client, Family, and Community Education

Documentation, and

Professional and Ethical Responsibilities

The Transdisciplinary Foundations and Practice Dimensions constitute an ideal standard which counselors and other clinicians strive to master during their career. They describe in general terms what accomplished counselors can do. They do not, however, speak to how a clinician might progress toward mastery of the competencies over time. To assess such progress, counselors, supervisors and counselor educators need a series of benchmarks or descriptions of counselor behavior that identify progress toward mastery of the competencies. To that end a number of performance assessment rubrics have been developed to compliment the Addiction Counseling Competencies. Those rubrics comprise the bulk of this document.

Performance Assessment Rubrics

A rubric is a heading or classification within a larger system. In this document, rubrics are descriptions of expected behaviors at three distinct stages in a counselor's development. A set of rubrics has been identified for developing, proficient and exemplary addiction counselors. The rubrics serve as descriptive benchmarks on a counselor development continuum. At one end of the continuum is the developing counselor, in the center is the proficient counselor, and at the other end is the exemplary counselor.

A definition for each of these benchmark descriptors follows:

Developing counselors have limited understanding of the tools, systems, and models of addiction treatment and may be inconsistent in their

application to counseling interactions. They are not sufficiently proficient at addiction treatment to practice independently and require regular professional supervision. They are counselor trainees or entry-level counselors who are not yet eligible for full credentials.

Proficient counselors demonstrate and apply counseling knowledge, skills and attitudes with consistency and effectiveness in a variety of counseling interactions. They have achieved an acceptable skill level across the range of addiction counseling competencies. These counselors are eligible for, or have achieved, the necessary credentials and/or qualifications for professional practice.

Exemplary counselors strategically apply and integrate the counseling competencies with consistency and effectiveness. They can conceptualize treatment and incorporate services across a broad range of disciplines. These counselors are eligible for, or have achieved, the highest levels of professional credentials and/or qualifications. They provide leadership and serve as role models and consultants to other clinical staff.

Practicing counselors typically have an array of skills that range from developing to exemplary. A variety of skills and knowledge are needed for most jobs in addiction treatment. Exemplary performance, however, is not required in all competencies for all addiction treatment positions. Each job has specific skills and knowledge that are essential to satisfactory performance of the required duties. The array of skills and knowledge possessed by an addiction counselor or trainee represents both the person's strengths and professional development needs.

Performance Assessment Measures

For every Transdisciplinary Foundation and Practice Dimension a number of potential measures for gathering performance data are suggested within the rubrics. The measures identified suggest that multiple sources of information are required to fully assess the performance of counselors. Many of the competencies require specific knowledge than can be assessed with paper and pencil tests. Proficiency, however, is best assessed by observing a counselor engaged in tasks that involve clients or situations that simulate counseling experiences. Assessment of a counselor's performance relies on the judgement and perceptions of the clinical supervisor, treatment team members, clients and other people concerned with the client's treatment. The rubrics provide guidance for the construction of measures and observational strategies for obtaining quality assessments of counselor performance.

In the most basic performance assessment, a supervisor can use the rubrics to rate the quality of treatment services provided by a counselor. The descriptions of an exemplary, proficient, and developing counselor anchor a scale of performance. It is suggested that the three descriptions be included on at least a five-point scale, with the descriptions of exemplary and developing counselors defining the end points of the scale and descriptions of proficient counselors occupying the middle of the scale. In this way, additional scale points can be defined, differentiating between proficient and exemplary, and between proficient and developing. Ratings between the end point and the middle of the continuum represent counselors whose performance is either better than proficient (the mid-point) but not quite exemplary (on one end), or performance that is not consistently proficient (the mid-point) but beyond developing (on the other end).

It should be noted that these rubrics are operational descriptions of the competencies included within a particular Transdisciplinary Foundation or Practice Dimension. In using the rubrics there will often be a need for more specific information about the knowledge, skills, and attitudes that

contribute to one's ability to demonstrate competence. The Competencies document includes that specificity. The Performance Assessment Rubrics and The Competencies are intended to be used together as companion documents. The rubrics provide a means of gauging proficiency in the Practice Dimensions, while The Competencies provides specific detailed information on what needs to be learned in order to enhance proficiency or competence in a given dimension.

A sample Performance Rating System is included in this document. Using the recommended scale and the rubrics, the supervisor and others observing the counselor are able to assess the quality of a counselor's performance across the foundations and practice dimensions. From this assessment, a profile of performance can be developed that can help guide further professional development. A ratings summary profile is included at the end of the document.

Format

The rubrics for each Transdisciplinary Foundation and Practice Dimension are presented in a consistent format within this document. The foundation or practice dimension is defined at the top of each set of rubrics. Then, following the statement "The counselor is able to:" the individual competencies are listed for the foundation or practice dimension. Following the list of competencies a number of potential measures are suggested for gathering counselor performance data. These suggested measures are not inclusive and do not refer to specific instruments. The supervisor is encouraged to develop a set of measures most appropriate to the practice setting in which the counselor works.

The rubrics appear next, labeled The Developing Counselor, The Proficient Counselor, and The Exemplary Counselor. One limitation of both The Competencies and the Performance Assessment Rubrics is that neither document identifies specific research supported models, strategies or tools useful in applying a given competency. Such a specific resource is currently under development by the ATTC Curriculum Committee and will be available in the near future.

Following the rubrics you will find a performance rating scale. Rating a counselor's proficiency is a subjective enterprise. It requires the rater to gather sufficient data to determine which statement within the developing, proficient and exemplary rubrics best fits the counselor's performance. The process you use to rate a counselor's proficiency within a given Foundation or Practice Dimension could include the following four steps.

Step 1: Within each rubric description you will note a check box next to each descriptive statement. You could use those boxes to indicate which statements best fit your observations of the counselors knowledge and abilities. The ratings may be spread across one, two or all three rubrics.

Step 2: When the appropriate boxes within the rubrics have been checked, the rating scale immediately under the rubrics can be completed. The scale asks the rater to select one of five points on a continuum of counselor development. This rating provides an overall statement of the counselor's proficiency for a single Foundation or Practice Dimension.

Step 3: Next, the rater provides comments that further explain the rating and/or recommendations for how the counselor might build on existing knowledge and skills in the dimension being rated.

Step 4: The rating can be entered on the Rating Summary Sheet found at the end of the document. When completed, the rating sheet shows, on a single page, the counselor's ratings for each foundation, practice dimension, or specific domain within the three sub-divided dimensions. The ratings constitute a profile of counselor abilities that indicates strengths and practice dimensions in which further development may be desirable. The ratings can form the basis of an individualized personal development plan or can document a counselor's achievement for credentialing or academic purposes.

These forms constitute one way of documenting a counselor's progress in becoming proficient in the Addiction Counseling Competencies. They are not the only method. Certainly, adaptations will need to be made to accommodate unique student or counselor situations.

Reference

ATTC National Curriculum Committee (1998), *Addiction Counseling Competencies: The Knowledge, Skills and Attitudes of Professional Practice*. Technical Assistance Publication Series, No. 21. Rockville, Maryland: Center for Substance Abuse Treatment, SAMHSA, Department of Health and Human Services.

Transdisciplinary Foundations

The knowledge and attitudes that are prerequisite to the competent professional treatment of chemical dependency and other substance-related disorders.

A. Understanding Addiction

The Competencies

The competent professional is able to:

1. Understand a variety of models and theories of addiction and other problems related to substance use.
2. Recognize the social, political, economic, and cultural context within which addiction and substance abuse exist, including risk and resiliency factors that characterize individuals and groups and their living environments.
3. Describe the behavioral, psychological, physical health, and social effects of psychoactive substances on the user and significant others.
4. Recognize the potential for substance use disorders to mimic a variety of medical and psychological disorders and the potential for medical and psychological disorders to co-exist with addiction and substance abuse.

Assessing Proficiency

Potential measures and methods:

- Knowledge assessment of models and theories of addiction and other substance-related problems and relationship to treatment planning.
- Supervisor monitoring of treatment planning, documentation, and client interactions.
- Knowledge assessment of the effects of psychoactive drug use on behavior, psychological and physical health, and social relationships.
- Demonstration or discussions of behaviors, psychological and physical health, and social effects of drug use with supervisor or other members of the clinical staff.
- Demonstrated sensitivity to individual client context in planning and delivering treatment.

Understanding Addiction

The Performance Assessment Rubrics

The Developing Clinician:	The Proficient Clinician:	The Exemplary Clinician:
<ul style="list-style-type: none"> <input type="checkbox"/> Identifies a variety of models and theories of addiction and other substance-related problems, but does not demonstrate understanding of their specific relationship to client treatment. <input type="checkbox"/> Is aware of the substance use context for individual clients but does not integrate treatment strategies, and interactions with the client, with understanding of the context. <input type="checkbox"/> Identifies the behavioral, psychological and physical health, and social effects of various psychoactive drugs, but does not readily recognize how their effects are demonstrated by clients. <input type="checkbox"/> Treats medical and psychological disorders in clients separately from treatment for addiction and substance abuse. 	<ul style="list-style-type: none"> <input type="checkbox"/> Understands a variety of models and theories of addiction and other substance-related problems in order to contribute to the review and planning of intervention strategies with the supervisor or treatment team. <input type="checkbox"/> Demonstrates sensitivity to the context within which individual clients live. <input type="checkbox"/> Identifies behaviors, psychological and physical health needs, and social effects of psychoactive drug use on clients and family members. <input type="checkbox"/> Identifies and relates medical and psychological disorders to co-existing substance use disorders. 	<ul style="list-style-type: none"> <input type="checkbox"/> Uses knowledge of a variety of models and theories of addiction and other substance-related problems to understand and plan intervention strategies for a variety of clients. <input type="checkbox"/> Takes individual client's context into consideration in planning and delivering addiction services. <input type="checkbox"/> Identifies behavioral, psychological, physical health, and social effects of substance use on clients and family members, and uses the information to plan comprehensive treatment with the individual and significant others. <input type="checkbox"/> Incorporates appropriate referral and/or treatment of medical and psychological disorders, which co-exist with substance use disorders.

Rating Scale: Check those boxes above that best describe the clinician's proficiency. Next, check one of the boxes below to indicate the clinician's overall level of development related to Understanding Addiction.

1. Developing
 2
 3. Proficient
 4
 5. Exemplary

Rater comments: _____

B. Treatment Knowledge

The Competencies

The competent professional is able to:

1. Describe the philosophies, practices, policies, and outcomes of the most generally accepted and scientifically supported models of treatment, recovery, relapse prevention, and continuing care for addiction and other substance-related problems.
2. Recognize the importance of family, social networks, and community systems in the treatment and recovery process.
3. Understand the importance of research and outcome data and their application in clinical practice.
4. Understand the value of an interdisciplinary approach to addiction treatment.

Assessing Proficiency

Potential measures and methods:

- Knowledge assessments of philosophies, practices, policies, and outcomes of most generally accepted models of treatment, recovery, relapse prevention, and continuing care.
- Supervisors monitoring of treatment planning and client interactions in implementing treatment.
- Knowledge assessments of emerging new treatment strategies and methods and the scientific evidence and outcome data supporting the new methods.
- Knowledge assessment of key interdisciplinary team members and the linkages to successful addiction treatment.
- Supervisors monitoring of involvement in interdisciplinary team planning and treatment delivery.

Treatment Knowledge

The Performance Assessment Rubrics

The Developing Clinician:	The Proficient Clinician:	The Exemplary Clinician:
<ul style="list-style-type: none"> <input type="checkbox"/> Is aware of a variety of philosophies, practices, policies, and outcomes, but does not readily connect treatment models to client needs. <input type="checkbox"/> Addresses the needs of the client directly with the client, is disinclined to include family members, individuals in the social networks, and community systems. <input type="checkbox"/> Implement treatment strategies and methods, but is largely unaware of the scientific research and outcome data supporting those practices. <input type="checkbox"/> Approaches planning and delivery of treatment with little consideration of collaborating with other disciplines. Tends to work in isolation. 	<ul style="list-style-type: none"> <input type="checkbox"/> Understands a variety of philosophies, practices, policies, and outcomes, and applies them to treatment planning and delivery. <input type="checkbox"/> Identifies family members, social networks, and community systems that need to be included in service plans for clients. <input type="checkbox"/> Is aware of scientifically supported treatment strategies and methods, and applies them to case planning decisions. <input type="checkbox"/> Participates in interdisciplinary team planning and delivery of treatment services to clients. 	<ul style="list-style-type: none"> <input type="checkbox"/> Develops addiction service plans that link client needs with appropriate treatment philosophies, practices, and policies, that lead to relevant client outcomes <input type="checkbox"/> Utilizes science based treatment, recovery, relapse prevention and continuing care methods whenever possible. <input type="checkbox"/> Incorporates family, social networks and community systems in individual service plans. <input type="checkbox"/> Critically reviews treatment strategies and methods for supporting research and outcome data, prior to implementing new practices. <input type="checkbox"/> Contributes equally with interdisciplinary team members in planning and delivering treatment services.

Rating Scale: Check those boxes above that best describe the clinician’s proficiency. Next, check one of the boxes below to indicate the clinician’s overall level of development related to Treatment Knowledge.

1. Developing
 2
 3. Proficient
 4
 5. Exemplary

Rater comments: _____

C. Application to Practice

The Competencies

The competent professional is able to:

1. Understand the established diagnostic criteria for substance use disorders and describe treatment modalities and placement criteria within the continuum of care.
2. Describe a variety of helping strategies for reducing the negative effects of substance use, abuse, and dependence.
3. Tailor helping strategies and treatment modalities to the client's stage of dependence, change, or recovery.
4. Provide treatment services appropriate to the personal and cultural identity and language of the client.
5. Adapt practice to the range of treatment settings and modalities.
6. Be familiar with medical and pharmacological resources in the treatment of substance use disorders.
7. Understand the variety of insurance and health maintenance options available and the importance of helping clients access those benefits.
8. Recognize that crisis may indicate an underlying substance use disorder and may be a window of opportunity for change.
9. Understand the need for and the use of methods for measuring treatment outcome.

Assessing Proficiency

Potential measures and methods:

- Knowledge assessments of diagnostic criteria for substance use disorders, medical and pharmaceutical resources, treatment modalities, and methods for measuring treatment outcomes.
- Supervisor's monitoring of treatment planning and implementation, including using diagnostic criteria; identifying appropriate treatment modalities and placement within the continuum of care; adapting treatment services to client's cultural and language literacy, acculturation and assimilation; and monitoring treatment outcomes to guide further treatment options.
- Documentation of interactions with client.
- Demonstration of ability to plan and implement treatment within existing insurance and health maintenance options.

Application to Practice

The Performance Assessment Rubrics

The Developing Clinician:	The Proficient Clinician:	The Exemplary Clinician:
<ul style="list-style-type: none"> <input type="checkbox"/> Knows diagnostic criteria for determining client substance use disorders but has trouble applying the criteria with clients. <input type="checkbox"/> Has only limited knowledge of helping strategies and how they support addiction treatment. <input type="checkbox"/> Is generally aware of client’s level of cultural and language literacy, acculturation, or assimilation, but does not effectively adapt treatment modalities for client. <input type="checkbox"/> Has limited knowledge of medical and pharmaceutical resources, and has difficulty recognizing appropriate applications in addiction treatment. <input type="checkbox"/> Has limited knowledge of client insurance and health maintenance options. <input type="checkbox"/> Understands client crisis only as a manifestation of addiction and substance abuse. <input type="checkbox"/> Has awareness of outcome measures, but is not skillful in using outcome measures to adjust treatment plan. 	<ul style="list-style-type: none"> <input type="checkbox"/> Understands diagnostic and patient placement criteria for determining presence of substance use disorder, and identifying an appropriate treatment setting. <input type="checkbox"/> Has a working knowledge of effective treatment strategies. <input type="checkbox"/> Is sensitive to client’s level of cultural and language literacy, acculturation, or assimilation in providing services. <input type="checkbox"/> Understands the medical and pharmaceutical resources available for treatment of addiction. <input type="checkbox"/> Is aware of insurance and health maintenance options for treating substance use disorders. <input type="checkbox"/> Deals with client crisis within planned treatment strategy and agency policy /procedure. <input type="checkbox"/> Collects outcome measures as directed and uses the measures in monitoring treatment progress. 	<ul style="list-style-type: none"> <input type="checkbox"/> Uses diagnostic and patient placement criteria to identify substance use disorders and appropriate treatment settings. <input type="checkbox"/> Tailors helping strategies into individualized treatment plans that reduce the negative effects of substance abuse and dependency. <input type="checkbox"/> Utilizes treatment strategies and modalities appropriate for client’s level of cultural and language literacy, acculturation, or assimilation. <input type="checkbox"/> Uses knowledge of medical and pharmaceutical resources appropriately in planning and implementing treatment of substance use disorders. <input type="checkbox"/> Develops treatment plans that are sensitive to the insurance and health maintenance options available to clients. <input type="checkbox"/> Identifies crisis as a potential indicator of underlying substance abuse problems and treatment opportunities. <input type="checkbox"/> Routinely includes measures of outcomes in treatment plans and delivery.

Rating Scale: Check those boxes above that best describe the clinician’s proficiency. Next, check one of the boxes below to indicate the clinician’s overall level of development related to Application to Practice.

1. Developing
 2
 3. Proficient
 4
 5. Exemplary

Rater comments: _____

D. Professional Readiness

The Competencies

The competent professional is able to:

1. Understand diverse cultures and incorporate the relevant needs of culturally diverse groups, as well as people with disabilities, into clinical practice.
2. Understand the importance of self-awareness in one's personal, professional, and cultural life.
3. Understand the addiction professional's obligations to adhere to ethical and behavioral standards of conduct in the helping relationship.
4. Understand the importance of ongoing supervision and continuing education in the delivery of client services.
5. Understand the obligation of the addiction professional to participate in prevention as well as treatment.
6. Understand and apply setting-specific policies and procedures for handling crisis or dangerous situations, including safety measures for clients and staff.

Assessing Proficiency

Potential measures and methods:

- Supervisor's monitoring of interactions with clients.
- Identification of counselors efforts to utilize prevention concepts and practices in the context of treatment.
- Documentation of continuing education experience and interest.
- Counselor demonstration or discussion of how to incorporate cultural identity issues into client treatment plans.
- Counselor knowledge of general accepted ethical and behavioral standards of conduct.

Professional Readiness

The Performance Assessment Rubrics

The Developing Clinician:	The Proficient Clinician:	The Exemplary Clinician:
<ul style="list-style-type: none"> <input type="checkbox"/> Treats all clients in similar ways to “get the job done.” <input type="checkbox"/> Has a general understanding of agency policies, procedures, and practices; relies on supervisor for specific direction in the delivery of treatment. <input type="checkbox"/> Is generally unaware of how client reacts to counselor’s personal presence. <input type="checkbox"/> Is aware of ethical and behavioral standards of conduct in interactions with colleagues and clients. <input type="checkbox"/> Seeks supervisor’s review and guidance, and participates in learning opportunities. <input type="checkbox"/> Views prevention as separate from treatment. 	<ul style="list-style-type: none"> <input type="checkbox"/> Treats clients in ways that are respectful of cultural and social diversity. <input type="checkbox"/> Is aware and adheres to agency policies, procedures, and practices <input type="checkbox"/> Has accurate self-awareness and maintains professional presence in client interactions. <input type="checkbox"/> Provides services that are within generally accepted ethical and behavioral standards of conduct. <input type="checkbox"/> Accepts supervisor’s review and guidance, and participates in continued learning opportunities. <input type="checkbox"/> Understands the relationship between treatment and prevention. 	<ul style="list-style-type: none"> <input type="checkbox"/> Incorporates client’s cultural beliefs and values in planning and delivering treatment services. <input type="checkbox"/> Works within agency policies, procedures, and practices to enhance the treatment of clients in a safe and secure environment. <input type="checkbox"/> Maintains a professional and supportive presence with clients that facilitate treatment effects. <input type="checkbox"/> Consistently works within the highest ethical and behavioral standards of conduct. <input type="checkbox"/> Seeks supervisor’s review and guidance as necessary, and seeks continuous development of professional knowledge skills, and attitudes. <input type="checkbox"/> Incorporates prevention concepts and practices whenever possible in the counselor’s overall practice.

Rating Scale: Check those boxes above that best describe the clinician’s proficiency. Next, check one of the boxes below to indicate the clinician’s overall level of development related to Professional Readiness.

1. Developing
 2
 3. Proficient
 4
 5. Exemplary

Rater comments: _____

Professional Practice Dimensions

A. Clinical Evaluation - The systematic approach to screening and assessment

Screening - The process through which the counselor, client, and available significant others determine the most appropriate initial course of action, given the client's needs, characteristics, and available resources within the community.

The Competencies

The competent counselor is able to:

1. Establish rapport, including management of crisis situation and determination of need for additional professional assistance.
2. Gather data systematically from the client and other available collateral sources, using screening instruments and other methods that are sensitive to age, developmental level, culture, and gender. At a minimum, data should include current and historic substance use; health, mental health, and substance related treatment history; mental status; and current social, environmental, and/or economic constraints.
3. Screen for psychoactive substance toxicity, intoxication, and withdrawal symptoms; aggression or danger to others; potential for self-inflicted harm or suicide; and coexisting mental health problems.
4. Assist the client in identifying the impact of substance use on his or her current life problems and the effects of continued harmful use or abuse.
5. Determine the client's readiness for treatment and change as well as the needs of others involved in the current situation.
6. Review the treatment options that are appropriate for the client's needs, characteristics, goals, and financial resources.
7. Apply accepted criteria for diagnosis of substance use disorders in making treatment recommendations.
8. Construct with client and appropriate others an initial action plan based on client needs, preferences, and resources available.
9. Based on initial action plan, take specific steps to initiate an admission or referral and ensure follow-through.

Assessing Proficiency

Potential measures and methods:

- Supervisor observation of interactions with clients.
- Assess counselor understanding of diagnostic procedures, how to assess motivation, and how to use patient placement criteria.
- Review documentation of action plans and implementation of treatment strategies.
- Client feedback on the comfort, level of interaction, and quality of planning evidenced by the counselor.
- Test knowledge of diagnostic criteria, stages of change, patient placement criteria, and symptoms of psychoactive substance toxicity and mental impairment.

Clinical Evaluation - Screening

The Performance Assessment Rubrics

The Developing Counselor:	The Proficient Counselor:	The Exemplary Counselor:
<ul style="list-style-type: none"> <input type="checkbox"/> Addresses all clients in a respectful manner. <input type="checkbox"/> Gathers data from the client in a routine, structured interview, including current and historical substance use, physical and mental health, and substance-related treatment history. <input type="checkbox"/> Assists in managing client crisis situations. <input type="checkbox"/> Restricts screening to routine protocols and the use of standard clinical instruments. <input type="checkbox"/> Relies on a <i>standard action plan</i> to address the client's current needs. Addresses client placement within the continuum of care using a <i>standard action plan</i>. <input type="checkbox"/> Reviews the action plan with the client and initiates treatment. 	<ul style="list-style-type: none"> <input type="checkbox"/> Establishes rapport with the client in a way that facilitates cooperation and engagement in treatment. <input type="checkbox"/> Systematically gathers data about current and historical substance use, physical and mental health and substance-related treatment history. Utilizes instruments sensitive to the client's context. <input type="checkbox"/> Manages crisis situations including self-inflicted harm or attempted suicide, to assure safety of client and significant others. <input type="checkbox"/> Reviews substance use with client and helps client establish targets for improvement. <input type="checkbox"/> Facilitates establishment of an appropriate treatment strategy, which uses modalities on the continuum of care appropriately. <input type="checkbox"/> Presents a specific action plan for addressing client needs to the client and appropriate significant others. 	<ul style="list-style-type: none"> <input type="checkbox"/> Establishes a working partnership with the client to address treatment needs and make action plans for enrollment in treatment. <input type="checkbox"/> Elicits cooperation of the client and significant others in systematically gathering data about current and historic substance use, physical and mental health and substance-related treatment history. <input type="checkbox"/> Initiates use of instruments and interview methods appropriate to clients age, developmental level, culture and gender. <input type="checkbox"/> Anticipates the potential for self-destructiveness and assesses suicide ideation. Manages crisis situations skillfully, including necessary follow-up and referral. <input type="checkbox"/> Works with the client to identify and review substance use in his/her current life problems, and enhance motivation for treatment. <input type="checkbox"/> Establishes with the client and significant others a treatment plan that includes appropriate modalities on the continuum of care. <input type="checkbox"/> Works with the client and appropriate significant others to construct and initiate an action plan for addressing the needs of the client and his/her support system.

Rating Scale: Check those boxes above that best describe the clinician's proficiency. Next, check one of the boxes below to indicate the counselor's overall level of development related to Screening.

1. Developing

2

3. Proficient

4

5. Exemplary

Rater comments: _____

Clinical Evaluation

Assessment – An ongoing process through which the counselor collaborates with the client, and others, to gather and interpret information necessary for planning treatment and evaluating client progress.

The Competencies

The competent counselor is able to:

1. Select and use a comprehensive assessment process that is sensitive to age, gender, racial and ethnic cultural issues, and disabilities that includes, but is not limited to:
 - history of alcohol and other drug use;
 - current status of physical health, mental health, and substance use;
 - physical health, mental health, and addiction treatment history
 - work history and career issues;
 - socio-economic characteristics, lifestyle, and current legal status;
 - family issues;
 - spirituality;
 - education and basic life skills;
 - history of criminality;
 - use of community resources.
2. psychological, emotional, and world-view concerns;
3. Analyze and interpret the data to determine treatment recommendations.
4. Seek appropriate supervision and consultation.
5. Document assessment findings and treatment recommendations.

Assessing Proficiency

Potential measures and methods:

- Knowledge test of assessment instruments and procedures.
- Review documentation of assessment findings and treatment recommendations.
- Supervisor observation of assessment interviews.

Assessment

The Performance Assessment Rubrics

The Developing Counselor:	The Proficient Counselor:	The Exemplary Counselor:
<ul style="list-style-type: none"> <input type="checkbox"/> Applies a routine assessment procedure for all clients. <input type="checkbox"/> Performs a limited analysis of assessment data and makes general treatment recommendations. <input type="checkbox"/> Relies on supervision and consultation to accomplish comprehensive assessment of clients. <input type="checkbox"/> Provides general summaries of assessment findings and treatment recommendations. 	<ul style="list-style-type: none"> <input type="checkbox"/> Appropriately uses comprehensive assessment instruments and interview strategies that are sensitive to age, gender, and culture of client. <input type="checkbox"/> Uses data from a comprehensive assessment to form appropriate treatment recommendations. <input type="checkbox"/> Seeks supervision and consultation, as necessary. <input type="checkbox"/> Records assessment findings and treatment recommendations in the clinical record. 	<ul style="list-style-type: none"> <input type="checkbox"/> Selectively uses assessment instruments and interview strategies that identify client needs and address age, gender, and cultural issues. <input type="checkbox"/> Analyzes and interprets data to identify a breadth of treatment needs. Makes recommendations to the client in manner sensitive to clients personal characteristics. <input type="checkbox"/> Collaborates with supervisor, consultants, and the treatment team, as necessary. <input type="checkbox"/> Document assessment findings and treatment recommendations, in the clinical record and in the form of assessment reports for referring agencies.

Rating Scale: Check those boxes above that best describe the clinician’s proficiency. Next, check one of the boxes below to indicate the counselor’s overall level of development related to Assessment.

- Developing
 2
 3. Proficient
 4
 5. Exemplary

Rater comments: _____

B. Treatment Planning - A collaborative process through which the counselor and client develop desired treatment outcomes and identifies strategies to achieve them. At a minimum, the treatment plan addresses the identified substance use disorder(s), as well as issues related to treatment progress, including relationships with family and significant others, employment, education, spirituality, health concerns, and legal needs.

The Competencies

The competent counselor is able to:

1. Obtain and interpret all relevant assessment information.
2. Explain assessment findings to the client and significant others involved in potential treatment.
3. Provide the client and significant others with clarification and further information as needed.
4. Examine treatment implications in collaboration with the client and significant others.
5. Confirm the readiness of the client and significant others to participate in treatment.
6. Prioritize client needs in the order they will be addressed.
7. Formulate mutually agreed upon and measurable treatment outcome statements for each need.
8. Identify appropriate strategies for each outcome.
9. Coordinate treatment activities and community resources with prioritized client needs in a manner consistent with the client's diagnosis and existing placement criteria.
10. Develop with the client a mutually acceptable plan of action and method for monitoring and evaluating progress.
11. Inform client of confidentiality rights, program procedures that safeguard them, and the exceptions imposed by regulations.
12. Reassess the treatment plan at regular intervals and/or when indicated by changing circumstances.

Assessing Proficiency

Potential measures and methods:

- Supervisor observation of interactions with clients.
- Test knowledge of diagnostic criteria, procedures, assessment measures and placement criteria.
- Review documentation of assessment and treatment implementation plan.
- Client feedback regarding the comfort, quality of interaction and appropriateness of planning facilitated by the counselor.

Treatment Planning

The Performance Assessment Rubrics

The Developing Counselor:	The Proficient Counselor:	The Exemplary Counselor:
<ul style="list-style-type: none"> <input type="checkbox"/> Reviews general assessment findings with the client and recommends a treatment plan to address substance use disorder. <input type="checkbox"/> Asks if the client is willing to follow the plan. <input type="checkbox"/> Identifies others who the client can involve in the treatment process. <input type="checkbox"/> Incorporates community resources as appropriate to the treatment plan. <input type="checkbox"/> Informs the client of his/her confidentiality rights and exceptions imposed by statute. <input type="checkbox"/> Assesses client progress in achieving the goals identified in the treatment plan. 	<ul style="list-style-type: none"> <input type="checkbox"/> Reviews assessment findings and interprets the results to the client and significant others. <input type="checkbox"/> Confirms client readiness for treatment <input type="checkbox"/> Reviews a comprehensive treatment plan with the client and significant others, including implications of full compliance on the client's daily life. <input type="checkbox"/> Coordinates treatment activities with community resources to address prioritized client's needs. <input type="checkbox"/> Informs the client of his/her confidentiality rights, safeguards to protect confidentiality, and exceptions imposed by statute. <input type="checkbox"/> Reassesses the treatment plan at regular intervals or when indicated to adjust the plan. 	<ul style="list-style-type: none"> <input type="checkbox"/> Establishes a rapport with the client and appropriate significant others that facilitates a collaborative review of assessment information and treatment options. <input type="checkbox"/> Confirms client readiness for treatment and establishes a strategy for developing a comprehensive treatment plan. <input type="checkbox"/> Works collaboratively with the client and appropriate others to develop a comprehensive treatment plan that addresses priority needs of the client, desired treatment outcomes, an agreed upon plan of action, and reassessment plan. <input type="checkbox"/> Works with the client to align treatment activities with community resources that strategically address client's needs. <input type="checkbox"/> Keeps the client involved in review of progress while respecting and communicating the rights to confidentiality and safeguards to the client, and clearly communicates exceptions imposed by the state.

Rating Scale: Check those boxes above that best describe the clinician's proficiency. Next, check one of the boxes below to indicate the counselor's overall level of development related to Treatment Planning.

1. Developing
 2
 3. Proficient
 4
 5. Exemplary

Rater comments: _____

C. Referral – The process of facilitating the client’s utilization of available support systems and community resources to meet needs identified in clinical evaluation and/or treatment planning.

The Competencies

The competent counselor is able to:

1. Establish and maintain relations with civic groups, agencies, other professionals, governmental entities, and the community-at-large to ensure appropriate referrals, identify service gaps, expand community resources, and help to address unmet needs.
2. Continuously assess and evaluate referral resources to determine their appropriateness.
3. Differentiate between situations in which it is most appropriate for the client to self-refer to a resource and instances requiring counselor referral.
4. Arrange referrals to other professionals, agencies, community programs, or other appropriate resources to meet client needs.
5. Explain in clear and specific language the necessity for and process of referral to increase the likelihood of client understanding and follow through.
6. Exchange relevant information with the agency or professional to whom the referral is being made in a manner consistent with confidentiality regulations and generally accepted professional standards of care.
7. Evaluate the outcome of the referral.

Assessing Proficiency

Potential measures and methods:

- Supervisor’s review of the counselor’s participation in professional activities.
- Knowledge test of referral methods and available community resources.
- Supervisor’s review of documentation of counselor’s referrals of clients to other agencies and community services, including recommendations for self-referral and direct counselor referrals.
- Client’s feedback on the clarity and ease with which appropriate referral services were recommended and facilitated by the counselor.

Referral

The Performance Assessment Rubrics

The Developing Counselor:	The Proficient Counselor:	The Exemplary Counselor:
<ul style="list-style-type: none"> <input type="checkbox"/> Is aware of civic groups, agencies, other professionals, and governmental entities that provide referral services. <input type="checkbox"/> Refers clients for services that are not offered by his/her agency. <input type="checkbox"/> Identifies for the client how to obtain the referral services. <input type="checkbox"/> Sends client information to receiving agencies, when requested. <input type="checkbox"/> Includes receiving agency reports in client's record. 	<ul style="list-style-type: none"> <input type="checkbox"/> Establishes and maintains relationship with selected agencies and other professionals, by learning about their services and making client referrals. <input type="checkbox"/> Considers community referral services in planning comprehensive treatment with client. <input type="checkbox"/> Makes referrals to community services that supplement agency treatment options. <input type="checkbox"/> Recommends self-referral services to the client and facilitates counselor referrals as necessary. <input type="checkbox"/> Clearly discusses the intended outcomes expected from referral services with the client. <input type="checkbox"/> Works with the receiving agency to exchange relevant and appropriate information, consistent with the client's rights to confidentiality and best professional practice. <input type="checkbox"/> Requests and reviews receiving agency reports on treatment progress and incorporates information in monitoring client's progress. 	<ul style="list-style-type: none"> <input type="checkbox"/> Consistently is involved in professional activities with other civic groups, agencies, and community professionals, to increase the breadth and availability of community services to clients having substance use disorders. <input type="checkbox"/> Utilizes referral resources to address key issues and maximize likelihood of achieving treatment goals. <input type="checkbox"/> Prepares client when self-referral is appropriate and facilitates referral when necessary to assure effective treatment. <input type="checkbox"/> Involves referral resources as part of the treatment team to meet the needs of the client, sharing appropriate information and treatment objectives within the limits of confidentiality and professional practice. <input type="checkbox"/> Involves the client in planning for referral services as part of the overall treatment plan to maximize benefits for the client. <input type="checkbox"/> Consistently evaluates the outcomes from referrals within the overall objective of the client's treatment plan.

Rating Scale: Check those boxes above that best describe the clinician's proficiency. Next, check one of the boxes below to indicate the counselor's overall level of development related to Referral.

1. Developing
 2
 3. Proficient
 4
 5. Exemplary

Rater comments: _____

D. Service Coordination - The administrative, clinical, and evaluative activities that bring the client, treatment services, community agencies, and other resources together to focus on issues and needs identified in the treatment plan. Service coordination, which includes case management and client advocacy, establishes a framework of action for the client to achieve specified goals. It involves collaboration with the client and significant others, coordination of treatment and referral services, liaison activities with community resources and managed care systems, client advocacy, and ongoing evaluation of treatment progress and client needs.

Implementing the Treatment Plan

The Competencies

The competent counselor is able to:

1. Initiate collaboration with referral source.
2. Obtain, review, and interpret all relevant screening, assessment, and initial treatment-planning information.
3. Confirm the client's eligibility for admission and continued readiness for treatment and change.
4. Complete necessary administrative procedures for admission to treatment.
5. Establish accurate treatment and recovery expectations with the client and involved significant others including, but not limited to:
 - nature of services,
 - program goals,
 - program procedures,
 - rules regarding client conduct,
 - schedule of treatment activities,
 - costs of treatment,
 - factors affecting duration of care,
 - client's rights and responsibilities.
6. Coordinate all treatment activities with services provided to the client by other resources.

Assessing Proficiency

Potential measures and methods:

- Supervisor's review of the counselor's participation in planning, implementation and monitoring client's treatment.
- Knowledge test of referral methods, admissions procedures, community resources and managed care services.
- Supervisor's review of documentation of counselor's referrals of clients to other agencies and community services, including recommendations for self-referral and direct counselor referrals.
- Client's feedback on the clarity and ease with which appropriate referral services were recommended and facilitated by the counselor.

Implementing the Treatment Plan

The Performance Assessment Rubrics

The Developing Counselor:	The Proficient Counselor:	The Exemplary Counselor:
<ul style="list-style-type: none"> <input type="checkbox"/> Facilitates client entry to treatment services. <input type="checkbox"/> Provide information to referral sources when requested. <input type="checkbox"/> Reviews eligibility criteria for admissions and continued readiness for treatment with client. <input type="checkbox"/> Directs client to treatment admissions for completion of administrative enrollment procedures. <input type="checkbox"/> Relies on other treatment staff to coordinate community resources and collaborate with managed care services. <input type="checkbox"/> Adds treatment reports to client's records. 	<ul style="list-style-type: none"> <input type="checkbox"/> Establishes accurate client expectation regarding the treatment process. <input type="checkbox"/> Initiates collaboration with individual referral sources. <input type="checkbox"/> Reviews and provides relevant client information to referral sources, including desired treatment outcomes. <input type="checkbox"/> Works with client to determine eligibility for admission and continued readiness for treatment. <input type="checkbox"/> Facilitates completion of administrative procedures for admission to treatment. <input type="checkbox"/> Coordinates client involvement with community resources and collaborates with managed care services. <input type="checkbox"/> Reviews treatment activities and monitors client progress in reaching treatment objectives. 	<ul style="list-style-type: none"> <input type="checkbox"/> Provides leadership in planning, implementing and monitoring client treatment. <input type="checkbox"/> Maintains communication between the client, significant others, referral service providers, and managed care systems regarding treatment goals or expectations. <input type="checkbox"/> Works with the treatment team, the client and third party payors to determine eligibility for admission and assess continued readiness for treatment. <input type="checkbox"/> Reviews and coordinates necessary administrative procedures for admission to treatment. <input type="checkbox"/> Regularly assesses readiness for change and the need to adjust treatment plans to achieve maximum benefit. <input type="checkbox"/> Coordinates all treatment activities with clients, service providers, community resources and managed care systems.

Rating Scale: Check those boxes above that best describe the clinician's proficiency. Next, check one of the boxes below to indicate the counselor's overall level of development related to Implementing the Treatment Plan.

1. Developing
 2
 3. Proficient
 4
 5. Exemplary

Rater comments: _____

D. Service Coordination

Consulting

The Competencies

The competent counselor is able to:

1. Summarize client's personal and cultural background, treatment plan, recovery progress, and problems inhibiting progress for purpose of assuring quality of care, gaining feedback, and planning changes in the course of treatment.
2. Understand terminology, procedures, and roles of other disciplines related to the treatment of substance use disorders.
3. Contribute as part of a multidisciplinary treatment team.
4. Apply confidentiality regulations appropriately.
5. Demonstrate respect and non-judgmental attitudes toward clients in all contacts with community professionals and agencies.

Assessing Proficiency

Potential measures and methods:

- Knowledge test of the role of other disciplines in the treatment of addiction.
- Supervisor's review of the counselor's participation in multi-disciplinary treatment teams deliberations.
- Multi-disciplinary treatment team members feedback on the contributions made by the treatment counselor.

Service Coordination - Consulting

The Performance Assessment Rubrics

The Developing Counselor:	The Proficient Counselor:	The Exemplary Counselor:
<ul style="list-style-type: none"> <input type="checkbox"/> Provides basic summary, that lacks specific details, of the client's background, treatment plan, recovery progress, and problems inhibiting progress to supervisor, when summary is requested. <input type="checkbox"/> Has limited understanding of terminology, procedures, and the roles of other disciplines related to the treatment of addiction that interferes with collaborative treatment planning. <input type="checkbox"/> Seeks supervision to assure compliance with confidentiality regulations. <input type="checkbox"/> Complies with all treatment team decisions regarding client care. <input type="checkbox"/> Provides basic client information to the multi-disciplinary treatment team. <input type="checkbox"/> Is developing nonjudgmental means of communicating with other professionals or agencies. 	<ul style="list-style-type: none"> <input type="checkbox"/> Summarizes critical client history, treatment plan, recovery progress, and problems inhibiting progress. <input type="checkbox"/> Understands terminology, procedures, and the roles of other disciplines related to the treatment of addiction sufficiently to follow discussion of treatment options. <input type="checkbox"/> Effectively participates as a member of a multi-disciplinary treatment team. <input type="checkbox"/> Applies correctly confidentiality-related legal restrictions on the sharing of client information. <input type="checkbox"/> Demonstrates respect and nonjudgmental attitudes toward the client in all contacts with other professionals or agencies. 	<ul style="list-style-type: none"> <input type="checkbox"/> Provides leadership to the treatment team in summarizing critical client background information, treatment plan, recovery progress, and problems inhibiting progress. <input type="checkbox"/> Facilitates collaborative understanding and effective planning by the treatment team. <input type="checkbox"/> Uses understanding of terminology, procedures, and the roles of other disciplines to facilitate collaborative treatment planning with other professionals, and community agencies. <input type="checkbox"/> Provides leadership to a multi-disciplinary treatment team. <input type="checkbox"/> Correctly interprets confidentiality-related legal restrictions or the sharing of client information and applies them in complex multi-disciplinary collaboration. <input type="checkbox"/> Establishes and reinforces a tone of respect and nonjudgmental attitudes toward the client in all contacts with other professionals or agencies.

Rating Scale: Check those boxes above that best describe the clinician's proficiency. Next, check one of the boxes below to indicate the counselor's overall level of development related to Consulting.

1. Developing

2

3. Proficient

4

5. Exemplary

Rater comments: _____

D. Service Coordination

Continuing Assessment and Treatment Planning

The Competencies

The competent counselor is able to:

1. Maintain ongoing contact with client and involved significant others to ensure adherence to the treatment plan.
2. Understand and recognize stages of change and other signs of treatment progress.
3. Assess treatment and recovery progress and, in consultation with the client and significant others, make appropriate changes to the treatment plan to ensure progress toward treatment goals.
4. Describe and document treatment process, progress, and outcome.
5. Use accepted treatment outcome measures.
6. Conduct continuing care, relapse prevention, and discharge planning with the client and involved significant others.
7. Document service coordination activities throughout the continuum of care.
8. Apply placement, continued stay, and discharge criteria for each modality on the continuum of care.

Assessing Proficiency

Potential measures and methods:

- Supervisor and treatment team member's review of the counselor's assessment and treatment planning skills and job performance.
- Knowledge test of assessment, treatment planning, and referral methods, including stages of change and criteria for assessing placement, continued stay, and discharge for each modality on the continuum of care.
- Supervisor review of documentation of counselor's case management, assessments, clinical notes regarding and treatment process, progress, and outcomes.

Continuing Assessment and Treatment Planning

The Performance Assessment Rubrics

The Developing Counselor:	The Proficient Counselor:	The Exemplary Counselor:
<ul style="list-style-type: none"> <input type="checkbox"/> Upon request, reviews treatment progress with the client or other treatment providers. <input type="checkbox"/> Considers stages of change and observations of client behaviors to document treatment progress and outcome. <input type="checkbox"/> Implements treatment plan only after adequate discussion with other treatment team members. <input type="checkbox"/> Documents treatment process, progress, and outcomes in routine fashion. Uses a limited number of measures to document treatment outcome. <input type="checkbox"/> Displays caution or uncertainty in making referrals to other community services. <input type="checkbox"/> Has limited ability to provide continuing care, relapse prevention, or discharge planning independently. <input type="checkbox"/> Maintains general documentation of case management activities throughout the course of treatment. <input type="checkbox"/> Plans placement, continued stay, and discharge in close collaboration with supervisor or other members of the treatment team. 	<ul style="list-style-type: none"> <input type="checkbox"/> Keeps client involved significant others and other treatment providers informed of treatment progress. <input type="checkbox"/> Recognizes and reports culturally appropriate indicators of change and other signs of treatment progress. <input type="checkbox"/> Identifies needs for altering client's treatment plan and discusses treatment options with other treatment team members, the client and involved significant others. <input type="checkbox"/> Summarizes and documents treatment process, progress, and results in accordance with administrative policy and procedure. Uses accepted measures of treatment outcome. <input type="checkbox"/> Recommends referral needed community or professional resources. <input type="checkbox"/> Provides effective continuing care, relapse prevention, and discharge planning. <input type="checkbox"/> Maintains accurate documentation of case management activities throughout the course of treatment. <input type="checkbox"/> Appropriately uses placement, continued stay, and discharge criteria for each modality on the continuum of care to assure progress toward treatment goals. 	<ul style="list-style-type: none"> <input type="checkbox"/> Implements and monitors client treatment plan, effectively working with the client and other treatment providers to assure adherence to the plan and progress toward treatment goals. <input type="checkbox"/> Uses knowledge of client's culture and signs of treatment progress to make necessary modifications to the treatment plan. <input type="checkbox"/> Maintains the involvement of the client and other treatment team members in the ongoing development of the treatment plan by sharing summaries and documentation of treatment processes, progress and outcomes. <input type="checkbox"/> Works with the client and treatment team members to identify referral opportunities to other community and professional services. <input type="checkbox"/> Works with client and other treatment team members to effectively plan and implement continuing care, relapse prevention, and discharge planning. <input type="checkbox"/> Provides accurate documentation of case management activities throughout the course of treatment to treatment team members, client, and involved significant others, as appropriate. <input type="checkbox"/> Effectively applies placement, continued stay, and discharge criteria for each modality on the continuum of care.

Rating Scale: Check those boxes above that best describe the clinician's proficiency. Next, check one of the boxes below to indicate the counselor's level of development related to Continuing Assessment and Treatment Planning.

1. Developing

2

3. Proficient

4

5. Exemplary

Rater comments: _____

E. Counseling - A collaborative process that facilitates the client's progress toward meeting treatment goals and objectives. Counseling includes methods that are sensitive to individual client characteristics and to the influence of significant others, as well as the client's cultural and social context. Competence in counseling is built upon an understanding of, appreciation of, and ability to appropriately use the contributions of various addiction counseling models as they apply to modalities of care for individuals, groups, families, couples, and significant others.

Individual Counseling

The Competencies

The competent counselor is able to:

1. Establish a helping relationship with the client characterized by warmth, respect, genuineness, concreteness, and empathy.
2. Facilitate the client's engagement in the treatment and recovery process.
3. Work with the client to establish realistic, achievable goals consistent with achieving and maintaining recovery.
4. Promote client knowledge, skills, and attitudes that contribute to a positive change in substance use behaviors.
5. Encourage and reinforce client actions determined to be beneficial in progressing toward treatment goals.
6. Work appropriately with the client to recognize and discourage all behaviors inconsistent with progress toward treatment goals.
7. Recognize how, when, and why to involve the client's significant others in enhancing or supporting the treatment plan.
8. Promote client knowledge, skills, and attitudes consistent with the maintenance of health and prevention of Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome (HIV/AIDS), tuberculosis (TB), sexually transmitted diseases (STDs), and other infectious diseases.
9. Facilitate the development of basic and life skills associated with recovery.
10. Adapt counseling strategies to the individual
11. Make constructive therapeutic responses when client's behavior is inconsistent with stated recovery goals.
12. Apply crisis management skills.
13. Facilitate the client's identification, selection, and practice of strategies that help sustain the knowledge, skills, and attitudes needed for maintaining treatment progress and preventing relapse.

Assessing Proficiency

Potential measures and methods:

- Knowledge assessments of treatment outcomes monitoring, treatment strategies, crisis management skills, and relapse prevention.
- Supervisors monitoring of client relationships.
- Self-evaluation, including confidence in developing individual treatment goals and strategies, use of treatment monitoring information in reviewing, modifying and refining treatment, and comfort in communicating treatment outcomes and progress to clients, treatment team and others with a need to know.
- Client feedback, including perceptions of relationship with counselor, effectiveness of treatment planning, monitoring, and follow-up by counselor.

Individual Counseling

The Performance Assessment Rubrics

The Developing Counselor:	The Proficient Counselor:	The Exemplary Counselor:
<ul style="list-style-type: none"> <input type="checkbox"/> Addresses all clients in a caring and respectful manner that encourages clients to engage in the treatment process. <input type="checkbox"/> Treats all clients similarly, generally disregarding individualized counseling strategies that are sensitive to the unique characteristics of the client. <input type="checkbox"/> Reviews beneficial and detrimental behaviors with client that generally impact progress toward treatment goals. <input type="checkbox"/> Typically does not immediately recognize need for therapeutic change strategies when appropriate. <input type="checkbox"/> Makes general recommendations regarding the involvement of significant others to enhance or support the treatment plan. <input type="checkbox"/> Reviews information with client about health maintenance, including the prevention of infectious diseases, and basic and life skills associated with recovery. <input type="checkbox"/> Limited ability to anticipate crisis events. Relies on supervisor or other team members to provide therapeutic response to treatment events. <input type="checkbox"/> Addresses follow-up and maintenance of treatment gains in standard fashion. Is not yet proficient in developing individualized continuing care or relapse prevention plans. 	<ul style="list-style-type: none"> <input type="checkbox"/> Establishes an effective working relationship with the client, which facilitates client cooperation in the treatment process. <input type="checkbox"/> Recommends to the client and treatment team counseling strategies that are sensitive to the individual characteristics of the client, including disability, gender, sexual orientation, developmental level, acculturation, ethnicity, age, and health status. <input type="checkbox"/> Encourages and reinforces clients behaviors consistent with treatment goals. <input type="checkbox"/> Intervenes when client behavior impedes treatment progress. <input type="checkbox"/> Generally involves client's significant others to enhance or support the treatment strategy when appropriate. <input type="checkbox"/> Facilitates client knowledge, skills, and attitudes consistent with the maintenance of good health, including the prevention of infectious diseases and the development of basic and life skills associated with recovery. <input type="checkbox"/> Intervenes effectively in crisis situations, providing appropriate responses and working with other professionals and community agencies. 	<ul style="list-style-type: none"> <input type="checkbox"/> Establishes a therapeutic partnership with the client, characterized by warmth, respect, genuineness, concreteness and empathy. <input type="checkbox"/> Works mutually with the client to establish realistic, achievable goals consistent with achieving and maintaining recovery. <input type="checkbox"/> Establishes with the client and treatment team, behavior change strategies that are sensitive to the individual characteristics of the client, including disability, gender, sexual orientation, developmental level, acculturation, ethnicity, age, and health status. <input type="checkbox"/> Routinely reviews treatment progress with client to reinforce beneficial client actions and discourage detrimental behaviors. <input type="checkbox"/> Makes changes to therapeutic approach and treatment plan when necessary. <input type="checkbox"/> Strategically involves client's significant others to enhance or support the treatment plan. <input type="checkbox"/> Assures client acquisition of knowledge, skills, and attitudes consistent with the maintenance of good health, including the prevention of infectious diseases and the development of basic and life skills associated with recovery. <input type="checkbox"/> Works with clients to anticipate, avoid and manage crisis situations during the course of treatment.

Rating Scale: Check those boxes above that best describe the clinician's proficiency. Next, check one of the boxes below to indicate the counselor's overall level of development related to Individual Counseling.

 1. Developing

 2

 3. Proficient

 4

 5. Exemplary

Rater comments: _____

E. Counseling

Group Counseling

The Competencies

The competent counselor is able to:

1. Describe, select, and appropriately use strategies from accepted and culturally appropriate models for group counseling with clients with substance use disorders.
2. Carry out the actions necessary to form a group, including, but not limited to: determining group type, purpose, size, and leadership; recruiting and selecting members; establishing group goals and clarifying behavioral ground rules for participating; identifying outcomes; and determining criteria and methods for termination or graduation from the group.
3. Facilitate the entry of new members and the transition of exiting members.
4. Facilitate group growth within the established ground rules and movement toward group and individual goals by using methods consistent with group type.
5. Understand the concepts of process and content, and shift the focus of the group when such an intervention will help the group move toward its goals.
6. Describe and summarize client behavior within the group for the purpose of documenting the client's progress and identifying needs and issues that may require a modification in the treatment plan.

Assessing Proficiency

Potential measures and methods:

- Knowledge assessments of group counseling models, treatment outcome measurement, intervention strategies, crisis management skills, and treatment monitoring.
- Supervisors monitoring of effective group processes that facilitate treatment progress and success.
- Self-evaluation, including confidence in developing individual treatment outcomes and strategies, use of treatment monitoring information in reviewing, modifying and refining treatment, and comfort in communicating treatment outcomes and progress to clients.
- Client feedback, including perceptions of relationship with the treatment counselor, effectiveness of treatment planning, monitoring, and follow-up by the counselor.

Group Counseling

The Performance Assessment Rubrics

The Developing Counselor:	The Proficient Counselor:	The Exemplary Counselor:
<ul style="list-style-type: none"> <input type="checkbox"/> Assists in creating counseling groups using generally accepted models, skills and strategies. <input type="checkbox"/> Relies on existing counseling group models to help structure new groups. <input type="checkbox"/> Works as a co-facilitator of counseling groups, developing skills in promoting group growth and facilitating the realization of group goals. <input type="checkbox"/> Orients new members and transitions exiting members from group. <input type="checkbox"/> Collaborates with treatment team members regarding client completion of group. <input type="checkbox"/> Maintains documentation of group interactions with few references to individual clients. 	<ul style="list-style-type: none"> <input type="checkbox"/> Forms counseling groups using generally acceptable and culturally appropriate models. <input type="checkbox"/> Facilitates and manages counseling groups by following agency guidelines for determining group type, purpose, size, and leadership; recruiting and selecting members; establishing group goals and clarifying behavioral ground rules for participating; identifying outcomes; and determining criteria and methods for termination or graduation from the group. <input type="checkbox"/> Follows agency policies for adding and transitioning exiting members from counseling group. Introduces new group members to established ground rules and maintains a focus on accomplishing group and individual goals within the group. <input type="checkbox"/> Documents client behavior within the group and reviews observations with treatment team or supervisor to facilitate continued client progress. 	<ul style="list-style-type: none"> <input type="checkbox"/> Establishes counseling groups to strategically address client needs using acceptable and culturally appropriate models. <input type="checkbox"/> Carefully plans the creation, facilitation and management of a counseling group to optimize the benefit for clients by determining group type, purpose, size, and leadership; recruiting and selecting members; establishing and monitoring group goals and clarifying behavioral ground rules for participating; identifying outcomes; and determining criteria and methods for termination or graduation from the group. <input type="checkbox"/> Strategically considers additions and transition of exiting members from the group to serve the needs of the individuals and the group as a whole. Provides effective introductions and management of group change that successfully sustains the progress of the group. <input type="checkbox"/> Maintains documentation and shares summary of client behavior within the group with the treatment team. Carefully reviews observations with team to facilitate continued client progress.

Rating Scale: Check those boxes above that best describe the clinician's proficiency. Next, check one of the boxes below to indicate the counselor's overall level of development related to Group Counseling.

1. Developing

2

3. Proficient

4

5. Exemplary

Rater comments: _____

E. Counseling

Counseling for Families, Couples, and Significant Others

The Competencies

The competent counselor is able to:

1. Understand the characteristics and dynamics of families, couples, and significant others affected by substance use.
2. Be familiar with and appropriately use models of diagnosis and intervention for families, couples, and significant others, including extended, kinship, or tribal family structures.
3. Facilitate the engagement of selected members of the family, couple, or significant others in the treatment and recovery process.
4. Assist families, couples, and significant others to understand the interaction between the system and substance use behaviors.
5. Assist families, couples, and significant others to adopt strategies and behaviors that sustain recovery and maintain healthy relationships.

Assessing Proficiency

Potential measures and methods:

- Knowledge assessments of the interactions between home and family structures and addiction; effective models of diagnosis and intervention involving client's family and/or significant others; effective family strategies for sustaining recovery, building and maintaining healthy relationships.
- Supervisors monitoring of relationships between counselor and client's family and/or significant others.
- Self-evaluation, including confidence in establishing effective working relationships with client's family and/or significant others; to develop understanding, strategies, and methods for sustaining client's recovery and building healthy relationships.
- Client, family, and/or significant others feedback, including perceptions of relationship with the treatment counselor, effectiveness of treatment planning, monitoring, and follow-up by the counselor.

Counseling for Families, Couples, and Significant others

The Performance Assessment Rubrics

The Developing Counselor:	The Proficient Counselor:	The Exemplary Counselor:
<ul style="list-style-type: none"> <input type="checkbox"/> Knows the general characteristics and dynamics of families, and significant others, and appreciates the value of involving others in the treatment and recovery process. <input type="checkbox"/> Recommends treatment participation by selected significant others, including members in extended, kinship, or tribal family structures. <input type="checkbox"/> Reviews with client's family and/or significant others the general interaction between home and family systems and addiction, and recommends strategies and behaviors that generally support recovery and build healthy relationships. 	<ul style="list-style-type: none"> <input type="checkbox"/> Understands the characteristics and dynamics of the client's family, and/or significant others, and uses that understanding to plan appropriate treatment for client. <input type="checkbox"/> Encourages selected members of the client's family and/or significant others, including members in extended, kinship, or tribal family structures, to engage in the treatment and recovery process. <input type="checkbox"/> Uses culturally appropriate models for diagnosis and intervention. <input type="checkbox"/> Facilitates client's family, and/or significant others to understand the interaction between home and family systems and addiction, and works with significant others to identify strategies and behaviors that sustain recovery and build healthy relationships. 	<ul style="list-style-type: none"> <input type="checkbox"/> Uses knowledge of the characteristics and dynamics of the client's family and/or significant others to establish a strong network of support for the client's treatment and recovery. <input type="checkbox"/> Engages selected members of the client's family and/or significant others, including members in extended, kinship, or tribal family structures, in the treatment and recovery process. <input type="checkbox"/> Designs culturally appropriate methods for diagnosis and intervention. <input type="checkbox"/> Actively works with client's family, and/or significant others to develop a shared understanding of the interaction between home and family systems and addiction. <input type="checkbox"/> Facilitates strategies that sustain recovery, build and maintain healthy relationships.

Rating Scale: Check those boxes that best describe the clinician's proficiency. Next, check one of the boxes below to indicate the counselor's overall level of development related to Counseling for Families, Couples and Significant Others.

1. Developing

2

3. Proficient

4

5. Exemplary

Rater comments: _____

F. Client, Family, and Community Education - The process of providing clients, families, significant others, and community groups with information on risks related to psychoactive substance use, as well as available prevention, treatment, and recovery resources.

The Competencies

The competent counselor is able to:

1. Provide culturally relevant formal and informal education programs that raise awareness and support substance abuse prevention and/or the recovery process.
2. Describe factors that increase the likelihood for an individual, community, or group to be at-risk for, or resilient to, psychoactive substance use disorders.
3. Sensitize others to issues of cultural identity, ethnic background, age, and gender in prevention, treatment, and recovery.
4. Describe warning signs, symptoms, and the course of substance use disorders.
5. Describe how substance use disorders affect families and concerned others.
6. Describe the continuum of care and resources available to family and concerned others.
7. Describe principles and philosophy of prevention, treatment, and recovery.
8. Understand and describe the health and behavior problems related to substance use, including transmission and prevention of HIV/AIDS, TB, STDs, and other infectious diseases.
9. Teach life skills, including but not limited to, stress management, relaxation, communication, assertiveness, and refusal skills.

Assessing Proficiency

Potential measures and methods:

- Knowledge assessments of the substance abuse risk factors; cultural/ethnic and personal characteristics in prevention, treatment, and recovery; warning signs, symptoms, and the course of chemical dependency; effects of chemical dependency on families and significant/concerned others; continuum of care resources; principals and philosophies of prevention, treatment, and recovery; related health and behavioral life skills.
- Supervisors monitor counselor participation in community education activities, appropriate use of training and information within addiction treatment and with family and significant/concerned others.
- Self-evaluation including the level and balance of participation in prevention, treatment, and recovery knowledge; and training activities with clients, families, significant/concerned others, and the community.
- Client, family and significant/concerned others feedback about the amount and quality of knowledge and information provided by the counselor.

Client, Family, and Community Education

The Performance Assessment Rubrics

The Developing Counselor:	The Proficient Counselor:	The Exemplary Counselor:
<ul style="list-style-type: none"> <input type="checkbox"/> Is generally aware of community substance abuse prevention organizations and activities. <input type="checkbox"/> Shares with clients limited information about (a) risk factors for addiction; (b) cultural, ethnic, age and gender factors in prevention, treatment, and recovery; (c) effects of chemical dependency on families and significant/ concerned others and (d) health and life skills. <input type="checkbox"/> Is generally aware of the warning signs, symptoms, and the course of chemical dependency; the continuum of care; and the principles and philosophies of prevention, treatment, and recovery. 	<ul style="list-style-type: none"> <input type="checkbox"/> In the context of the treatment setting, participates in substance abuse prevention and awareness activities, including structured education programs and informal sharing of prevention, substance abuse and recovery information. <input type="checkbox"/> Teaches clients in addiction treatment information and skills related to (a) risk factors for addiction; (b) cultural, ethnic, age and gender factors in prevention, treatment, and recovery; (c) impact of chemical dependency on families and significant/ concerned others and (d) health and life skills. <input type="checkbox"/> Relays to clients, families and others knowledge about the warning signs, symptoms, and the course of chemical dependency; the continuum of care; and the principles and philosophies of prevention, treatment, and recovery. 	<ul style="list-style-type: none"> <input type="checkbox"/> Assists in the delivery of community substance abuse prevention and awareness activities, including structured education programs and prevention oriented activities. <input type="checkbox"/> Incorporates into addiction treatment and recovery services information and training about (a) risk factors for addiction; (b) cultural, ethnic, age, and gender factors in prevention, treatment, and recovery; (c) impact of chemical dependency on families and significant/ concerned others; and (d) health and life skills. <input type="checkbox"/> Uses and shares knowledge with clients, families and others about the warning signs, symptoms, and the course of chemical dependency; the continuum of care; and the principles and philosophies of prevention, treatment, and recovery.

Rating Scale: Check those boxes above that best describe the clinician’s proficiency. Next, check one of the boxes below to indicate the counselor’s overall level of development related to Client, Family, and Community Education.

1. Developing
 2
 3. Proficient
 4
 5. Exemplary

Rater comments: _____

G. Documentation - The recording of the screening and intake process, assessment, treatment plan, clinical reports, clinical progress notes, discharge summaries, and other client-related data.

The Competencies

The competent counselor is able to:

1. Demonstrate knowledge of accepted principles of client record management.
2. Protect client rights to privacy and confidentiality in the preparation and handling of records, especially in relation to the communication of client information with third parties.
3. Prepare accurate and concise screening, intake, and assessment reports.
4. Record treatment and continuing care plans that are consistent with agency standards and comply with applicable administrative rules.
5. Record progress of client in relation to treatment goals and objectives.
6. Prepare accurate and concise discharge summaries.
7. Document treatment outcome, using accepted methods and instruments.

Assessing Proficiency

Potential measures and methods:

- Knowledge assessments of generally acceptable and specific agency documentation requirements, and protection of client rights to privacy and confidentiality.
- Supervisors monitor counselor accuracy, quality, timeliness, and completeness of client documentation.
- Self-evaluation of effective habits for documenting client treatment, including timeliness, accuracy, and confidentiality in preparing documentation.
- Treatment team feedback on the utility of documentation and adherence to issues of confidentiality in sharing information for planning and monitoring progress.

Documentation

The Performance Assessment Rubrics

The Developing Counselor:	The Proficient Counselor:	The Exemplary Counselor:
<ul style="list-style-type: none"> <input type="checkbox"/> Produces basic client records related to screening, intake, treatment, continuing care, progress toward goals and objectives, discharge summary, and treatment outcomes in consultation with other team members or the supervisor. <input type="checkbox"/> Is aware of and generally follows federal and state laws and agency guidelines regarding the confidentiality of client records. <input type="checkbox"/> Documents treatment outcome in accord with agency policy and procedures. 	<ul style="list-style-type: none"> <input type="checkbox"/> Maintains client records related to screening, intake, treatment, continuing care, progress toward goals and objectives, discharge summary, and treatment outcomes that are accurate, concise, and useful for documenting agency involvement with a client. <input type="checkbox"/> Carefully follows federal and state laws and agency guidelines to maintain the confidentiality of client records. <input type="checkbox"/> Prepares accurate, timely, and concise client records consistent with applicable regulations or standards. 	<ul style="list-style-type: none"> <input type="checkbox"/> Maintains client records related to screening, intake, treatment, continuing care, progress toward goals and objectives, discharge summary, and treatment outcomes that are accurate, concise, and useful for coordinating treatment team planning, monitoring, and review. <input type="checkbox"/> Protects the confidentiality of client records by working with treatment team members to establish appropriate record handling procedures consistent with federal and state laws and agency guidelines. <input type="checkbox"/> Utilizes accurate, timely, and concise client record keeping to facilitate effective planning and monitoring of treatment and to appropriately discharge clients.

Rating Scale: Check those boxes above that best describe the clinician's proficiency. Next, check one of the boxes below to indicate the counselor's overall level of development related to Documentation.

1. Developing

2

3. Proficient

4

5. Exemplary

Rater comments: _____

H. Professional and Ethical Responsibilities - The obligations of an addiction counselor to adhere to accepted ethical and behavioral standards of conduct and continuing professional development.

The Competencies

The competent counselor is able to:

1. Adhere to established professional codes of ethics that define the professional context within which the counselor works, in order to maintain professional standards and safeguard the client.
2. Adhere to Federal and State laws and agency regulations regarding the treatment of substance use disorders.
3. Interpret and apply information from current counseling and psychoactive substance use research literature to improve client care and enhance professional growth.
4. Recognize the importance of individual differences that influence client behavior and apply this understanding to clinical practice.
5. Utilize a range of supervisory options to process personal feelings and concerns about clients.
6. Conduct self-evaluations of professional performance applying ethical, legal, and professional standards to enhance self-awareness and performance.
7. Obtain appropriate continuing professional education.
8. Participate in ongoing supervision and consultation.
9. Develop and utilize strategies to maintain one's own physical and mental health.

Assessing Proficiency

Potential measures and methods:

- Knowledge assessments of professional code of ethics and standards, federal and state laws, agency regulations, and availability of current research and professional education.
- Supervisors monitor counselor's professional performance and development.
- Self-evaluation of professional performance related to ethical, legal, and professional standards
- Feedback from treatment team members about the leadership/participation role of the counselor.

Professional and Ethical Responsibilities

The Performance Assessment Rubrics

The Developing Counselor:	The Proficient Counselor:	The Exemplary Counselor:
<ul style="list-style-type: none"> <input type="checkbox"/> Is aware of federal and state laws, agency regulations, and professional standards of ethical conduct. <input type="checkbox"/> Is aware of basic professional research literature. <input type="checkbox"/> Uses supervisors' evaluations to improve personal performance. <input type="checkbox"/> Seeks continuing education opportunities consistent with personal development needs. <input type="checkbox"/> Engages in professional development through education and participation in regular supervision and consultation sessions as directed or required. <input type="checkbox"/> Builds an appreciation for recreation and maintenance of personal physical and mental health. 	<ul style="list-style-type: none"> <input type="checkbox"/> Adheres to federal and state laws, agency regulations, and professional standards of ethical conduct. <input type="checkbox"/> Interprets and applies information from current professional research literature to assure delivery of relevant and effective services. <input type="checkbox"/> Uses supervision, peer consultation, and self-evaluation to enhance self-awareness and improved personal performance. <input type="checkbox"/> Works with clients to adapt treatment to their individual characteristics and needs. <input type="checkbox"/> Participates in continuing education events regularly. <input type="checkbox"/> Uses professional development through education and participation in regular supervision and consultation sessions to enhance specific skill and knowledge needs. <input type="checkbox"/> Attends to own physical and mental health needs. 	<ul style="list-style-type: none"> <input type="checkbox"/> Provides leadership to treatment teams in adhering to federal and state laws, agency regulations, and professional standards of ethical conduct. <input type="checkbox"/> Seeks, interprets and applies information from current professional research literature to enhance delivery of relevant and effective services. <input type="checkbox"/> Uses supervision, peer consultation, team performance, and self-evaluation to continually enhance self-awareness and personal performance. <input type="checkbox"/> Considers individual client characteristics and needs and integrates that understanding in the counselor's clinical practice to maximize treatment effectiveness. <input type="checkbox"/> Seeks professional development opportunities consistent with needs and interests. <input type="checkbox"/> Continually engages in professional development through education and participation in regular supervision and consultation sessions. <input type="checkbox"/> Develops habits for maintaining physical and mental health that serve as a model for other members of the treatment team.

Rating Scale: Check those boxes above that best describe the clinician's proficiency. Next, check one of the boxes below to indicate the counselor's overall level of development related to Professional and Ethical Responsibilities.

1. Developing 2 3. Proficient 4 5. Exemplary

Rater comments: _____

Performance Rating Summary Sheet

Competency Area	Date of Review	Overall Rating (Circle the appropriate Rating.)				
		Developing	Proficient	Exemplary		
Transdisciplinary Foundation						
A. Understanding Addiction	_____	1	2	3	4	5
B. Treatment Knowledge	_____	1	2	3	4	5
C. Application to Practice	_____	1	2	3	4	5
D. Professional Readiness	_____	1	2	3	4	5
Professional Practice Dimension						
A. Clinical Evaluation						
Screening	_____	1	2	3	4	5
Assessment	_____	1	2	3	4	5
B. Treatment Planning	_____	1	2	3	4	5
C. Referral	_____	1	2	3	4	5
D. Service Coordination						
Implementing the Treatment Plan	_____	1	2	3	4	5
Consulting	_____	1	2	3	4	5
Continuing Assessment and Treatment Planning	_____	1	2	3	4	5
E. Counseling						
Individual Counseling	_____	1	2	3	4	5
Group Counseling	_____	1	2	3	4	5
Counseling for Families, Couples, and Significant Others	_____	1	2	3	4	5
F. Client, Family, and Community Education	_____	1	2	3	4	5
G. Documentation	_____	1	2	3	4	5
H. Professional and Ethical Responsibilities	_____	1	2	3	4	5

SECTION

6

Ethical Guidelines

- NAADAC Code of Ethics

Ethical Guidelines

Ethics are an integral component of professional development. Simply *having* a code of ethics is the hallmark of any profession. *Adhering* to that code is the hallmark of a responsible individual within that profession.

Chemical dependency counselors often face tough decisions. Many considerations go into decision-making processes during those tough times. A standard code of ethics is an extremely important reference in that process. Such a code provides counselors with the experience and wisdom of others who have faced similar decisions. By drawing on collective wisdom, counselors do not have to continuously reinvent the wheel. During the field experience the counselor trainee will be exposed to the importance and complexity of ethical considerations. Possible examples of ethical dilemmas could include confidentiality issues or inappropriate counselor-client relationships. The field experience can be an opportune time for all the members of the field experience partnership to raise and consider ethical questions that may arise. The combined efforts and wisdom of the partnership can be useful in addressing this important part of the counselor trainee's training.

One way of viewing a code of ethics is seeing it as a history of that profession, developed as follows:

- A problem arose.
- A decision was made and acted upon.
- The results were evaluated
- Discussions were held with others.
- Comparisons were made with similar events.
- A body of knowledge was methodically developed.
- Continuous review and discussions resulted in a code of conduct/ethics.
- The code itself is regularly reviewed and revised.

Ethics do not provide a checklist of do's and don'ts. An ethical code is a guideline for conduct, with many gray areas permeating the standards. Continuous study and discussion are mandatory for counselors who consider themselves "ethical". It is through dedication to study that the gray areas become less vague.

Included in this section is the Code of Ethics developed by the National Association of Alcoholism and Drug Abuse Counselors (NAADAC). Other codes could be used, as well, to provide trainees with a thorough grounding in the definition and importance of professional ethics.

National Association of Alcoholism and Drug Abuse Counselors

CODE OF ETHICS

Principle 1: Non-Discrimination

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

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

Principle 2: Responsibility

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

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

Principle 3: Competence

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

- a. The NAADAC member shall recognize boundaries and limitations of the member's competencies and not offer services or use techniques outside of these professional competencies.
- b. The NAADAC member shall recognize the effect of impairment on professional performance and shall be willing to seek appropriate treatment for oneself or for a colleague. The member shall support peer assistance programs in this respect.

Principle 4: Legal and Moral Standards

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

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

Principle 5: Public Statements

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

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

treatment. Such acknowledgment should extend to the source of the information and reliability of the method by which it was derived.

Principle 6: Publication Credit

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

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

Principle 7: Client Welfare

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

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

Principle 8: Confidentiality

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

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

Principle 9: Client Relationships

It is the responsibility of the NAADAC member to safeguard the integrity of the counseling relationship and to ensure that the client has reasonable access to effective treatment.

The NAADAC member shall provide the client and/or guardian with accurate and complete information regarding the extent of the potential professional relationship.

- a. The NAADAC member shall inform the client and obtain the client's agreement in areas likely to affect the client's participation including the recording of an interview, the use of interview material for training purposes, and/or observation of an interview by another person.
- b. The NAADAC member shall not engage in professional relationships or commitments that conflict with family members, friends, close associates, or others whose welfare might be jeopardized by such a dual relationship.

- c. The NAADAC member shall not exploit relationships with current or former clients for personal gain, including social or business relationships.

(cont.)

- d. The NAADAC member shall not under any circumstances engage in sexual behavior with current or former clients.
- e. The NAADAC member shall not accept as clients anyone with whom they have engaged in sexual behavior.

Principle 10: Interprofessional Relationships

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

- a. The NAADAC member shall refrain from offering professional services to a client in counseling with another professional except with the knowledge of the other professional or after the termination of the client's relationship with the other professional.
- b. The NAADAC member shall cooperate with duly constituted professional ethics committees and promptly supply necessary information unless constrained by the demands of confidentiality.
- c. The NAADAC member shall not in any way exploit relationships with supervisees, employees; students, research participants or volunteers.

Principle 11: Remuneration

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

- a. The NAADAC member shall inform the client of all financial policies. In circumstances where an agency dictates explicit provisions with its staff for private consultations, clients shall be made fully aware of these policies.
- b. The NAADAC member shall consider the ability of a client to meet the financial cost in establishing rates for professional services.
- c. The NAADAC member shall not engage in fee splitting. The member shall not send or receive any commission or rebate or any other form of remuneration for referral of clients for professional services.
- d. The NAADAC member, in the practice of counseling, shall not at any time use one's relationship with clients for personal gain or for the profit of an agency or any commercial enterprise of any kind.

- e. The NAADAC member shall not accept a private fee for professional work with a person who is entitled to such services through an institution or agency unless the client is informed of such services and still requests private services.

Principle 12: Societal Obligations

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

Revised: 5/20/95

SECTION

7

Certification Requirements

- Addiction Counselor Certification Board of Oregon (ACCBO)
- Idaho Board of Alcohol/Drug Counselor's Certification, Inc. (IBADCC)
- Washington State Department of Health Chemical Dependency Professional Certification (CDP)
- Chemical Dependency Counselor Certification Board of Washington (CDCCB)
- Northwest Indian Council on Chemical Dependency (NICCD)
- The Alaska Commission for Chemical Dependency Professionals Certification (ACCDPC)

Addiction Counselor Certification Board of Oregon (ACCBO)

ACCBO offers a two-year certification in addiction counseling at two levels, CADC I (Certified Alcohol and Drug Counselor) and CADC II. It is not necessary to achieve CADC I level prior to obtaining a CADC II. The CADC I requirements meet the qualification standards for employment in state-approved treatment programs in Oregon. The CADC II requirements are consistent with those required of supervisors in state-approved programs. To acquire ACCBO certification, the following minimum requirements must be met:

CADC I

- 1,000 hours (6 months) supervised experience in alcohol and/or drug abuse counseling competencies
- Two years clean and sober (if recovering)
- One letter verifying sobriety.
- Passing score on the Nationally Certified Addiction Counselor Objective Examination (NCAC I)
- Documentation of 150 clock hours of education and training in addictions, including training in basic counseling and group counseling skills, alcohol and drug pharmacology, HIV/AIDS, and ethics. All education must be accredited or approved
- A \$25 application fee and a \$110 Objective Examination fee

CADC II

- 4,000 hours (2 years) supervised experience in alcoholism and/or drug abuse counseling competencies
- Three years clean and sober (if recovering)
- One letter verifying sobriety.
- Passing score on the NCAC II Objective Examination
- Passing score on the NAADAC Case Presentation Exam
- A.A. degree or equivalent (900 clock hours) and 300 alcohol, drug abuse or counseling education hours.
- A \$25 application fee, a \$110 written test fee, and \$125 NAADAC Case Presentation Examination fee

To review most recent information regarding Addiction Counselor Certification Board of Oregon's certification requirements, contact:

Eric Martin

Addiction Counselor Certification Board of Oregon

4506 SE Belmont, Suite 220

Portland, OR 97215

Phone: (503) 231-8164

FAX: (503) 232-4318

E-mail: accbo@accbo.com

Website: accbo.com

Idaho Board of Alcohol/Drug Counselor's Certification, Inc. (IBADCC)

IBADCC is a member of the International Certification Reciprocity Consortium/Alcohol and Other Drug Abuse (ICRC/AODA), which is the national organization that grants reciprocity from state to state and sets national standards for credentialing. IBADCC offers certification to chemical dependency professionals in the state of Idaho and ensures that addiction counselors meet minimum standards of professional practice and are recognized for their expertise and experience.

ISAS (Idaho Student of Addiction Studies)

The Idaho Student of Addiction Studies Certification is granted for entry-level chemical dependency counseling within the State of Idaho. It signifies that they have a certain amount of alcohol and drug education and are in training. The Idaho Board of Certification, a member of the International Certification Reciprocity Consortium, which does not recognize the Idaho Student of Addiction Studies certification, developed this certification to give recognition while they are working toward their CADC certification.

Eligibility

- College or university transcript showing a passing grade in the following courses: Introduction to Drugs & Society (45 hours), Family & Chemical Dependency (45 hours), Counseling Techniques I (45 hours), Pharmacology (45 hours), Screening and Assessment (45 hours), Case Management (45 hours), Ethics for Addictions Counselors (30 hours), Blood Born Pathogens (15 hours), and Practicum (60 hours). This totals 375 clock hours.
- Three letters of reference must be provided: one letter is required from a Certified Alcohol/Drug Counselor with proof of certification if the CADC is not certified in Idaho; one letter of character reference from a peer that is familiar with your work and/or knowledge of the drug/alcohol field; one letter of reference from your direct supervisor for practicum hours. All letters of reference must be sent directly to the IBADCC office by the person submitting the letter
- Idaho Student of Addiction Studies testing will be held twice a year, on the second Friday of March and September. Application deadlines must be met in order to be eligible to test for ISAS. January 10th is the deadline for the March testing and July 10th is the deadline for the September testing. The test fee is due upon notice of approval to test. Fees are as follows: Application/Manual (\$50.00), Written examination (\$50.00), Certification (\$50.00), and Renewal (\$50.00).

CADC (Certified Alcohol/Drug Counselor)

Work Experience

- Documentation of three years or 6,000 hours of work experience working directly with AODA clients in the ICRC 12 Core Functions is required. Work experience must be supervised by a CADC, a Certified Clinical Supervisor (CCS) or the equivalent
- A BA or advanced degree from an accredited university or college in the field of Behavioral Sciences may substitute for one of the three years of experience. The list of acceptable degrees for substitution includes Sociology, Social Work, Psychology, Social Science, Counseling, and Alcohol/Drug Studies
- Full or part-time experience is acceptable
- Practicum hours will count as work experience
- Work experience may be paid or voluntary
- A.A., N.A., meetings do not count as work experience

Practical Training

- Documentation of 300 hours of supervised practical training with a minimum of ten hours in each of the 12 Core Functions is required. A supervisor must be a CADC and/or a CCS
- Supervised practical training is defined as a formal, systematic process that focuses on skill development and integration of knowledge and generally occurs early in a career
- This training must take place in a setting where AODA counseling is being provided
- This training may be a part of the eligible work experience
- This training may be completed under more than one supervisor of agency

Education

- Documentation of 270 hours of education specifically related to the ICRC Performance Domains is required. Education is defined as formal classroom education (workshops, seminars, institutes, in-service, and college/university courses)
- Documentation of a high school diploma or an equivalent
- A maximum of 30 hours in-service is acceptable
- One credit hour is equal to 15 clock hours
- All education must be documented with an official college transcript or certificate of achievement
- Applicants must complete and document six hours of training in Professional Ethics. The six hours must include the following areas: Federal and State Laws, Client welfare as a primary concern, professional competence-supervision/development, financial issues, personal wellness and relationships to professionals and institutions

Letters of Reference

- Three letters of reference which are directly related to the applicant's professional knowledge and skills are required (an evaluation form will be furnished)
- One letter must be submitted by the applicant's supervisor
- All letters of reference must be sent directly to the IBADCC office by the person evaluating the applicant

To review most recent information regarding Idaho's Board of Alcohol/Drug Counselor's Certification, Inc. certification requirements, contact:

Connie Searles

Idaho Board of Alcohol/Drug Counselor's Certification, Inc.

2419 W. State Street, #5

Boise, ID 83702

Phone: (208) 345-3072

FAX: (208) 343-8046

E-mail: connies@cyberhighway.net

Chemical Dependency Professional Certification (CDP) - Washington State Department of Health

The Department of Health CDP program offers certification to chemical dependency professionals in the State of Washington. Standards established by the DOH are similar to the standards established by other states and national certification bodies. The purpose of this certification system for chemical dependency professionals is to assure the public a minimal level of competency for quality service. Refer to Washington Administrative Code (WAC) 246-811. Persons are required to hold this credential in order to practice as a chemical dependency counselor in Washington State certified treatment agencies.

Education

- An Associate degree in human services or related field from an approved school; or successful completion of 90 quarter or 60 semester college credits in courses from an approved school
- At least 45 quarter or 30 semester credits must be in courses relating to the chemical dependency profession and shall include Understanding Addiction, Pharmacology, Substance Abuse/addiction Treatment Methods, understanding addiction placement (continuing care, discharge criteria, and ASAM criteria), Clinical Evaluation (screening and referral to include comorbidity), Cultural diversity (including disabilities), HIV/AIDS, Treatment Planning, Referral, Service Coordination, Individual Counseling, Group Counseling, Counseling for Families/Couples/Significant Others, Client/Family/Community Education, Developmental Psychology, Psychopathology/Abnormal Psychology, Documentation, Confidentiality, Ethics, Relapse Prevention, Adolescent Assessment/Treatment, Case Management, Chemical Dependency rules and regulations

Experience

- The Department of Health will consider experience up to seven years prior to the date of application
- Accumulation of the experience hours is not required to be consecutive. Experience that will count towards certification must meet the requirements outlined in WAC 246-811-047.
- Supervised experience is received under an approved supervisor; a practicum or internship taken while acquiring the degree or semester/quarter hours is applicable
- Completion of 2,500 hours of CD counseling for individuals with an AA degree; 2,000 hours of CD counseling for individuals with a BA degree; 1,500 hours of CD counseling for individuals with a MS or doctoral degree; 1,500 hours of CD counseling for individuals licensed as Advanced Nurse Practitioners under Chapter 18.79 RCW; and 1,500 hours of CD counseling for individuals licensed as a Psychologist under Chapter 18.83 RCW.
- Competence in the Addiction Counselor Competencies
- All experience must be under an approved supervisor
- Since HIV/AIDS Brief Risk Intervention for the Chemically Dependent is part of the education requirement the 4-hour AID education requirement is satisfied.

Examination

- All applicants must take and pass the National Association of Alcoholism and Drug Abuse Counselor (NAADAC) National Certification Examination for Addiction Counselors or the International Certification and Reciprocity Consortium (ICRC) Certified Addiction Counselor Level II, or higher, examination.
- Individuals certified through NAADAC or ICRC are considered to have met the experience requirements of WAC 246-811-046.
- Individuals certified through NAADAC or ICRC are considered to have met the requirements of WAC 246-811-030 pertaining to the 45 quarter or 30 semester credits in courses covering the subject content described in WAC 246-811-030 (2). Verification of the additional 45 quarter or 30 semester credits will be required upon application to the department.

To review most recent information regarding certification requirements for Chemical Dependency Professional Certification in Washington State, contact:

Kris Waidely, Program Manager
Department of Health
Counselor/Chemical Dependency Professional Programs
P.O. Box 47869
Olympia, WA 98504-7869
Phone: (360) 236-4902, Option #5
FAX: (360) 236-4909
Internet Address: kaw0303@doh.wa.gov

Chemical Dependency Counselor Certification Board of Washington (CDCCB)

The CDCCB offers certification to chemical dependency professional in Washington State. The standards established by the board are similar to those of other states and certification bodies. The purpose of this voluntary certification system is to assure the public a minimal level of competency for quality services; to give professional recognition to chemical dependency counselors who demonstrate work competencies; and to encourage professional development on a continuing basis.

The required knowledge and skills needed for certification may be gained through a combination of education, supervised work experience and life experience. Three levels of certification are offered for chemical dependency counselors. Certification is granted for two-year periods. The minimum requirements for each level are listed below.

Certified Chemical Dependency Counselor I - CCDC I

- No prior history of alcohol or other drug misuse for a period of two years immediately before the person is assigned as a CCDC I and throughout the time of certification.
- Obtain 33 quarter or 22 semester credits from an accredited college or university, with a minimum of 3 quarter or 2 semester credits in each of the following distinct topic areas or other courses as offered under the term Addiction Counselor Competencies as specified in TAP # 21; Survey of Chemical Dependency, Physiological Actions of Alcohol and Other Drugs, Chemical Dependency Counseling Techniques, Group Process in Chemical Dependency Treatment, Chemical Dependency and the Family, and Case Management and Record Keeping for Chemically Dependent Patients.
- The remaining 15 quarter or 18 semester credits shall include distinct courses in the following topic areas; Ethics in Chemical Dependency Treatment, Chemical Dependency and the Laws, Human Growth and Development (or equivalent), and Introduction to Psychology (or equivalent).
- Documentation of 180 hours of state approved training or equivalent credit from an accredited college or university to include; Relapse Prevention, Youth Chemical Dependency Assessment and Counseling, Cultural Awareness, HIV/AIDS Brief Risk Intervention for Chemical Dependency Counselors, and other courses that will enhance skills as a chemical dependency counselor.
- Completion of required clock hours (2500 with an AA Degree or 2000 with a BA Degree or higher) of directly supervised experience as a Chemical Dependency counselor in a state approved alcohol/drug facility.
- Have a two-year degree or it's academic equivalent (90 credits) from an accredited college or university effective February 1, 1997.
- Passing the NAADAC examination and the Certification Board oral examination.

Certified Chemical Dependency Counselor II - CDCC II

- Complete 6,000 hours (equivalent to 3 years full-time experience) in a state-approved alcohol/drug facility providing direct counseling services to persons with the primary problem of Chemical

Dependency. All counseling hours must be supervised by a Certified Counselor or a CDP. Volunteer or part-time counseling experience may be applicable if provided under direct supervision. Probation hours are not applicable. 250 hours of Detox work may be used.

- Completion of a minimum of 36 quarter credits (or semester equivalent) in an accredited college, junior college, or university. This shall include 33 quarter credits required for CCDC I. An additional 3 quarter credits are required in Chemical Dependency specifically; Overview of Mental Illness (specific to Chemical Dependency).
- Passing the NAADAC Certification examination and the Certification Board oral examination.

Certified Chemical Dependency Counselor III - CCDC III

- Complete 10,000 hours (equivalent to 5 years full-time experience) providing direct counseling services to persons with the primary problem of chemical dependency. All hours must be supervised by a Certified Counselor or a CDP. Volunteer or part-time counseling experience may be eligible if provided under direct supervision.
- A Bachelor's or Master's Degree in a field related to chemical dependency. A minimum of 42 quarter credits (or semester equivalent) in an accredited college, junior college or university. This shall include 33 quarter credits required for CDCC I and the 3 quarter credits required for CDCC II. An additional six quarter credits are required in chemical dependency specifically; Chemical Dependency Intervention Techniques, and Family Systems (if unavailable may substitute Domestic Violence, Relapse Prevention, or Special Populations (all must be specific to Chemical Dependency)).
- Knowledge: a test and case presentation

Effective January 16, 1990, the Chemical Dependency Counselor Certification Board voted to make the following change regarding requirements for Level III Counselor: individuals may now become a level III Counselor without a BA Degree. Individuals must have obtained all academic requirements for Levels I through III inclusive and have 16,000 direct counseling hours (8years) in a state approved alcohol or drug facility. To obtain a Certification Application send the request with a \$10 application deposit fee to the address below.

To review most recent information regarding the Chemical Dependency Counselor Certification Board's certification requirements, contact:

Lanny Minuto
Chemical Dependency Counselor Certification Board
P.O. Box 1210
Davenport, WA 99122-1210
Phone: (509) 326-7721
FAX: (509) 326-7756
E-mail: cdccb@famrc.org

Northwest Indian Council on Chemical Dependency (NICCD)

The Northwest Indian Council on Chemical Dependency, NICCD, was established in 1972 to represent all Native American Chemical Dependency programs in the three-state area of Washington, Idaho and Oregon. The NICCD believes that certification standards for Native American Chemical Dependency Counselors must be established by people working in Native American Chemical Dependency programs. Based upon this premise, the NICCD elected nine delegates to form the Northwest Indian Alcohol/Drug Specialist Certification Board. Certification by the NICCD is approved by the states of Washington, Idaho and Oregon. Listed below are the minimum requirements for three levels of certification.

Chemical Dependency Specialist - CDS I

- Completion of 2,000 hours of chemical dependency counseling experience in a state approved or HIS approved chemical dependency program supervised by a certified chemical dependency counselor
- Satisfactory completion of 90 quarter hours course work in an accredited college or university that includes courses in the following topics: Introduction to/Survey of Chemical Dependency, Physiology/Pharmacology of Drug/Alcohol Use, Chemical Dependency Counseling Skills, Group Counseling Skills for Chemical Dependency Counselors, Chemical Dependency and the Family, Chemical Dependency and Case Management, Human Growth and Development, Introduction to General Psychology - Theories of Personality, Ethics in Chemical Dependency Treatment, and Chemical Dependency and the Laws.
- Completion of an additional 12 quarter hour credits or 8 semester credit hours of education/training from an accredited college or university or 180 clock hours of State of Washington (WAC 440-22) approved training in the following topics: Relapse Prevention, Youth Chemical Dependency Assessment and Counseling, Cultural Awareness, HIV/AIDS Brief Risk Intervention and other courses approved by the Washington State Certification Board

Chemical Dependency Specialist II - CDS II

- Completion of 6,000 hours of chemical dependency counseling experience in a qualified program, supervised by a certified chemical dependency supervisor
- Completion of 90 quarter credit hours of course work in an accredited college or university. The Chemical Dependency Specialist applying for Specialist II certification must have completed course work for Chemical Dependency I certification. The remaining course work may be in the following topics: Dual Disorders/Abnormal Psychology, Crisis Intervention, Dynamics of Grief, Extended Training in Physiology/Pharmacology of Drugs, Design and Facilitation of Learning for Adults, and Supervision/Management in Chemical Dependency Programs

Chemical Dependency Specialist III - CDS III

- Completion of 10,000 hours of chemical dependency counseling experience in an approved chemical dependency agency, supervised by a certified supervisor
- A degree in Chemical Dependency studies or a degree in a related field, in addition to 90 college or university quarter credit hours required for CDS I and II certification

To review most recent information regarding the Northwest Indian Alcohol/Drug Specialist Certification Board's certification requirements contact:

John Mackey
12060 NW Kearney Street
Portland, OR 97229
Phone: (503) 626-7399
FAX: (503) 390-0515

The Alaska Commission for Chemical Dependency Professionals Certification (ACCDPC)

ACCDPC offers certification for a period of two years. Certification is offered for Counselor Technician, Counselor I and Counselor II. Counselors must apply for re-certification 60 days prior to the date of expiration printed on their certificate. To acquire ACCDPC certification, the following minimum requirements must be met:

Counselor Technician

- One year of related chemical dependency work (or)
- Specific training requirement -Ethics (6) hours to be included in the following: 150 hours of education (or) 10 semester credit hours (or) 13 quarter credit hours (or),
- Combination: An acceptable combination of experience and training which can be evaluated by the Board for approval; such as 6 months of full time supervised work experience as a Village Counselor and 75 contact training hours
- The following competencies and knowledge must be demonstrated in the course of training or experience upon application for certification at this level:
 - Communication skills
 - Knowledge of addictive substances
 - Sociological-cultural issues
 - Knowledge to community based services
 - Information and referral
 - Intake interviewing
 - Record keeping
 - Basic treatment issues
 - Aftercare, follow-up and
 - Emergency care
- The initial certification fee for Counselor Technician is \$150.00

Counselor I

- 2 years full time work experience with increasingly specialized experience in chemical dependency treatment. A Bachelor of Arts or Science (or higher) may be submitted to the Commission to be considered as a substitute for 1 year of the 2 years required experience
- Minimum of 270 hours approved contact training hours specializing in chemical dependency (or)
- A combination of trainings and educational credits which can be evaluated for approval by the Commission
- Cultural Considerations in providing chemical dependency services to Alaska Native people (6 hours) Ethics (6 hours), Completion of a 100 hour supervised practicum, with a minimum of 15 hours in each of the following skill areas: Screening, Assessment, Referral, and Record Keeping. Practicum can be part of the work experience.

- The following competencies are expected to have been developed by the time a counselor is certified as a Counselor I, as reflected by documented training and experience in: Chemicals of Abuse, Ethics and the Law, Sociological-Cultural Issues, Contemporary Health Issues, Theories of Counseling, Psychological Aspects, Medical Aspects, Family Dynamics, Community (Alaska) Resources, HIV/AIDS, and the ability to do Intake and Assessment, Information and Referral, Record Keeping, Case Management, re-treatment (Intervention), Suicide Risk Assessment, Counseling, Treatment Referral, Individual Counseling, Group Counseling, Treatment Planning, Relapse Prevention, Aftercare Planning and Counseling, Crisis Intervention, and Follow-up
- The initial certification fee for Counselor I is \$165.00.

Counselor II

- 3 years full time work experience as a Substance Abuse Counselor or similar position with equivalent experience and duties of a certified Counselor I.
- Bachelor of Arts or Science (or higher) with the equivalent of 20 semester hours in Chemical Dependency may be submitted to the Commission to be considered as a substitute for 1 of the 3 years of experience
- Minimum of 270 approved contact training hours specializing in chemical dependency (or)
- A combination of trainings and educational credits which can be evaluated for approval by the Commission
- Ethics (6 hours), HIV/AIDS (8 hours), Cultural Considerations in providing chemical dependency services to Alaska Native people (6 hours), and Alaska History of Chemical Dependency: A cultural perspective (6 hours)
- Successful completion of the NAADAC Substance Abuse Counselor I exam. (The need for a translator should be made to the Commission in advance)
- Completion of a 300 hour supervised practicum, with a minimum of 15 hours in each of the following skills: screening/intake/orientation, assessment, treatment planning, counseling and intervention counseling, case management/services coordination, crisis intervention, client education, information and referral, case recording and reports, and clinical consultation. The total number of practicum hours must equal at least 300. This can be a part of the 3 years experience.
- The initial certification fee for Counselor II is \$180.00.

To review the most recent information regarding the Alaska Commission for Chemical Dependency Professional Certification contact:

The Alaska Commission for Chemical Dependency Professionals Certification
 1251 Muldoon Road, Suite #116
 Anchorage, AK 99504
 Telephone: (907) 332-4333
 Fax: (907) 332-4334
 E-mail: certcom@gci.net

SECTION

8

Sample Forms

- Sample Forms
 - Responsibilities of Counselor Trainee, Faculty Supervisor, and Agency Supervisor
 - Supervision Schedule
 - Field Placement Contract Example #1
 - Field Placement Contract Example #2
 - Learning Plan Example #1
 - Sample Learning Plan for Example #1
 - Learning Plan Example #2
 - Sample Learning Plan for Example #2
 - Evaluation of Counselor Trainee Professionalism
 - Counselor Trainee Log
 - Field Experience Time Sheet

Sample Forms

The following pages include a number of sample forms that may be of use to the Counselor Trainee, Faculty and Agency Supervisor during the field placement. Some need modification to meet the particular needs of the field placement, the agency or academic institution and meant only to be examples. Samples include forms for:

- Responsibilities of Counselor Trainee/Faculty Supervisor/Agency Supervisor
- Supervision Schedule
- Field Placement Contract Example #1
- Field Placement Contract Example #2
- Learning Plan Example #1
- Sample Learning Plan for Example #1
- Learning Plan Example #2
- Sample Learning Plan for Example #2
- Evaluation of Counselor Trainee Professionalism
- Counselor Trainee Log
- Field Experience Time Sheet

**Responsibilities of
Counselor Trainee/Faculty Supervisor/Agency Supervisor**

Responsibility	Who	When

Supervision Schedule

<u>Week</u>	Comments	Student Initials	Supervisor Initials
1			
2			
3			
4			
5			
6			
7			
8			
9			

Example #1

Field Placement Contract

As a Supervised Field Placement Student, I agree to complete a minimum of _____ hrs. of on-site work in a clinical setting. I will work to accomplish the requirements, competencies, and learning objectives as outlined in this contract. I understand that my evaluation will be based on meeting the agency standards. I agree to perform the work assigned by the supervisor and will abide by the agency's policies and procedures that apply to regular employees of the agency. I will maintain communication with the Agency Supervisor.

(Trainee's Name) Date_____

Completion Date_____ Trainee's Initials_____

As the Agency Supervisor, I agree to participate in the Field Placement program. I will collaborate with the trainee to formulate learning objectives. I will meet with the trainee weekly for formal one-to-one supervision.

(Agency Supervisor) Date_____

Completion Date_____ Supervisor's Initials_____

This agreement may be terminated for just cause by any party.

Example #2

Field Placement Contract

Institution Contract
PRACTICUM PLACEMENT AGREEMENT
PREVENTION/TREATMENT AGENCY

BETWEEN

(name of institution)

AND

(agency)

The agreement is established between the _____ (hereinafter referred to as "_____") and the above-mentioned agency (hereinafter referred to as the "Agency") for the purpose of cooperation in providing field study placements for students of the University. Field Experience placements serve as an educational experience for students, and enhance Agency services.

This agreement is signed by all parties as an acknowledgement of the conditions of the agreement.

MUTUAL RIGHTS AND RESPONSIBILITIES

1. There will be no discrimination with regard to race, creed, sex, religion, or national origin in the selection, assignment, and education of the students.
2. Autonomy of _____ and the Agency will be observed at all times;
3. Visits by _____ staff to the Agency for the purpose of planning and evaluating the program, discussing students performance, and arranging for additional educational experiences will be welcome;
4. There shall be no exchange of funds between _____ and the Agency;
5. Students shall be required to follow all rules, regulations, and procedures of the Agency as required of Agency employees; these rules, regulations, and procedures shall be made available to the student through the Agency's supervisor;

6. _____ may request the withdrawal of the student from the Agency; the withdrawal request shall be made in writing from the director to the Agency supervisor and shall be shared with the student; the request shall include the reason for the request; in emergency situations, withdrawal requests may be made to the Agency supervisor to be followed by a written request within five (5) working days of the same;
7. _____ does not carry insurance to cover health, accident, or professional malpractice of students.

RESPONSIBILITIES OF THE STUDENT

1. The student will prepare specific observational objectives and will negotiate with the faculty field instructor and Agency supervisor to accomplish the observational objectives;
2. The student will expect and prepare for weekly conferences with the Agency field supervisor during the placement;
3. The student will follow the policies, procedures, programs, and operating standards of the Agency and _____. The student should be familiar with the Alcohol/Drug Studies Program Field Study Manual;
4. The student will complete all required documentation by the Agency and reports required by _____.
5. The student has the responsibility to act professionally and ethically to maintain confidentiality and to give priority to Agency client's rights and needs over his/her own;
6. The Agency may request the withdrawal of the student; a withdrawal request shall be made in writing to the director and shall be shared with the student; the request shall include reasons for the withdrawal request; withdrawal request may be made by telephone, by the practicum coordinator, to be followed by a written request within five (5) working days of the request in such circumstances as the practicum coordinator deems an emergency;
7. The student's role is that of observer/participant in the field study. At no time is the student to engage in doing therapy in any form.

RESPONSIBILITIES OF _____

8. _____ assumes responsibility for the academic preparation of its students and guarantees that the student shall have satisfactorily completed such preparation prior to being assigned to the field study;

9. _____ shall appoint a faculty field instructor to act as a liaison between the parties to this agreement and to arrange the schedule of student assignments in cooperation with the Agency;
10. _____ will provide, at the Agency's request, information regarding a student's level of preparation and prior experience and will provide materials for the evaluation of the student;
11. _____ retains responsibility for the determination of a student's final grade for the field study;
12. Each party hereto agrees to be responsible and assume liability for its own wrongful or negligent acts or omissions, or those of its officers, employees, or other agents to the fullest extent required by law and neither party assumes any responsibility to the other party for the consequences of any act or omission of any person, firm or corporation not a party to this agreement. Students are not agents of _____.

RESPONSIBILITIES OF AGENCY

1. The Agency has the right to interview and approve students proposed for placement consistent with Agency and _____ policies with regard to nondiscrimination;
2. The Agency will designate a person to be the agency supervisor with responsibilities as may be mutually agreed upon between the Agency and _____.
3. The Agency will provide an orientation for the student and _____ field instructor covering rules, regulations, procedures, facilities, and equipment of the Agency;
4. The Agency will assign and schedule the student's attendance in programs, groups, and activities which provide the student the opportunity to gain knowledge. These activities will provide the opportunity for the student to: (a) observe various staff members and prevention/treatment services within the Agency, and (b) observe the work with significant outside resources and clientele that the Agency comes in contact with;
5. The Agency agrees that all student's contact with agency clientele will be supervised directly by Agency personnel;
6. The Agency understands that the placement of field study students is designed to develop knowledge.

This agreement may be modified at any time by mutual consent of the parties, and may be terminated at any time by mutual consent or by failure of either party to fulfill its responsibilities.

This agreement is entered into this _____ day of _____, _____, by and between _____ and the Agency.

AGENCY REPRESENTATIVE

Name: _____

Title: _____

Date: _____

INSTITUTION REPRESENTATIVE

Name: _____

Title: _____

Date: _____

STUDENT

Name: _____

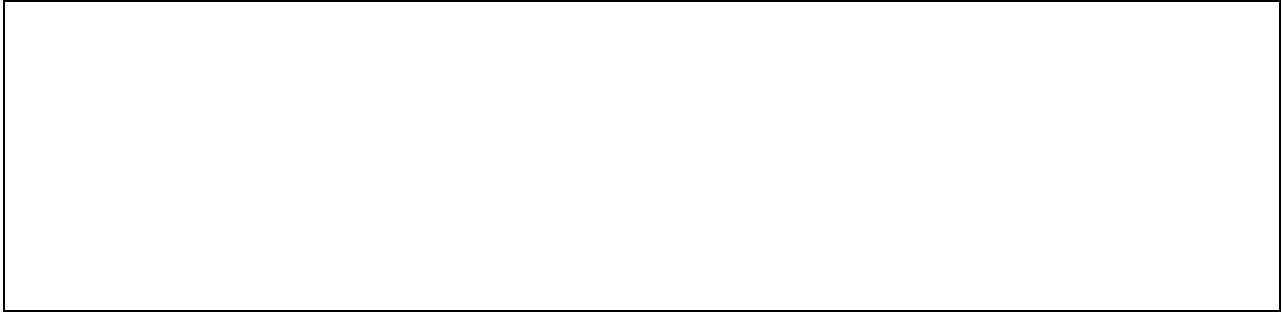
Date: _____

2.	-----	-----	-----
3.	-----	-----	-----
4.	-----	-----	-----

List the target knowledge, skills and attitudes for each competency listed above:

Competency:

Knowledge	Learning Activities	Evaluation Measure
Skills	Learning Activities	Evaluation Measure
Attitudes	Learning Activities	Evaluation Measure



Sample Learning Plan for Example #1

Practice Dimension: Clinical

Evaluation

Sub-Dimension:

Screening

Found on page _____ of the Rubrics and on page 29 of the Competencies.

Competencies to be acquired/developed:

1. The counselor is able to establish rapport, including management of crisis situation and determination of need for additional professional assistance

2. _____

3. _____

4. _____

Level of proficiency to attain for each competency:

	Developing	Proficient	Exemplary
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

4.

--	--	--

<p>Method of demonstrating proficiency agreed upon:</p> <ul style="list-style-type: none"> • <i>Final video tape with self and peer critiques</i> • <i>Formal presentation of video that demonstrates skills</i>
<p>Date to take place (or date due):</p>
<p>Successful completion (comments by supervisor):</p>
<p>Demonstration needs the following correction and then rescheduling:</p> <ul style="list-style-type: none"> • <i>Increase awareness of nonverbal communication by presenting a clear description of nonverbal features of effective rapport building during a screening interview</i> • <i>Video taped demonstration of effective rapport building in a screening setting</i>
<p>Notes:</p>

Example #2

Learning Plan

Quarter: Fall_____ Winter_____ Spring_____ Summer_____ Date_____

Student Agency Supervisor

Program Supervisor

Instructions: List the objectives you wish to accomplish this quarter while at your field experience site. The number of objectives you wish to establish is not as important as the significance of each objective and the time required to complete each.

As a resource consult the "Addiction Counseling Competencies: The Knowledge, Skills, and attitudes of Professional Practice". That document includes the competencies essential to effective treatment in eight dimensions of clinical practice.

Write your objective and the steps necessary to accomplish the objective in the space provided.

Objective 1 (What knowledge, skill or attitude will be acquired?)

By _____, I will _____
Date

Steps to accomplish: (How will you acquire it?)

Objective 2 (What knowledge, skill, or attitude will be acquired?)

By _____, I will _____
Date

Steps to accomplish: (How will you acquire it?)

Objective 3 (What knowledge, skill or attitude will be acquired?)

By _____, I will _____
Date

Steps to accomplish: (How will you acquire it?)

Evaluation of Counselor Trainee Professionalism

Quarter: Fall _____ Winter _____ Spring _____ Summer _____

Student _____ Agency _____ Supervisor _____

Directions: Check subheadings which best apply to counselor trainee	Exceeds Expectations	Above Average	Average	Needs Improvement	Not Observed
1. Attitude toward Work Learning Responsibilities	_____ _____ _____ ----	_____ _____ _____ _____	_____ _____ _____ _____	_____ _____ _____ _____	_____ _____ _____ _____
2. Appearance Grooming Dress	_____ _____ _____ ---	_____ _____ _____ _____	_____ _____ _____ _____	_____ _____ _____ _____	_____ _____ _____ _____
3. Dependability Punctuality Attendance Completion of Tasks	_____ _____ _____ _____ ----	_____ _____ _____ _____ _____	_____ _____ _____ _____ _____	_____ _____ _____ _____ _____	_____ _____ _____ _____ _____
4. Communications Written Oral	_____ _____ _____ _____ -----	_____ _____ _____ _____ _____	_____ _____ _____ _____ _____	_____ _____ _____ _____ _____	_____ _____ _____ _____ _____
5. Relations with Public Co-Workers Supervisor	_____ _____ _____ _____ -----	_____ _____ _____ _____ _____	_____ _____ _____ _____ _____	_____ _____ _____ _____ _____	_____ _____ _____ _____ _____
6. Job Knowledge	_____	_____	_____	_____	_____
7. Job Skills	_____	_____	_____	_____	_____
8. Performance Adequate Output Accurate/Timely Acceptable Quality	_____ _____ _____ _____ -----	_____ _____ _____ _____ _____	_____ _____ _____ _____ _____	_____ _____ _____ _____ _____	_____ _____ _____ _____ _____
9. Overall Rating	_____	_____	_____	_____	_____

Please comment on the progress counselor trainee is making toward achieving the listed objectives: _____

List areas of outstanding ability_____

List areas in need of improvement_____

(Supervisor's Signature)

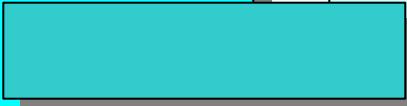
(Counselor Trainee's Initials)

Counselor Trainee Log

Week 1			
<u>Days</u>	<u>In</u>	<u>Out</u>	<u>Hrs.</u>
Sunday			
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Weekly Total			

SECTION

9



References and Resources

- Single State Agencies
- Certification Boards
- Web-sites
 - NFATTC
 - NATTC
 - NIDA
 - SAMHSA
 - NAADAC
 - NCADI
 - NIAAA
 - CSAT

- CSAP
- Glossary of Terms
- References

Single State Agencies

Oregon

Barbara Cimaglio, director
Office of Alcohol and Drug Abuse Programs
500 Summer Street NE, 3rd floor
Salem, Oregon 97310
Phone: (503) 945-5763
Fax: (503) 378-8467
Web-site: www.oadap.hr.state.or.us

Washington

Ken Stark, Director
Division of Alcohol and Substance Abuse
P.O. Box 45330
Olympia, Washington 98504
Phone: (360) 438-8200
Fax: (360) 438-8078
Web-site: www.wa.gov/dshs/hrsa/hrsa3ov.html#DASA

Idaho

Pharis Stanger, Program Manager
Mental Health & Substance Abuse
Department of Health & Welfare
P.O. Box 83720
Boise, Idaho 83720-0036
Phone: (208) 334-5756
Fax: (208) 334-6699
Web-site: www2.state.id.us

Alaska

Ernie Turner
HHS - ADA
P.O. Box 110607
Juneau, Alaska 99811-0607
Phone: (907) 465-2071
Fax: (907) 465-2185

Web-site: (none)

Certification Boards

Addiction Counselor Certification Board of Oregon

Eric Martin
Addiction Counselor Certification Board of Oregon
4506 SE Belmont, Suite 220
Portland, OR 97215
Phone: (503) 231-8164
FAX: (503) 232-4318
E-mail: accbo@accbo.com

Idaho Board of Alcohol/Drug Counselor's Certification, Inc.

Connie Searles
Idaho Board of Alcohol/Drug Counselor's Certification, Inc.
2419 W. State Street, #5
Boise, ID 83702
Phone: (208) 345-3072
FAX: (208) 343-8046
E-mail: connies@cyberhighway.net

Chemical Dependency Professional Certification - Washington State Department of Health

Kris Waidely, Program Manager
Department of Health
Counselor/Chemical Dependency Professional Programs
P.O. Box 47869
Olympia, WA 98504-7869
Phone: (360) 236-4906
FAX: (360) 236-4909
E-mail: kaw0303@doh.wa.gov

Chemical Dependency Counselor Certification Board of Washington

Lanny Minuto
Chemical Dependency Counselor Certification Board
P.O. Box 1210
Davenport, WA 99122-1210
Phone: (509) 326-7721
FAX: (509) 326-7756
E-mail: cdccb@famrc.org

Northwest Indian Council on Chemical Dependency

John Mackey
12060 NW Kearney Street
Portland, OR 97229
Phone: (503) 626-7399
FAX: (503) 390-0515

The Alaska Commission for Chemical Dependency Professionals Certification

Rhonda Eunice
3705 Arctic Blvd. PMB 695
Anchorage, AK 99503
Telephone: (907) 332-4333
Fax: (907) 332-4334
E-mail: certcom@gci.net

Web-sites

NFATTC

Northwest Frontier Addiction Technology Transfer Center

www.open.org/nfatc/

NATTC

National Addiction Technology Transfer Center

www.nattc.org

NIDA

National Institute on Drug Abuse

www.nida.nih.gov

SAMSHA

Substance Abuse & Mental Health services Administration

www.samhsa.gov

NAADAC

National Association of Alcoholism & Drug Abuse Counselors

www.naadac.org

NCADI

National Clearinghouse for Alcohol and Drug Abuse Information

www.health.org

NIAAA

National Institute on Alcohol Abuse and Alcoholism

www.niaaa.nih.gov

CSAT

Center for Substance Abuse Treatment

www.samhsa.gov/csac

CSAP

Center for Substance Abuse Prevention

www.samhsa.gov/csap

Glossary of Terms

- 1. Addiction Counseling:** professional and ethical application of basic tasks and responsibilities which include clinical evaluation; treatment planning; referral; service coordination; client, family, and community education; client, family, and group counseling; and documentation.
- 2. Addiction:** the overpowering physical or emotional urge to continue alcohol/drug use in spite of adverse consequences; there is an increase in tolerance for the drug and withdrawal symptoms sometimes occur if the drug is discontinued; alcohol and drugs become the central focus of life.
- 3. Bio-medical:** the application of the natural sciences, especially biological and physiological sciences, to clinical medicine.
- 4. Case Management:** see “Service Coordination.”
- 5. Client:** individuals, significant others, or community agents who present for alcohol and drug abuse education, prevention, intervention, treatment, and consultation services.
- 6. Competency:** the requisite knowledge, skills and attitudes to perform tasks and responsibilities essential to addiction counseling.
- 7. Confidentiality:** the body of Federal and State statutes that protect the privacy of individuals seeking alcohol and drug abuse treatment services.
- 8. Continuum of Care:** the full array of alcohol and drug abuse services responsive to the unique needs of clients throughout the course of treatment and recovery.
- 9. Counseling:** a process involving a therapeutic relationship between a client who is asking for help and a counselor or therapist trained to provide that help.
- 10. Countertransference:** a counselor’s unresolved feelings for significant others that may be transferred to the client.
- 11. Cultural Diversity:** an appreciation and recognition of the vast array of different cultural groups based on varying behaviors, attitudes, values, languages, celebrations, rituals, and histories, diversity as it relates to culture includes actions taken by individuals, organizations, and communities to reflect inclusion and representation of diverse groups.
- 12. Culture:** the vast structure of behaviors, ideas, attitudes, values, habits, beliefs, customs, language, rituals, ceremonies, histories, and practices distinctive to a particular group of people.
- 13. Dimension:** the eight essential areas of practice which addiction counselors must master to effectively provide treatment activities identified in “Addiction Counseling Competencies.”

- 14. Disorder:** an affliction that affects the functions of the mind and/or body, disturbing physical and/or mental health.
- 15. Dual Disorder:** the condition of being both substance dependent and having a major Axis I psychiatric diagnosis as defined in the most recent edition of the “Diagnostic and Statistical Manual of Mental Disorders.” (DSM)
- 16. Duty to Warn:** the legal obligation of a counselor (healthcare provider) to notify the appropriate authorities as defined by statute and/or the potential victim when there is serious danger of a client inflicting injury on an identified individual.
- 17. Element:** specific, definable areas found in three of the practice dimensions (Clinical Evaluation, Service Coordination, and Counseling.)
- 18. Harmful Use:** patterns of use of alcohol or other drugs for non-medical reasons that result in health consequences and some degree of impairment in social, psychological, and occupational functioning for the user.
- 19. Infectious:** transmission of an illness or disease by direct or indirect contact.
- 20. Managed Care:** an approach to delivering health and mental health services to clients that seeks to improve the cost effectiveness of care by monitoring access and utilization of medical services and supplies, and the outcomes of that care.
- 21. Multi-Disciplinary:** a planned and coordinated program of care involving two or more health professions for the purpose of improving health care as a result of their joint contributions.
- 22. Outcome Monitoring:** collection and analysis of data during and following alcohol and other drug treatment to determine the effects of treatment, especially in relation to improvements in client functioning.
- 23. Patient:** see “Client”.
- 24. Prevention:** the theory and means for reducing the harmful effects of drug use in specific populations. Prevention objectives are to protect individuals prior to signs or symptoms of substance use problems; to identify persons in the early stages of substance abuse and intervene; and to end compulsive use of psychoactive substances through treatment.
- 25. Professionalism:** a demonstration of knowledge, skills and attitudes consistently applied when working with substance users, in addition to maintaining the code of ethics most commonly held by addictions professionals.
- 26. Psychoactive Substance:** a pharmacological agent that can change mood, behavior, and cognition process.

- 27. Recovery:** achieving and sustaining a state of health in which the individual no longer engages in problematic behavior or psychoactive substance use, and is able to establish and accomplish goals.
- 28. Regression:** a defense mechanism in which an individual retreats to the use of primitive or less mature responses in attempting to cope with stress, fears, or pain.
- 29. Relapse:** the return to the pattern of substance abuse as well as the process during which indicators appear prior to the client's resumption of substance abuse.
- 30. Service Coordination:** the process of prioritizing, managing, and facilitating implementation of activities in an individual's treatment plan.
- 31. Significant Others:** sexual partner, family member, or others on whom an individual is dependent for meeting all or part of his or her needs.
- 32. Sobriety:** the quality or condition of abstinence from psychoactive substance abuse.
- 33. Special Populations:** diverse groups of individuals having a unique culture, heritage, and background.
- 34. Spirituality:** a belief system that acknowledges and appreciates the influence in one's life of a higher power or state of being.
- 35. Substance Abuse:** a maladaptive pattern of substance use leading to clinically significant impairment or distress such as failure to fulfill major role responsibilities, use in spite of physical hazards, legal problems, or interpersonal and social problems. (Also refer to the most recent edition of the "Diagnostic and Statistical Manual of Mental Disorders")
- 36. Substance Dependence:** the need for alcohol or other drugs that results from the use of that substance. This need includes both mental and physical changes, which makes it difficult for the user to control when they will use the substance and how much they will use. Psychological dependence occurs when the user needs the substance to feel good, normal or to function. Physical dependence occurs when the body adapts to the substance and needs increasing amounts to achieve the same effect or to function. (Also refer to the most recent edition of the "Diagnostic and Statistical Manual of Mental Disorders")
- 37. Substance Use:** consumption of low and/or infrequent doses of alcohol and other drugs, sometimes called "experimental," "casual," or "social" use, such that damaging consequences may be or minor.
- 38. Supervision/Clinical Supervision:** the administrative, clinical and evaluative process of monitoring, assessing, and enhancing counselor performance.
- 39. Transdisciplinary:** knowledge, skills and attitudes across academic disciplines related to substance abuse.

40. Transference: a client's unresolved feeling for significant others that may be transferred to the counselor.

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